

Accountable Payment Models Workgroup Charter

Problem Statement

Health care in the United States is typically fee-for-service, rewarding providers for volume instead of quality. This misalignment between health care reimbursement and quality does not provide incentive for appropriateness, best outcomes, and affordability.

Aim

To recommend reimbursement models including warranties and bundled payments that align with patient safety, appropriateness, evidence-based quality, timeliness, outcomes and the patient care experience.

Purpose

To identify conditions of high variability in clinical practice and cost to purchasers, to define evidence-based standards of practice for these conditions and to develop quality measures that align with best practice. The intent of developing such standards and quality measures is to provide a basis for production, payment, and purchasing of health care that should be used by providers, health plans and purchasers as a basis for market-based health care reform.

Methods used by the Accountable Payment Models Workgroup (APM) should themselves be standardized, permitting applicability to a variety of medical conditions.

Duties and Functions

The APM workgroup shall:

1. Select a series of medical conditions in which variation in practice and price to purchasers is not associated with commensurate quality of outcomes.
2. Review existing standards related to each condition, particularly those developed by the Centers for Medicare and Medicaid Services.
3. Ensure that appropriate content experts and opinion leaders are recruited to participate in the work associated with each medical condition the APM workgroup selects.
4. Consult members of WSHA, WSMA and other stakeholder organizations and subject matter experts on feedback on content of payment models the APM develops.
5. Define scope of work for each medical condition.
6. Identify common medical interventions for each condition to create a standardized patient care pathway.
7. Use standardized evidence search and appraisal methods to create an evidence table that can be used to assess the value of each intervention.
8. Eliminate interventions from the pathway that are not value-added to create a future-state patient care pathway.
9. Develop quality metrics that can be used to assess performance as providers to support payment and purchasing of health care.
10. Solicit feedback from stakeholders to improve the patient care pathway, evidence table and quality metrics.
11. Present the final draft to the Bree Collaborative for approval.

Structure

The APM will consist of individuals appointed by the Bree Collaborative Steering Committee. Individuals must have in-depth knowledge and expertise in at least one of the following: payment reform, the health care delivery system, benefit design, and/or quality improvement. There must be at least one representative from each stakeholder group: employer, health plan, hospital, provider (including a specialist), and quality improvement organization.

The chair of the APM workgroup will be appointed by the chair of the Collaborative with advice from the Collaborative steering committee.

The Collaborative project director will staff and provide management and support services for the APM. The CEO of the Foundation for Health Care Quality will also provide staff support and technical assistance.

Less than the full APM may convene to: gather and discuss information; conduct research; analyze relevant issues and facts or draft recommendations for the deliberation of the full APM. A quorum shall be a simple majority and shall be required to accept and approve recommendations to the PAR workgroup and the Collaborative.

Meetings

The APM will hold meetings at least once a month and more frequently if necessary.

The APM co-chairs will conduct meetings. The Collaborative project director will arrange for the recording of each meeting, and will distribute meeting agendas and other materials prior to each meeting.

Name	Title	Organization
Robert Mecklenburg, MD (Co-Chair)	Medical Director, Center for Health Care Solutions	Virginia Mason Medical Center
Kerry Schaefer (Co-Chair)	Strategic Planner for Employee Health	King County
Sharon Eloranta, MD	Medical Director, Quality and Safety Initiatives	Qualis Health
Kristin Helton, PhD	Consumer	
Dan Kent, MD	Chief Medical Officer	United Health Care
Saurabh Khandelwal, MD	Bariatric Surgeon	University of Washington
Robert Michaelson, MD, PhD, FACS, FASMBS	President	Washington State Chapter, American Society for Metabolic and Bariatric Surgery
Thien Nguyen, MD	Bariatric Program Medical Director	Overlake Medical Center
Tom Richards	Consumer	
Jonathan Storehr, MD/ Jeff Hunter, MD	Endocrinologist/ Bariatric Surgeon	Virginia Mason Medical Center
Brian Sung, MD	Bariatric Surgery Director	Swedish Medical Center
Tina Turner	Senior Internal Consultant	Premera
Richard Thirlby, MD	Medical Director	Surgical Care and Outcomes Assessment Program (SCOAP)