



Fifth Annual National ACO Summit

June 18-20, 2014

Follow us on Twitter at [@ACO_LN](https://twitter.com/ACO_LN) and use [#ACOSummit](https://twitter.com/hashtag/ACOSummit)

THE FIFTH
NATIONAL

Accountable Care Organization Summit

The Leading Forum on
Accountable Care Organizations
and Related Delivery System
and Payment Reform

Track 3: Emerging Payer-Provider Accountable Care Models

Keynote

Terry McGeeney, MD, MBA

Chief Medical Officer, VillageMD; Visiting Scholar, The Brookings Institution (Keynote
and Moderator)

Emerging Payer-Provider Models:

Competition, Cooperation and Confusion

Terry McGeeney, MD, MBA,
Chief Medical Officer,
Visiting Scholar,

FAAFP
VillageMD
Brookings Institution



POSITIONING PRIMARY CARE FOR SUCCESS

The “post-ACA” payer/provider environment

- Providers are becoming Payers
- Payers are becoming Providers
- Providers distancing from payers

Providers becoming Payers

- Health systems becoming Medicare Advantage providers sometimes partnering with insurance companies, sometimes not
- Health systems buying insurance companies
- Physician groups becoming ACO's
- Hospitals as self-insured payers for their employees

Payers becoming Providers

- Insurance companies are acquiring physician practices
- Self-funded employers providing on-site clinics
- Exchanges driving narrow provider networks determined by payers

Providers distancing from Payers

- Direct Primary Care
- Concierge medicine
- Boutique medicine
- Cash only practices

Who is a “provider”

- Typically considerer physicians
- Now appropriately includes NP's, PA's and others
- Hospitals are acquiring physician practices
- Insurance companies are acquiring physician practices
- Insurance companies are acquiring hospitals

Who is a “payer”

- Employers, including hospitals, with self-funded plans
- Hospitals with Medicare Advantage plans
- The state and federal governments
- Insurance companies
- Large physician groups with MA plans

Evolving payer/provider payment models

- Shared savings—how are shared savings calculated? What is baseline?
- Shared risk
- PMPM for care management
- Enhanced fee for service
- Percent of premium
- Continued payments for quality targets
- Additional payment for “recognition”

Evolving payer/provider relationships

- Trust has historically been an issue
- Data-accuracy and timely availability
- Payer data focus on process and cost
- Difficulty in acquiring quality data
- The new reality of the need to share data

Challenges of payer/provider relationships

- What data is shared and how
- Who is responsible for what: care management, disease management, patient attribution,
- How should the savings flow? Directly to the providers who are making the decisions vs through cost centers such as a health system
- How are savings defined and verified
- How are providers incented to promote high value providers
- Should there be incentives for quality or is that the “price of admission”?
- All view each other as competitors

Greatest opportunities for success

- Cooperation and collaboration vs competition
- Working to identify synergy
- Recognition of unique capabilities of all stakeholders
- Primary care part of the solution via collaboration and synergy

Do hospitals need to start thinking like health plans?

- Keep patients away from high cost centers of care
- Move as much care as possible to high value opportunities in the outpatient space
- Align with high value (quality/cost) specialists
- Manage and be responsible for populations of patients
- Greatly expand data capabilities

The VillageMD payer-provider strategy

- A model of care that takes the best of PCMH, Comprehensive Primary Care, Medical Neighborhood and ACO
- A provider-centric model
- Cooperate with payers to offer “Best in class” contracts that recognizes the value of primary care
- Aggressive provider support for transformation and data (quality and payer)
- Aligning/partnering with insurers to maximize all high value care opportunities
- Position primary care for success

Emerging Payer-Provider Models

Thank You!

Terry McGeeney, MD, MBA, FAAFP
Chief Medical Officer Village MD
Visiting Scholar, Brookings Institute

tmcgeeney@villagemd.com



POSITIONING PRIMARY CARE FOR SUCCESS

THE FIFTH
NATIONAL

Accountable Care Organization Summit

The Leading Forum on
Accountable Care Organizations
and Related Delivery System
and Payment Reform

Track 3: Emerging Payer-Provider Accountable Care Models

Louis S. Bezich

Chief of Staff and Executive Director, Center for Population Health, Cooper University
Health System

