

The Dr. Robert Bree Collaborative
Accountable Payment Model Workgroup Charter and Roster
DRAFT

Problem Statement

Health care in the United States is typically fee-for-service, rewarding providers for volume instead of quality. This misalignment between health care reimbursement and quality does not provide incentive for appropriateness, best outcomes, and affordability.

Aim

To recommend reimbursement models including warranties and bundled payments that align with patient safety, appropriateness, evidence-based quality, timeliness, outcomes and the patient care experience.

Purpose

To identify conditions of high variability in clinical practice and cost to purchasers, to define evidence-based standards of practice for these conditions and to develop quality measures that align with best practice. The intent of developing such standards and quality measures is to provide a basis for production, payment, and purchasing of health care that should be used by providers, health plans and purchasers as a basis for market-based health care reform.

Methods used by the APM should themselves be standardized, permitting applicability to a variety of medical conditions.

Duties & Functions

The APM workgroup shall:

1. Select a series of medical conditions in which variation in practice and price to purchasers is not associated with commensurate quality of outcomes.
2. Review existing standards related to each condition, particularly those developed by the Centers for Medicare and Medicaid Services.
3. Ensure that appropriate content experts and opinion leaders are recruited to participate in the work associated with each medical condition the APM workgroup selects.
4. Consult members of WSHA, WSMA and other stakeholder organizations and subject matter experts on feedback on content of payment models the APM develops.
5. Define scope of work for each medical condition.
6. Identify common medical interventions for each condition to create a standardized patient care pathway.
7. Use standardized evidence search and appraisal methods to create an evidence table that can be used to assess the value of each intervention.
8. Eliminate interventions from the pathway that are not value-added to create a future-state patient care pathway.
9. Develop quality metrics that can be used to assess performance as providers to support payment and purchasing of health care.
10. Solicit feedback from stakeholders to improve the patient care pathway, evidence table and quality metrics.
11. Present the final draft to the Bree Collaborative for approval.

Structure

The APM will consist of individuals appointed by the chair of the Bree Collaborative. Individuals must have in-depth knowledge and expertise in at least one of the following: payment reform, the health care delivery system, benefit design, and/or quality improvement. There must be at least one representative from each stakeholder group: employer, health plan, hospital, provider (including a specialist), and quality improvement organization.

The chair of the APM workgroup will be appointed by the chair of the Collaborative with advice from the Collaborative steering committee.

The Collaborative project director will staff and provide management and support services for the APM. The CEO of the Foundation for Health Care Quality will also provide staff support and technical assistance.

Less than the full APM may convene to: gather and discuss information; conduct research; analyze relevant issues and facts or draft recommendations for the deliberation of the full APM. A quorum shall be a simple majority and shall be required to accept and approve recommendations to the PAR workgroup and the Collaborative.

Meetings

The APM will hold meetings at least once a month.

The APM chair will conduct meetings. The Collaborative project director will arrange for the recording of each meeting, and will distribute meeting agendas and other materials prior to each meeting.

Accountable Payment Model Workgroup

Member	Title	Organization
Susie Dade	Deputy Director	Washington Health Alliance
Gary Franklin, MD	Research Professor, Env. and Occ. Health Sciences (Primary department) and L&I	Labor and Industries; The University of Washington
Tom Hutchinson	Director of Cardiovascular Services	Providence Medical Group
Dan Kent, MD	Medical Director, Quality & Medical Management	Premera Blue Cross
Bob Manley, MD	Orthopedic and spine expert	Regence
Gary McLaughlin	Vice President of Finance & CFO	Overlake Hospital
Robert Mecklenburg, MD (<i>Chair</i>)	Medical Director, Center for Health Care Solutions	Virginia Mason Medical Center
Peter C. Nora, MD	Chief of Neurological Surgery	Swedish Medical Center
Kerry Schaefer	Strategic Planner For Employee Health	King County
Julie Sylvester	Vice President of Quality and Safety Initiatives	Qualis Health
Jay Tihinen	Assistant Vice President, Benefits	Costco
Consultants		
Farrokh Farrokhi, MD	Consultant	Virginia Mason Medical Center
Andrew Friedman, MD	Consultant	Virginia Mason Medical Center
Fangyi Zhang, MD	Consultant	University of Washington
Committee Staff		
Steve Hill	Chair	Bree Collaborative
Ginny Weir	Project Director	Bree Collaborative