

AMP Commercial ACO

Standardized Measurement for Commercial Accountable Care Organizations (ACOs)

IHA's *Align. Measure. Perform. (AMP)* programs use a fair and transparent approach to measurement and benchmarking to create a reliable assessment of performance for medical groups, IPAs, and ACOs across health plans. The AMP programs are recognized nationally for partnering with organizations across California and the nation to drive meaningful changes that reduce costs and improve healthcare quality and outcomes. Paired with the insights from IHA's California Regional Health Care Cost & Quality Atlas, the AMP programs help partners reduce the reporting burden for payers and providers by using a standard measure set to deliver objective data and analysis that supports performance improvement.

About

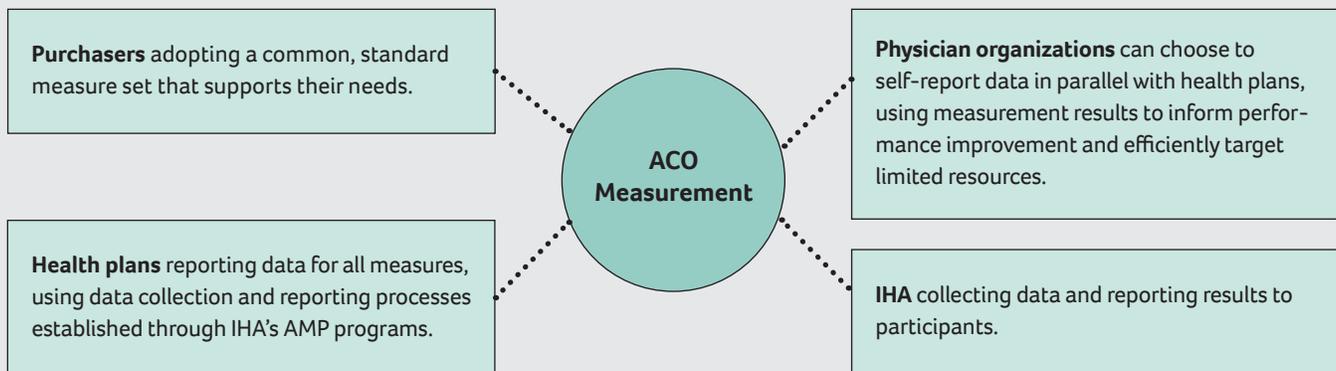
The AMP Commercial ACO program provides healthcare cost, quality and resource use performance measurement for commercial ACOs. Using a standard measure set developed in partnership with the Pacific Business Group on Health (PBGH) in 2016, the AMP Commercial ACO program provides clear performance benchmarks that help participants track to shared cost and quality goals. The effort builds on IHA's successful AMP Commercial HMO program and supports national efforts to promote high-value care.

Program Benefits

- **Measure what matters most—and lower your administrative burden.** Our industry-curated measure set tracks the quality, cost and resource use measures that matter most to ACOs, payers and purchasers. Tracking to a single measure set lets you focus on improving value instead of chasing conflicting metrics.
- **Get contract-level performance results.** Get the full picture of your performance, both aggregated and at the ACO contract level.
- **See how you perform compared to your peers** on cost, quality and resource use benchmarks at multiple levels of detail, so you can target improvement efforts where they're needed most.
- **Use a trusted process from an industry leader.** IHA is a trusted, neutral convener that can credibly collect, aggregate, and report clinical quality, utilization, and cost data through processes established over 15 years of performance measurement and reporting.

Participant Roles

Expectations for participants during initial development and reporting include:



Guiding Principles

The AMP Commercial ACO program leverages the same guiding principles as IHA's suite of AMP programs, with the following considerations specific to commercial ACOs:

- **Define accountable care organizations broadly.** AMP Commercial ACO will include any arrangement a plan identifies as an ACO to inform subsequent discussions and decisions about standardizing ACO measurement. With this approach in mind, IHA staff will work with existing governance and technical committees to identify and document ACO definitional categories independent of underlying HMO or PPO benefit design.
- **Use existing ACO attribution methodologies.** Attributing enrollees to a particular ACO for performance measurement should align with how health plans attribute enrollees for business/contractual purposes. With this in mind, AMP Commercial ACO uses existing health plan attribution methodologies. IHA will document attribution methodologies to identify the extent of variation and associated limitations in how the results can appropriately be used, for example, in drawing comparisons and identifying comparable benchmarks.
- **Establish equitable and diversified funding.** Given the emphasis on leveraging existing IHA processes and data infrastructure, the cost of incorporating ACO measurement into existing work streams is expected to be modest. To diversify funding streams that support the AMP programs, funding for ACO measurement will rely on those benefiting from commercial ACO measurement, including purchasers, health plans, and participating physician organizations.

