COUNCIL OF ACCOUNTABLE PHYSICIAN PRACTICES

An affiliate of the AMGA Foundation

What Every Candidate Should Know About Health Care

EXECUTIVE SUMMARY

With thousands of political offices up for election this year in national, state, and local contests, candidates are searching for compelling health care platforms to address voters' fundamental desire for high-quality, personal, affordable health care.

This report presents the insights and recommendations of the Council of Accountable Physician Practices, a coalition of America's high-performing medical groups and health systems. The physician leaders of these groups have identified three priority issues for the future of American health care. They challenge candidates at all levels to address how they will accomplish each, as part of a national agenda for achieving high-value, high-quality health care:

- Accelerate the movement toward value-based payment for health care, moving away from the volume-based model, which is wasteful and may be harmful to patients.
- Encourage widespread and coordinated use of robust health information technology. Doctors can't provide the best medical care unless they can access all of the information related to a patient's health and treatment.
- Improve and harmonize quality measurement and reporting. Then use those measures to identify medical groups and health systems with the best clinical outcomes, and encourage them to help others match their success.

Read more to find out why the leaders of America's most-respected health care systems have identified these three issues as priorities for candidates, and please join them in encouraging candidates to move this agenda forward.

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INTRODUCTION

Few subjects are as personal to the American people – and evoke as much heated debate – as health care. With thousands of political offices up for election this year in national, state, and local contests, candidates are searching for compelling health care platforms to address voters' desire for high-quality, personal, affordable health care.

The health care landscape has undergone a transformation in recent years. Millions of Americans have gained insurance coverage through the Affordable Care Act, and hospitals and physicians are working to create a more accountable and modernized delivery system. But we still must do more to realize the 21st century health care system that Americans want and deserve, and upon which our economy and our lives depend.

This guide is intended to help candidates articulate a health care policy platform. It presents the insights of the Council of Accountable Physician Practices, a coalition of America's high-performing medical groups and health systems. These physician leaders have identified three priority issues that candidates at all levels should address as part of their agendas for achieving high-value, convenient, technology-enabled, affordable care for everyone.

WHAT IS THE COUNCIL OF ACCOUNTABLE PHYSICIAN PRACTICES?

We are physician-led medical groups. The Council of Accountable Physician Practices (CAPP) is a coalition of physicians leading high-performing medical groups and health systems. We understand the power of clinicians working together, backed by integrated services, systems, data, and technology. We recognize the importance of the patient-doctor relationship and know that, together, we can achieve the highest quality and ensure that patients come first.

We believe we are better together. High-quality, high-value health care cannot be achieved through the uncoordinated actions of individual physicians and other providers, serving individual patients – especially those with complex medical problems – one at a time. All of the CAPP members are physician-led, multispecialty medical groups or systems – places where doctors from all disciplines practice together and learn from one another.

We are committed to improving the health of our nation. While our country spends nearly 20 percent of its gross domestic product on health care, our care system is fragmented, siloed, and confusing to patients; worse, quality is not what it should be, and costs continue to rise faster than the ability to pay. While policymakers must focus on expanding access to care for all Americans, there remains significant work to improve the performance and efficiency of the delivery system that provides that care. Any coverage system that serves our country – whether private insurance, Medicare, Medicaid, or health care Exchanges – must reinforce a better, safer, health care delivery system that is more efficient, seamless, convenient, and affordable than what most Americans experience today.

THREE PILLARS OF THE HEALTH CARE POLICY AGENDA

We offer a vision for the future of health care in the United States that includes higher quality, more personalized and convenient care, and greater affordability. The foundation of that vision is the structure shared by our members: the large, physician-led, multispecialty group practice. In such groups, physicians collaborate, rather than compete. They are supported by sophisticated information technology and focus on maximizing value for patients. Our track records have earned us national recognition, but that is not enough. As advocates for our patients, we must push ourselves to do more. Equally important, we are committed to helping others achieve the same clinical excellence and moving the entire American health care delivery system toward a path that is more sustainable and rational.

