

Alternative payment models: Strategies for success

With the start of the 2022 performance year, now is the time for alternative payment model participants to ensure their processes and workflows are optimally set up for success. To help, DataGen listed the top three strategies all providers participating in APMs can employ and created a handy checklist to enable maximum returns and reduce financial risk.

Assess and bolster your resources

APM requirements are complex and may be updated frequently by CMS. You need the right infrastructure in place to keep track of rules and reporting requirements, and to collect the necessary data and information to assess care quality and patient experience. Make sure your organization:

- identify what data you will need and set up processes to receive reports regularly;
- review CMS program updates regularly; and
- familiarize yourself with reporting requirements.

Gain buy-in throughout your organization

To support your APM infrastructure, ensure you have buy-in from leadership, clinicians and administrators. Participation in APMs is a team effort and contributions from members across your organization will help your processes flow smoothly. Follow these steps for organization buy-in:

- identify a program champion;



ASSESS AND BOLSTER YOUR RESOURCES



GAIN BUY-IN THROUGHOUT YOUR PRACTICE



FOSTER A CYCLE OF CONTINUOUS REVIEW AND IMPROVEMENT

- clearly explain the benefits of participation to leadership and use data to demonstrate benefits; and
- provide leaders with regular performance updates.

Foster a cycle of continuous improvement

After you establish the right infrastructure and team, ensure you have the right workflows in place to continuously collect regular, normalized data and processes to translate data into care delivery improvements. To enable continuous improvement:

- set up workflows to collect and review data from CMS and other sources;
- implement processes to compare ongoing performance to best practice benchmarks; and
- implement processes to reorient workflows, if necessary.

These strategies can be difficult to implement, but the right data analysis tools can help. DataGen supports providers looking to make these changes with easy-to-read claims analyses, benchmarking tools, revenue trending and more.

Primary Care First and Kidney Care Choices participants: Want to see how these steps can be tailored to your model? Download our infographics: [3 Strategies for PCF Success](#) [3 Strategies for KCC Success](#)

Product overview: The Kidney Care Choices Model

CMS announced updates to the Kidney Care Choices model and accepted applications for KCC Cohort 2 in March. This announcement came with further information about payment mechanisms for the KCC model that reward delay of the progression from chronic kidney disease to end-stage renal disease, support for transplant procedures and prevention of dialysis use.

DataGen can help current and new KCC participants accurately monitor performance to thrive and reduce risk of financial penalties. Our analyses trend and project program revenue over time, unearth patterns of healthcare utilization and outcomes in your aligned beneficiary population by patient risk profile, and more.



Lessons learned from the Oncology Care Model

The Oncology Care Model will complete its six-year run this June. This model has offered providers an opportunity to improve care under a value-based model. OCM supported patient-focused, coordinated care to almost 200 oncology practices across the country and the lessons learned will benefit future models.

Some of these lessons include the need to integrate clinical information with administrative claims data to improve the predictability of expenditures for oncology episodes of care.

Despite challenges, providers have recognized the benefits of a model like OCM.

Visit www.datagen.info to read our in-depth article on lessons learned for future models.



DataGen tools and analyses

Alternative payment models tie payment to patient outcome, incentivizing quality improvement, efficiency and patient experience. Our analyses can help you decide which programs are right for you, measure performance of existing programs and quantify your results so you know where you stand. Whether you're thinking about applying for a program, are in the middle of a performance period or have completed a program, our analyses can help you meet your facility's goals. In addition to radiation oncology, we offer analyses on the following programs:



KIDNEY CARE CHOICES

KCC incentivizes participants to better manage kidney disease to delay the need for dialysis and encourage kidney transplantation. KCC includes two participation options Kidney Care First and Comprehensive Kidney Care Contracting.



MEDICARE SHARED SAVINGS PROGRAM

Accountable care models incentivize coordinated, high-quality care that avoids unnecessary duplication of services. The Shared Savings Program, one of Medicare's largest alternative payment models, allows providers and suppliers to form accountable care organizations. The program currently has 477 participants.



ONCOLOGY CARE MODEL

OCM is a six-year, episode-based payment model which tests how better care coordination, improved access to practitioners and appropriate clinical care affect health outcomes and care costs for beneficiaries with cancer receiving chemotherapy. There are 176 practices currently participating in the OCM.



COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL

The CJR model tests bundled payment and quality measurement for an episode of care associated with lower extremity joint replacement in order to improve care quality and coordination from initial hospitalization through recovery. CJR will extend through 2024 only for hospitals under mandatory participation status. Approximately 465 hospitals are participating in the CJR model across 67 metropolitan statistical areas.



BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED

BPCIA is designed to support healthcare providers who invest in practice innovation and care redesign to better coordinate care and reduce expenditures, while improving the quality of care for Medicare beneficiaries. BPCIA currently has 1,707 participants, and the model performance period will run through Dec. 31, 2023.



PRIMARY CARE FIRST

PCF improves care quality and patient experience while reducing expenditures. Designed to increase patient access to advanced primary care services, PCF also supports practices caring for patients with complex care needs or serious illnesses.