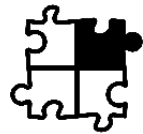


Key Takeaways

Plenary: Implementing Value-Based Payment and Improving Care in a New Environment



MACRA is part of larger movement to change the way we pay for health care, to move from fee-for-service to a system that gives providers the flexibility to deliver accountable care.

There is a need to fundamentally change the payment system to support a flexible and effective delivery system. That requires: aligned measurement of cost and quality, increased transparency, shared data infrastructure, new care models, common incentives, stronger community partnerships, and new relationships. It's not about "risk" or "incentives," it's about giving healthcare providers the ability to improve outcomes and reduce costs in a way that is financially feasible. Desired changes in care should drive payment reforms that support them, not the other way around



Success will require multi-payer solutions.

Payers have an important role to play, especially in common incentives, measures and shared data. A recent Government Accountability Office report found competing initiatives, higher costs, and higher administrative burden – the average annual cost of measurement per physician, per year, is 785+ hours or more than \$40,000. Only 5% of the measures are common in commercial plans¹. The good news is Oregon has numerous examples of multi-payer cooperation, like Q Corp's [Total Cost of Care](#) work, and demonstration of what can be achieved with aligned metrics, like the Coordinated Care Organization incentive metrics.

For more key takeaways and materials from the conference, visit:
www.q-corp.org/MACRAPlaybook

¹ United States Government Accountability Office, HHS Should Set Priorities and Comprehensively Plan Its Efforts to Better Align Health Quality Measures (October 2016) - <https://www.gao.gov/assets/690/680433.pdf>