Integrated, multispecialty group practice is the foundation of a better health care delivery system. There are also three important supporting pillars:

1. **Value-Based Payment**
2. **Robust and Coordinated Use of Health Information Technology**
3. **Improved and Harmonized Quality Measurement and Reporting**

We urge policymakers to put these three issues at the top of their health care policy agendas.

SUPPORT AND ACCELERATE THE MOVEMENT TOWARD VALUE-BASED PAYMENT

There is no more powerful tool to get what Americans need from the health care system than payment. Today, the vast majority of health care is paid for on a per-piece basis, with health care providers paid more simply for doing more. This type of payment leads to billions of dollars in inappropriate and unnecessary care, which can be harmful to patients. We need instead to pay health care providers for *producing health*, regardless of whether that entails doing more or less. We need to pay providers for doing the safest, most effective, most efficient thing for each patient *the first time*.

Medicare and many large private payors are leading the way in shifting health care payments from volume- to value-based. There are many kinds of value-based payments, from the models used in Medicare's Accountable Care Organization (ACO) programs, to bundled payments for episodes of care, to full global capitation for the total cost of care. Medicare is experimenting with the first two, and we appreciate that momentum. However, we recommend faster movement toward global capitation. When coupled with quality reporting, capitation gives health care providers the ability and motivation to invest in the infrastructure they need to support high-value, coordinated care.

To support value-based payment, policymakers must:

- ✓ Support the efforts of the Centers for Medicare and Medicaid Services (CMS) to pay for value in Medicare, but understand that we are only at the beginning of that movement. Keep capitation in sight as a goal.
- ✓ Encourage CMS and others to push value-based payment programs to do more. For example:
    - The current ACO programs are a step in the right direction, but due to the way patients are attributed to ACOs, the programs do not facilitate proactive outreach by health care providers to patients for whom they are responsible. This problem is well-recognized by CMS and must be solved if the ACO program is to move the needle on value.
    - Bundled payment, including CMS's payment for total joint care, are also promising. Payors must broaden the scope of these programs to include the most common chronic conditions, such as coronary artery disease and diabetes. Further, we need more research to help ensure that the scope of any given payment bundle is concordant with the natural history of the disease, and not limited to an arbitrary timeframe.

ENCOURAGE WIDESPREAD AND COORDINATED USE OF ROBUST HEALTH INFORMATION TECHNOLOGY

Human interaction is the engine that drives health care. But today, it is impossible to provide the best and most convenient medical care without having access to robust health information technology (HIT) systems, including telehealth tools. Health care must be both high-touch *and high-tech*. People want the same secure, private, tech-enabled convenience and access to services and information in health care that they have in every other part of their lives. Robust HIT is a prerequisite for putting an end to the fragmented, disorganized, state of our current health care system, which places far too great a burden on patients to pull together all the disconnected pieces of their own care.

At its core, HIT must support an electronic health record for each patient that can be shared by every doctor, hospital, and pharmacy with which the patient interacts. But it must be more than that. Health information technology must also allow patients and providers to connect with each other in more efficient ways, such as through secure email messaging and telephone and video visits.

To support widespread and coordinated use of health information technology, policymakers must:

- ✓ Demand full interoperability of HIT systems. Under the HITECH Act of 2009, the federal government invested $30 billion in incentives for health care providers to purchase HIT, yet different vendors' systems cannot "speak" to one another. As a result, information about a single patient can be scattered across multiple systems operated by different health care providers, with no way to bring it all together. This type of fragmentation is not tolerated in any other industry and cannot be tolerated in health care. Full interoperability must be a requirement for all HIT vendors, and it must go hand in hand with data privacy policies that put patients in control of how their information is used.

- ✓ Support payment for the use of HIT to expand access to care *in both rural and urban areas*. Currently, Medicare will not pay providers for patient interactions that take place over the telephone, secure email, or video, unless they are in rural areas. This must change. For many patients, office visits may be unnecessary, time-consuming, inconvenient, and exhausting. All patients – not just those in rural areas – should have the ability to connect with their providers and receive care in the safest and most efficient way for their particular circumstances. This is what patients want, yet under most payment arrangements, health care providers lose money every time they use telehealth tools to save a patient from an unnecessary office visit.

