

Fifth National ACO Summit

Thursday, June 19, 2014

Track Three

11:45–12:45 PM Emerging Payer-Provider Accountable Care Models

PM

Terry McGeeney, Terry McGeeney, MD, MBA, Chief Medical Officer, VillageMD; Visiting Scholar, The Brookings (*Moderator*)

1. **Lou Bezich**, Chief of Staff and Executive Director, Center for Population Health, Cooper University Health System
2. **Michael Lachenmayer, MS** Director, Strategic Alliances, AmeriHealth Administrators
3. **Corbin Petro, MBA**, President, ElevateHealth; Former Chief Operating Officer, Department of Medicaid, Executive Office of Health and Human Services, Commonwealth of Massachusetts
4. **Miles Snowden MD, MPH, CEBS**, Chief Medical Officer, Optum; Former Executive Vice President, Clinical Strategy

Panel Overview

In the rapidly evolving health care marketplace, payers and providers are forming novel relationships involving a wide variation of risk bearing arrangements. This diversification has in some ways served as a response to new regulations forcing payers and providers to agree on new ways to facilitate financial sustainability while ensuring high quality health care delivery. This panel will discuss key lessons learned in developing new accountable care models between payers and providers. Panelists will discuss major obstacles to developing these novel arrangements and strategies for overcoming them to succeed in new models. They will also address the difficulty of meeting both payer and provider needs and developing new measures and data collection that can help both payers and providers assess the success of their models..

Core Questions

- What new relationships are forming between payers and providers that allow for novel or increasingly advanced accountable care models?
- What new risk-based arrangements are developing that hold both the payers and providers accountable for the cost and quality of care as they move from volume to value?
- What are some of the most important first steps in preparing an organization to be successful in value-based reimbursement schemes?
- How are new regulations and the changing health care landscape forcing parties to develop new partnerships and arrangements that still ensure financial and operational sustainability?
- What are the major challenges and lessons learned to effectively creating and adopting novel accountable care joint ventures between payers and providers?

11:15 AM

Terry McGeeney, Village Practice Management; Visiting Scholar, Brookings
(*Moderator*)

Focus

Terry McGeeney will discuss how the delineation between payers and providers is becoming less clear, payer concerns about developing optimal data formats to meet

provider needs, and tension arising from the development of new provider relationships with both hospitals and payers. He will also provide an overview of the variation in payer and provider incentives as the new models develop that shift toward increasing levels of risk.

11:35 AM

Focus

Lou Bezich, Cooper University Health System

Lou Bezich will discuss the comprehensive payer-provider models created in partnership with AmeriHealth and subsequent implications for bending the cost curve and improving clinical outcomes. The models discussed will include patient-centered medical homes, base contracts, and employee health plans.

11:40 AM

Focus

Michael Lachenmayer, AmeriHealth Administrators

Michael Lachenmayer will discuss collaboration as well as competition between payers and providers and developing more effective measures to capture crucial data. He will discuss decisions payers can make regarding data exchange and management on a daily basis to enhance care coordination and disease management.

11:45 AM

Focus

Corbin Petro, ElevateHealth

Corbin Petro will discuss ElevateHealth Solutions, the payer/provider joint venture between Harvard Pilgrim, Dartmouth-Hitchcock, and Elliot Health System. She will discuss the benefits of payer/provider partnerships and how providers looking to vertically integrate with health insurance can assess whether to buy, build, or partner. She will discuss effectively leveraging assets of payers, providers and hospitals for new market opportunities as well as data use and sharing in the evolving marketplace.

11:50 AM

Focus

Miles Snowden, Optum

Miles Snowden will describe the key attributes of both providers and payers who have found success in value-based reimbursement arrangements through contemporary, provider-centric population health management activities.

11:55 AM

Q&A