Alternative Payment Model Implementation Checklist

ASSOCIATION OF COMMUNITY CANCER CENTERS

HOW TO USE THIS CHECKLIST: As the healthcare industry moves from volume- to value-based care, cancer programs are thinking about their strategies and readiness for alternative payment models (APMs). This checklist will help your program understand how your current capabilities align along the APM continuum from developing (i.e., just getting started) to evolved (i.e., years of experience). It will also help you determine the appropriate level of risk based on your program's capabilities. Finally, the tool will help you understand the additional capabilities and competencies needed to evolve your APM strategy. Get started by evaluating where your program stands in each of these areas.

NEXT STEPS: This checklist is not a comprehensive tool but instead should be used to supplement the 2020 APM eLearning modules and workshop. The eLearning modules—which highlight real-world case studies—align with the six key areas identified in this checklist. They provide more details about implementation, including the sequencing and pacing of care transformation. These resources are available on the ACCC eLearning portal at **accc-cancer.org/apmc-elearning-modules**.

CAPABILITES NEEDED TO SUCCEED IN LOW-RISK APMS ➞ CAPABILITES NEEDED TO SUCCEED IN HIGH-RISK APMS

COMPREHENSIVE PROVIDER NETWORK

	APM CAPABILITIES: DEVELOPING FEE-FOR-SERVICE, PAY-FOR-PERFORMANCE	APM CAPABILITIES: TRANSITIONAL SHARED SAVINGS, PARTIAL RISK	APM CAPABILITIES: EVOLVED CAPITATION, FULL RISK
Care Continuum *Extent of care coordination within the cancer program and beyond*	☐ Coordination within cancer services ☐ Routine tumor boards with key specialties	☐ Tumor boards and select multidisciplinary clinics	☐ Subspecialty tumor boards ☐ Multidisciplinary care teams and clinics for all tumor sites ☐ Coordination throughout region and beyond clinical care
Clinical Scope of Providers *Depth and breadth of provider relationships*	☐ Medical Oncology, Hematology/ Oncology, Radiation Oncology, Gynecology ☐ Surgery ☐ Primary care	☐ Subspecialty surgery ☐ Key medical specialties with subspecialty focus	☐ Palliative care and hospice ☐ Subspecialty disease management providers
Physician Engagement *Level of communication and performance reporting*	☐ One-way communication	☐ Bidirectional communication ☐ Performance reporting ☐ Short-term engagement strategy	☐ Active engagement ☐ Transparent performance reporting ☐ Long-term engagement strategy
Expanded Practice Access *Range of options for when and how patients access care*	☐ E-portal communication ☐ Expanded hours	☐ 24/7 access and navigation ☐ Urgent care access	☐ Telehealth, virtual care, and other e-visits

CARE DELIVERY TRANSFORMATION

	APM CAPABILITIES: DEVELOPING FEE-FOR-SERVICE, PAY-FOR-PERFORMANCE	APM CAPABILITIES: TRANSITIONAL SHARED SAVINGS, PARTIAL RISK	APM CAPABILITIES: EVOLVED CAPITATION, FULL RISK
Care Coordination *Scope of care coordination services offered across provider organizations and care settings*	☐ Care management services shared across organizations ☐ Referral management ☐ Patient navigation and care coordination	☐ Care management services shared across service lines ☐ Standardized care transitions within organization ☐ Emergency department coordination	☐ Care management services dedicated to oncology service line ☐ Standardized care transitions across care settings ☐ Ongoing care coordination among providers across care continuum
Clinical Standards and Protocols *Type of and adherence to clinical protocols in place*	☐ Clinical protocols in place	☐ Evidence-based clinical protocols in place with standard review process ☐ Defined clinical protocols in place across care continuum	☐ Evidence-based clinical protocols in place with awareness and adherence ☐ Defined clinical protocols in place across care continuum and stratified on risk factors ☐ Regular review and update of clinical protocols

Patient Engagement *Extent of patient engagement activities in place*	☐ Conduct patient experience survey	☐ Patient engagement strategy targeted to specific initiatives ☐ Patient experience survey results support engagement strategy ☐ Patient-reported outcomes (PROs) tracked	☐ Comprehensive patient engagement strategy ☐ Identify actionable items based on PROs (electronically) ☐ Family advisory councils

ROBUST TECHNOLOGY →

Data Systems and Information Exchange *Breadth of electronic health records (EHR) capabilities*	☐ Mixed EHR system with some interfacing across care settings	☐ EHR with shared outpatient and inpatient strategy and some cancer-specific functionality ☐ Cost accounting capabilities ☐ Population health management tool	☐ EHR with cancer-specific functionality including cost-of-care analytics and built-in evidence-based care models ☐ Ability to automatically flag and track patients ☐ Ability to calculate total cost-of-care by cancer population
Performance Reporting *Degree of tracking, reporting, and benchmarking of patient and physician data*	☐ Patient-specific tracking and reporting ☐ Relevant benchmarks utilized	☐ Physician-based performance reporting	☐ Population-based tracking and reporting
Patient-Centered Technology *Scope of technology capabilities directly utilized by patients*	☐ Establish and utilize patient e-portal ☐ Patient-care team messaging	☐ Proactive response to diagnostic test results ☐ Access to care plan	☐ Remote monitoring ☐ Ability to show a patient all of their visits (e.g., calendar view)

EFFECTIVE PAYMENT MODELS →

Risk-Sharing Experience *Scope of current and former APM experience*	☐ Pay-for-performance experience	☐ Shared savings, upside only	☐ Shared savings, upside and downside ☐ Partial or full capitation
Payer Strategy *Strength of payer relationships, including level of communication*	☐ Transactional payer relationships	☐ Favorable payer relationships ☐ Frequent communication	☐ Collaborative payer relationships ☐ Able to obtain data ☐ Shared goals

ALIGNED PROVIDER COMPENSATION →

Plan Design and Structure *Degree of alignment of provider compensation with strategic priorities and payer programs*	☐ Small part of provider compensation tied to process improvement initiatives or protocol adherence	☐ Part of provider compensation tied to process improvement initiatives or protocol adherence ☐ Evaluate and track outcomes related to performance of payer contracts; determine implications on compensation	☐ Portion of compensation is directly aligned with APM programs ☐ Value component includes weighting for different categories of metrics
Metrics *Types of provider metrics tracked*	☐ Based on clinical process	☐ Related to resource utilization ☐ Related to clinical practice improvement	☐ Related to clinical quality

STRONG ORGANIZATIONAL FOUNDATION →

Culture *Extent of leadership commitment and dedication to value-based care*	☐ Shared vision among leadership at cancer program ☐ Shared resources	☐ Shared vision among leadership at cancer program and some associated entities ☐ Dedicated resources ☐ Value-based reimbursement is a priority	☐ Shared vision among leadership across continuum of care ☐ Dedicated resources centrally accessible to all participants ☐ Value-based care delivery and reimbursement is a priority ☐ Constantly seeks higher quality and efficiency