

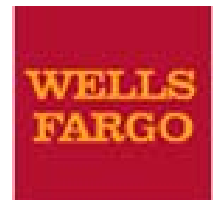
# Accountable Care – Where are my Shared Savings? The Employers' Perspective

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# PBGH Members



# What problems are employers trying to solve?

- Health care **costs** are too high, and the **quality** of care and patient experience are inconsistent.
- Employee health problems → higher **absenteeism**, lower **productivity**
- **Slow adoption** of successful innovations and new models of care

- CalPERS
- Intel
- San Francisco Health Service System (city & county)
- Stanford University
- Boeing

# Purchaser Principles for ACOs

ACOs must

- ◆ *be transparent*
- ◆ *be outcomes-focused*
- ◆ *be patient-centered*
- ◆ *pay providers for quality, not quantity*
- ◆ *address affordability and contain costs*
- ◆ *support a competitive marketplace*
- ◆ *demonstrate meaningful use of health information technology*

Major purchaser, on contracting with ACOs:

*“If they can’t give us lower cost, better outcomes, and better quality, we don’t want to waste our time; we can get the current value anywhere.”*



## Results and Lessons (so far . . .)

- ACOs are an attractive strategy, especially where an employer has a large concentration of employees.
- Few ACOs can deliver on cost and quality *today*.
- Purchasers' role is to raise the bar, clarify the performance requirements, and measure success.
- To get desired results requires intense collaboration, leadership, and perseverance.
- We must commit to a multi-year transition to global payment and provider full risk for a population.
- Ideally, we should align public and private purchaser ACO expectations.