November 20, 2015

VIA ELECTRONIC SUBMISSION
PaymentNetwork@MITRE.org

Alternative Payment Model Framework and Progress Tracking (APM FPT) Workgroup
LAN Guiding Committee (GC)
Health Care Payment Learning and Action Network (LAN)

Re: Alternative Payment Model (APM) Framework, Draft White Paper

The Medicare Rights Center (Medicare Rights) is pleased to submit comments on the "Alternative Payment Model (APM) Framework, Draft White Paper" developed by the Alternative Payment Model Framework and Progress Tracking (APM FPT) Workgroup of the Health Care Payment Learning and Action Network (LAN).

Medicare Rights is a national, nonprofit organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives. Medicare Rights provides services and resources to over two million Medicare beneficiaries, family caregivers, and professionals annually.

We applaud the commitments made by the Department of Health and Human Services (DHHS) to transition Medicare away from a payment system that rewards volume to one that prioritizes value-based care. Similarly, we strongly support the ongoing efforts of the LAN to bring together diverse voices, including payers, providers, patients, and more, to align payment and delivery system reform approaches.

We applaud the APM FPT for distilling a clear and usable framework for categorizing APMs with respect to payment risk and quality performance. Yet, we believe the white paper would be significantly strengthened with additional content on patient/person-centered care, consumer engagement and protections, patient-centric quality measurement, and delivery system reforms. Below, we provide suggestions on how to incorporate this content.

Our comments are informed by over 25 years of experience working with Medicare beneficiaries and their families. For additional information, please contact Stacy Sanders, Federal Policy Director, at ssanders@medicarerights.org or 202-637-0961 and Casey Schwarz, Senior Counsel for Education and Federal Policy, at cschwarz@medicarerights.org or 212-204-6271. Ms. Sanders is an invited member of the Leadership Committee of the Consumer and Patient Affinity Group (CPAG) of the LAN.

A. Pillars of Patient-Centered Care:

Patient-Centered Care: As discussed in the white paper, we agree with the central premise that payment approaches should ultimately be designed to support a healthcare system that provides patient-centered care. While

we recognize that the APM FPT was not charged with defining this concept, we encourage the LAN to develop a framework for patient/person-centered care, either as part of this white paper or through a complementary effort. Towards this end, we urge the LAN and APM FPT to reference existing frameworks developed by the National Partnership for Women & Families, Campaign for Better Care, Community Catalyst, and other consumer advocates.[1]

Importantly, we recommend broadening the definition of patient. In many instances, a patient may not have the wherewithal or ability to be a full partner in the delivery of his or her care. As such, family members or other caregivers should be included in any rubric defining patient/person-centered care.

In addition, we strongly encourage the LAN and APM FPT to carefully consider terminology. For many older adults, people with disabilities, and their advocates, the term "person" is preferable to "patient," a phrase that ultimately defines an individual by his or her health condition(s). Moving forward, we encourage the LAN to adopt the term person-centered care, rather than patient-centered care.

Finally, we urge that adequate consumer protections, oversight, and monitoring be reflected in the APM framework, namely to safeguard patient choice and access to care. As providers are increasingly encouraged to take on increased risk it is vitally important that consumer protections keep pace. Examples of essential consumer protections include:

- Adequate notice and basic education about APMs and provider participation in APMs;
- Access to second opinions outside of an APM and an appeals process;
- Ongoing outreach to patients, families and the community at large;
- Protection from and regular monitoring for discriminatory practices; and
- Adequate notification and education about data sharing.

Quality: We agree that quality is an essential pillar of patient/person-centered care. The white paper currently acknowledges the need for a "harmonized set of process and outcome measures," and we strongly encourage the addition of patient-reported outcome measures and patient and caregiver experience measures. These measures are critical to evaluating whether or not care meets the needs and goals identified by patients and families.

Cost-Effectiveness: We believe the white paper's current discussion on cost-effectiveness would be strengthened by more accurately reflecting the elements of cost that are most immediate and relevant to individual consumers and their families. First, while the white paper acknowledges the importance of system-wide affordability and cost savings, content on affordability for the patient is lacking. Among the top trends heard on the Medicare Rights national helpline, the affordability of health care services continues to be a persistent concern.