Measure Set

The AMP Commercial ACO measure set leverages the same development and communication processes crucial to participant buy-in and used across IHA's suite of AMP programs including:

- Responsive, continuously evolving measurement that allows for annual updates and ensures stakeholder perspectives are represented in development.
- Standard measure specifications that are published and available to participants free of charge.
- Established processes for participant review of results and resolution of appeals.
- Standard and consistently communicated collection process and timeline supporting various levels of physician organization participation.

Additionally, the measure set incorporates input from the IHA Board of Directors, including purchaser representatives (CalPERS, Covered California, Disney, and Google), PBGH, and representatives from regional and national stakeholder groups, such as APG, NQF, and the CMS/AHIP Core Quality Measures Collaborative (CQMC). Consistent with the priorities identified by these industry-wide stakeholders for ACO measurement, the measure set is:

- **Aligned with the AMP Commercial HMO Measure Set:** Over 80 percent of physician organizations with ACO contracts already participate in AMP Commercial HMO. Given the overlap in participation and target populations, the AMP Commercial HMO measure set is an appropriate foundation for commercial ACO measurement, as it is highly aligned with other key measurement programs and targets clinically relevant and scientifically valid measures that can be used to drive both accountability and participant engagement in performance improvement.
- **Consistent with Purchaser Priorities:** To develop the measure set, IHA partnered with purchaser representatives on the IHA Board of Directors (CalPERS, Covered California, Disney, and Google) as well PBGH. Further, the measure set is representative of the top 11 of 12 clinical priority areas that drive health care spending in the commercial population as identified by [Catalyst for Payment Reform](#).
- **Aligned with Other ACO Initiatives & Consistent with National Priorities:** To ensure relevance, the measure set must meet the needs of health plans and purchasers with a national presence. The measure set includes nearly 75 percent of measures from the CQMC ACO and patient-centered medical home (PCMH) [measure set](#), which is the leading effort to coordinate national measurement priorities.

This approach promotes timely adoption by health plans, purchasers, and providers participating in commercial ACO arrangements, while supporting aligned measurement and driving regional and national performance improvement efforts.

Accelerating Performance Measurement Through Developmental Measures

Recognizing purchasers' desire to advance more meaningful performance measures while minimizing reporting burden, the AMP Commercial ACO measure set includes a number of "developmental" measures that currently cannot be collected through current data collection methods. One of the challenges in advancing cutting-edge measurement in IHA's AMP programs has been the need for measures that are applicable across all participating physician organizations, which have

varied infrastructure and capabilities. However, the physician organizations participating in commercial ACOs are a subset of engaged, mature, and innovative organizations with extensive infrastructure for performance measurement. Paired with the current purchaser energy and involvement in ACOs, the program is well positioned to develop and implement more progressive (and operationally challenging) approaches for targeting clinically powerful quality measures and prioritizing patient-centered approaches.

Developmental measures reflect high-priority areas for purchasers, provide opportunities for pioneering measurement as identified by CQMC, and align with broader AMP program measurement priorities. IHA envisions a phased, multi-year implementation process for developmental measures throughout years 2, 3, and 4 of commercial ACO measurement (MY 2018, MY 2019, and MY 2020, respectively).

About IHA

Founded in 1994 and based in Oakland, CA, the nonprofit, non-partisan Integrated Healthcare



Association is guided by a 40-member board of industry-leading health plans, physician organizations, and hospitals and health systems, plus representatives of purchaser, consumer, academic, pharmaceutical, and technology entities. As a member-driven organization convening diverse stakeholders committed to advancing high-quality, affordable, patient-centered care, IHA generates objective data and insights to help forge common ground across California's health care community. For more information, visit www.iha.org.

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