IMPROVE AND HARMONIZE QUALITY MEASUREMENT AND REPORTING

Quality measurement and reporting are foundational to value-based payment. We cannot pay for value if we don't know it when we see it. It is critical that we understand the extent to which patients actually benefit from the care they receive. Further, it is only through quality measurement that we can identify the highest-performing medical groups and organizations so that their best practices can be shared with the rest of the health care delivery system.

To improve and harmonize quality measurement and reporting, policymakers must:

- ✓ Identify the most high-value quality measures. We must move as quickly as possible to measuring outcomes of care, rather than processes. For example, we should be less interested in whether a patient received a blood pressure test (a process measure) than in whether the patient's blood pressure was at a healthy level (an outcomes measure). Furthermore, outcomes measures must be organized around things that patients care about – such as how quickly a patient was able to return to work or normal activities following a surgery. This patient focus must be part of measures development in all care settings, including medical offices, hospitals, skilled nursing facilities, and so on.

- ✓ Support efforts to standardize quality measures across payors, including Medicare. Current efforts to measure quality are highly fragmented, leaving health care providers to produce hundreds, if not thousands, of largely duplicative measures that may address similar issues, using slightly different methodologies. Today, physicians may spend as much time crunching data to satisfy quality measurement requirements as they do providing patient care. Federal and state governments can serve an important role in convening stakeholders to agree on a limited set of high-value quality measures.

PUTTING IT ALL TOGETHER

To achieve the vision of a higher quality, more convenient, more affordable health care delivery system, we must understand how the foundation and pillars of the vision are related to one another. Physician-led, multispecialty group practices are best positioned to participate in value-based payment programs, which, in turn, provide resources to improve use and interoperability of health information technology and to engage in high-value quality reporting. But everything does not have to change at once. Policy that encourages incremental improvements in one area can accelerate improvements in the others. The important thing is to ensure that health policy keeps us moving forward: from fragmentation to integration, from volume- to value-based payment, from paper records to interoperable electronic ones, and, ultimately, from a system that is motivated by financial incentives to one that supports the needs of both physicians and patients.

CAPP MEMBER GROUPS

Advocate Physician Partners
Rolling Meadows, IL

Atrius Health
Newton, MA

Austin Regional Clinic
Austin, TX

Billings Clinic
Billings, MT

Cleveland Clinic
Cleveland, OH

Colorado Permanente Medical Group
Denver, CO

Confluence Health
Wenatchee, WA

Davita HealthCare Partners
Torrance, CA

Dean Health System
Madison, WI

Essentia Health
Duluth, MN

Everett Clinic
Everett, WA

Geisinger Health System
Danville, PA

Hawaii Permanente Medical Group
Honolulu, HI

HealthPartners Medical Group
Bloomington, MN

Henry Ford Health System
Detroit, MI

Intermountain Healthcare
Salt Lake City, UT

The Jackson Clinic
Jackson, TN

The Lahey Clinic Medical Center
Burlington, MA

Marshfield Clinic
Marshville, WI

Mayo Clinic/Mayo Health System
Rochester, MN

Mid-Atlantic Permanente Medical Group
Rockville, MD

Northwell Health
Islip, NY

Northwest Permanente, Physicians and Surgeons
Portland, OR

Ochsner Clinic
New Orleans, LA

Palo Alto Medical Foundation
Palo Alto, CA

The Permanente Medical Group
Oakland, CA

Reliant Medical Group
Worcester, MA

Sharp Rees-Stealy Medical Group
San Diego, CA

The Southeast Permanente Medical Group
Atlanta, GA

Southern California Permanente Medical Group
Pasadena, CA

Virginia Mason Health System
Seattle, WA

Washington Permanente Medical Group
Seattle, WA

The Council of Accountable Physician Practices (CAPP), an affiliate of the AMGA Foundation, is a 501 (C)6 non-profit organization that promotes the superior performance of physician-led medical groups and health systems in providing medical care that maximizes the quality and duration of life and enhances the health of patients and our entire communities. We believe that these five attributes are critical for a high-performing health care delivery systems: integrated (or coordinated) care, outcomes-based payment, health information technology, physician leadership, and quality improvement.