This issue is especially relevant for older adults and people with disabilities, who tend to have lower incomes and higher health care spending compared to other populations. On average, Medicare households spend 14 percent as a share of income on health care costs compared to 5 percent among non-Medicare households.[2] We believe the white paper should reference these affordability concerns to encourage the adoption of practices within the

[1] http://go.nationalpartnership.org/site/DocServer/Advocate_Toolkit-Consumer_Principles_3-30-09.pdf?docID=4821; http://www.communitycatalyst.org/blog/what-should-we-hope-to-achieve-through-health-system-transformation#.Vkyt_XarSUk; http://www.nationalpartnership.org/research-library/health-care/comments-on-macra-request-for-information-november-2015.pdf

[2] http://kff.org/medicare/fact-sheet/medicare-at-a-glance-fact-sheet/

healthcare system that help consumers living on low- and fixed-incomes identify mechanisms, like federal assistance programs and other community supports, to afford needed healthcare.
Second, the draft white paper lacks content on price and quality transparency, such as for specific providers or for healthcare treatments and services. The public availability of this information is vital, but we believe how it is displayed and translated is just as important. Systems must be developed to help patients understand what price and quality information means and to assist them in using that information for decisions related to their care. We encourage the APM FPT to expand its discussion of cost-effectiveness to include affordability for the individual consumer as well as public reporting on price and quality.

Patient Engagement: We appreciate the elements of patient engagement included in the draft white paper, and we agree that patient engagement is fundamental to patient/person-centered care. Yet, we strongly encourage the APM FPT to expand its discussion of patient engagement beyond the point of care. Patients (and their caregivers, as appropriate) should be partners in care at all levels, including at the point of care; in care design and redesign; in governance, such as through governance boards and other decision-making bodies; and in the community, namely through the identification of community-based supports and resources.

We urge the APM FPT to redefine patient engagement to reflect patient participation and representation at each of these levels. At the same time, we believe a workable definition of patient engagement must acknowledge that there is no "one size fits all" method of engaging patients and their families as partners in care delivery. Individual consumers will bring different abilities and assets to their care, and we believe that a high quality health care system is one that adapts to the individualized needs of its patients and their families.

Many factors—such as income-level, education-level, literacy-level, and functional and cognitive status—will affect how actively engaged a person will be in the delivery of their care. Given this, patient engagement initiatives must be flexible, so as not to disadvantage certain individuals or groups. For example, people with low- and fixed-incomes will be more sensitive to methods that involve financial incentives and, depending on their design, these strategies may also involve increased risk or be discriminatory for these populations.

B. Principles of the APM Framework

Principle 1: We agree that patient engagement is vital to the success of payment and delivery system reforms. That said, we urge the APM FPT to revisit this principle to more adequately define this concept and to capture the considerations outlined above. As with patient/person-centered care, we urge the LAN to develop a framework for patient engagement, either as part of this white paper or through a complementary effort.

Principle 2: We support this principle, and we encourage the LAN and APM FPT to support efforts that allow for meaningful, evidence-based comparisons across all payment models reflected in the draft APM FPT framework.

Principle 4: We support this principle, though we encourage the APM FPT to set a minimum standard for taking "quality and value into account." Importantly, this standard should include the full range of quality measures needed to evaluate care, including outcome, patient-reported outcome, patient and caregiver experience, and process measures.

Principle 5: We appreciate that, over time, provider incentives must be intensified to promote the ongoing transition from volume-based to value-based care. Setting incentives too high or transitioning too quickly risks patient access to care, particularly among patients with significant and complex health care needs. We believe this

principle would be strengthened with the acknowledgement that consumer protections, monitoring, and oversight (as described above) must keep pace as provider incentives are intensified.

Principle 7: We are concerned by this principle, which distinguishes payment models from delivery system models. As written, the white paper implies that changes in payment will lead to higher quality care. Yet, we believe that both changes in how care is paid for and how it is delivered are essential to building a patient/person-centered healthcare system. As such, we urge the LAN and the APM FTM to develop a delivery system framework that is complementary to the four-category APM continuum described in the white paper. We believe a parallel delivery system framework is necessary to fully communicate the steps necessary for healthcare transformation.