

## Sixth National ACO Summit

Thursday, June 18, 2015

Keynote Panel #1

**9:30–10:30**

### **Aligning Goals on Payment Reform**

**AM**

**Mark McClellan, MD, PhD**, Senior Fellow in Economic Studies and Director, Initiatives on Value and Innovation in Health Care, The Brookings Institution; Former CMS Administrator and FDA Commissioner (Moderator)

1. **John Bertko, FSA, MAAA**, Chief Actuary, Covered California; Former Director, Office of Special Initiatives and Pricing, Center for Consumer Information and Insurance Oversight (CCIIO), Centers for Medicare and Medicaid Services
2. **Robert S. Galvin, MD, MBA** Chief Executive Officer, Equity Healthcare; Operating Partner, Blackstone; Chair, Catalyst for Payment Reform
3. **Carmella Bocchino, RN, MBA**, Executive Vice President, Clinical Affairs & Strategic Planning, America's Health Insurance Plans (AHIP)

### **Panel Overview**

The Department of Health and Human Services (HHS) recently announced a goal of tying 30 percent of fee-for-service Medicare payments to quality or value through alternative payment models by the end of 2016, and tying 50 percent of payments to these models by the end of 2018. Meanwhile, a number of private sector leaders, including payers, providers, and collaborative partnerships, have similarly announced ambitious goals of transitioning their payments to alternative payment models such as ACOs and bundles on a similar timeline. These strong commitments from both the public and private sector is a potential turning point the way that health care services are paid for and delivered in the United States, however a number of challenges exist for meeting these goals. This panel, which includes thought leaders from some of the organizations involved in reaching these goals who will discuss how their organization or partners have set their own payment reform goals, how their experiences and results to date have informed these decisions, and what will be necessary to create further energy and support for transitioning to alternative payment models in the coming years.

### **Core Questions**

- What are the main drivers for the increasing emphasis on alternative payment models that move away from fee-for-service?
- What evidence do we have on these alternative payment models, which are helping to drive this transition?
- How are providers, payers, and other stakeholders working together to define and align their goals on health system payment reforms?
- What have been the biggest barriers to alternative payment models to date and what strategies are organizations using to overcome them?
- What will the health care payment landscape look like for both the public and private sector in five years? Ten years?
- How can the public and private sector align and reinforce their payment reform goals?

- How are enrollees in state-based insurance exchanges different from employees and dependents covered by Employer Sponsored Insurance (ESI), and how do those difference impact the payment reforms possible?
- How does the success of narrow network products provide a pathway to future payment reform?