Michael Lachenmayer, MS

Director, Strategic Alliances, AmeriHealth Administrators

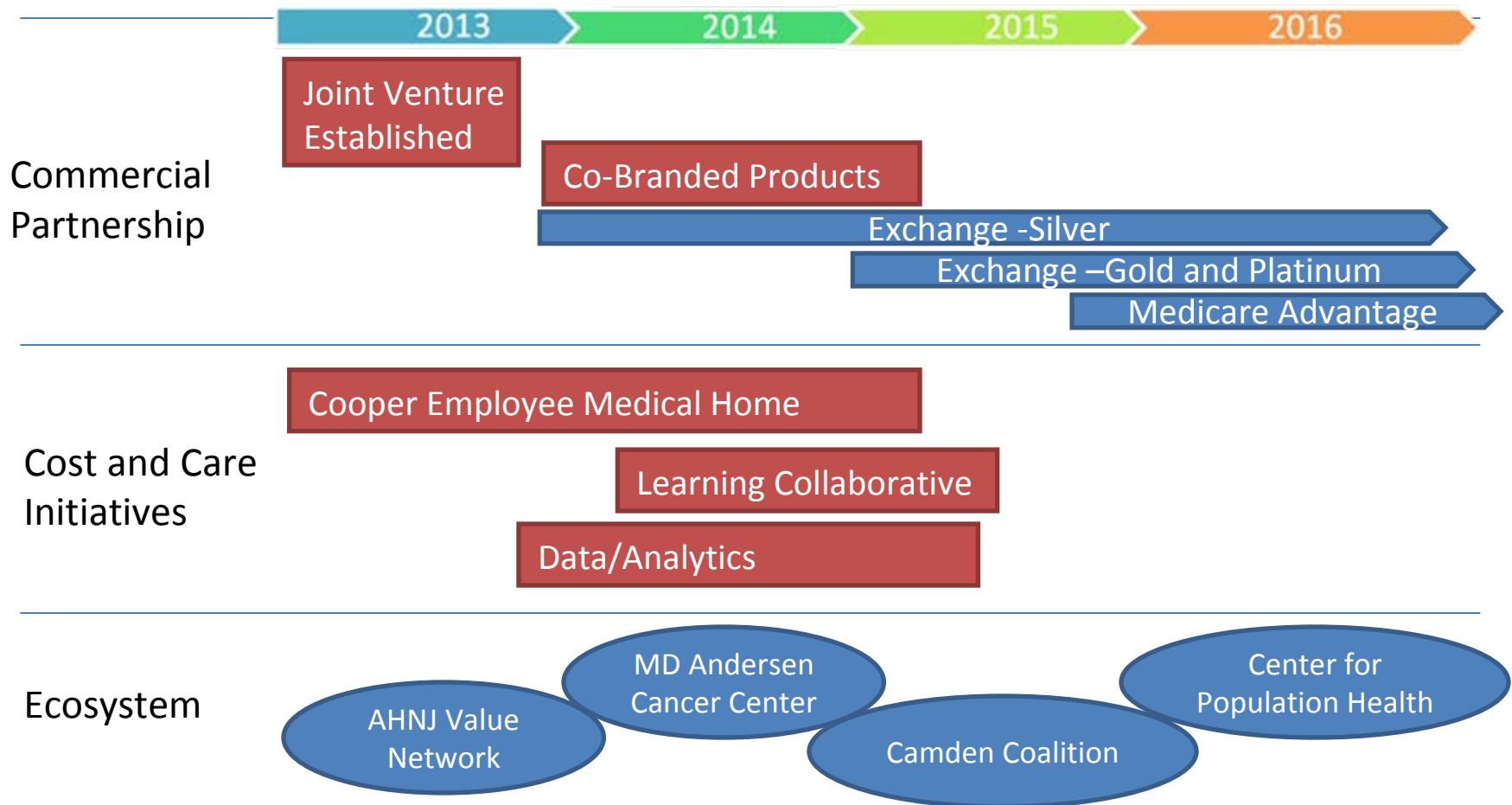
Corbin Petro, MBA

President, ElevateHealth

Miles Snowden, MD, MPH, CEBS

Chief Medical Officer, Optum

Payer-Provider Partnerships



THE FIFTH
NATIONAL

Accountable Care Organization Summit

The Leading Forum on
Accountable Care Organizations
and Related Delivery System
and Payment Reform

Track 3: Emerging Payer-Provider Accountable Care Models

Louis S. Bezich

Chief of Staff and Executive Director, Center for Population Health, Cooper University
Health System

Michael Lachenmayer, MS

Director, Strategic Alliances, AmeriHealth Administrators

Corbin Petro, MBA

President, ElevateHealth

Miles Snowden, MD, MPH, CEBS

Chief Medical Officer, Optum



Fifth Annual National ACO Summit

June 18-20, 2014

Follow us on Twitter at [@ACO_LN](https://twitter.com/ACO_LN) and use [#ACOSummit](https://twitter.com/hashtag/ACOSummit)