
Dr. Robert Bree Collaborative

Accountable Payment Models Workgroup Charter and Roster

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 Accountable Payment Models Workgroup (APM) should themselves be standardized, permitting applicability to a variety of medical conditions.

Duties and 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 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 Bree Collaborative Steering Committee. 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 workgroup will consist of individuals confirmed by Bree Collaborative members. Membership can be revised by the chair of the Bree Collaborative or the workgroup chairs. The chair of the workgroup will be appointed by the chair of the Bree Collaborative. The Bree Collaborative project director will staff and provide management and support services for the workgroup.

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

Meetings

The APM will hold meetings at least once a month and more frequently if necessary.

The APM chairs 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.

Name	Title	Organization
Robert Mecklenburg, MD (Co-Chair)	Medical Director, Center for Health Care Solutions	Virginia Mason Medical Center
Kerry Schaefer (Co-Chair)	Strategic Planner for Employee Health	King County
Lydia Bartholomew, MD	Senior Medical Director, Pacific Northwest	Aetna
Todd Bate	Administrator, Orthopaedics & Sports Medicine Service Line	MultiCare
Shawn Boice, RN, BSN, MHA	Nurse Navigator, MSK Administration	Evergreen Health Care
Greg Brown, MD, PhD	Orthopedic Surgeon	CHI Franciscan
Sharon Eloranta, MD	Medical Director, Quality and Safety Initiatives	Qualis Health
Andrew Friedman, MD	Physiatrist	Virginia Mason Medical Center
Mike Glenn	CEO	Jefferson Healthcare, Pt. Townsend
Kevin Macdonald, MD	Orthopedic Oncology, Adult Reconstruction	Virginia Mason Medical Center
Linda Radach	Patient Advocate	
Jacqui Sinatra, MPA, FACHE	Service Line Director of Sports, Spine, & Ortho Health Svc	University of Washington Medical Center
Gaelon Spradley	Chief of Clinic Operations	Mason General Hospital
Theresa Sullivan	CEO	Samaritan Healthcare, Moses Lake