

**LAN APM Measurement**  
**Informational Questions for 2022 Measurement Effort**

Finalized on 04/19/2022

## Informational Questions

The following questions ask about the current and future state of payment reform from the health plan’s perspective.

For the purposes of this survey, health plan refers to any type of health insurance company, third party administrator, or health care purchaser paying for health care provisions on behalf of a population (e.g. state Medicaid agency).

Questions	Responses	
From health plan’s perspective, what do you think will be the trend in APMs over the next 24 months?		APM activity will increase
		APM activity will stay the same
		APM activity will decrease
		Not sure
[To those who answered APM activity will increase] Which APM subcategory do you think will increase the most in activity over the next 24 months?		Traditional shared savings, utilization-based shared savings (3A)
		Fee-for-service-based shared risk, procedure-based bundled/episode payments (3B)
		Condition-specific population-based payments, condition-specific bundled/episode payments (4A)
		Full or percent of premium population-based payments, population-based payments that are not condition-specific (4B)
		Integrated finance and delivery system payments(4C)
[To those who answered APM activity will decrease] Which APM subcategory do you think will decrease the most in activity over		Traditional shared savings, utilization-based shared savings (3A)
		Fee-for-service-based shared risk, procedure-based bundled/episode payments (3B)
		Condition-specific population-based payments, condition-specific bundled/episode payments (4A)

the next 24 months?		Full or percent of premium population-based payments, population-based payments that are not condition-specific (4B)
		Integrated finance and delivery system payments(4C)
		Not sure
From health plan's perspective, what are the top barriers to APM adoption? (Select up to 3)		Provider interest/readiness
		Health plan interest/readiness
		Purchaser interest/readiness
		Government influence
		Provider ability to operationalize
		Health plan ability to operationalize
		Interoperability
		Provider willingness to take on financial risk
		Market factors
		Other (please list)
From health plan's perspective, what are the top facilitators to APM adoption? (Select up to 3)		Provider interest/readiness
		Health plan interest/readiness
		Purchaser interest/readiness
		Government influence
		Provider ability to operationalize
		Health plan ability to operationalize
		Interoperability
		Provider willingness to take on financial risk
		Market factors
		Other (please list)
From health plan's perspective, please indicate to what extent you agree, disagree that APM adoption will result in each of the following outcomes:  Please respond to each statement listed.		Better quality care (strongly disagree, disagree, agree, strongly agree, not sure)
		More affordable care (strongly disagree, disagree, agree, strongly agree, not sure)
		Improved care coordination (strongly disagree, disagree, agree, strongly agree, not sure)
		More consolidation among health care providers (strongly disagree, disagree, agree, strongly agree, not sure)
		Higher unit prices for discrete services (strongly disagree, disagree, agree, strongly agree, not sure)

<p>[For payers who operated in more than one LOB] Given that your organization operated in more than one line of business in 2021, do the answers provided to the informational questions vary according to line of business?</p>	Yes	Please describe how the answers to the questions above vary by line of business.
	No	

<p>Does your organization have a strategy to contract with providers using population-based APMs (i.e., HCP LAN Category 4) over the next year? <b>Please check all responses that apply.</b></p>	<input type="checkbox"/>	The strategy is/will mostly target small, independent primary care clinicians/practices.
	<input type="checkbox"/>	The strategy is/will mostly target independent larger physician group practices.
	<input type="checkbox"/>	The strategy is/will mostly target health systems and associated practices.
	<input type="checkbox"/>	The strategy is/will target a mix of provider types.
	<input type="checkbox"/>	No, my Plan does not have a strategy to contract with providers using population-based APMs.
	<input type="checkbox"/>	Other (Please describe)

<p>Is your Plan leveraging value-based provider arrangements to incentivize providers to improve health equity through the following strategies? Check all responses that apply.</p>	<input type="checkbox"/>	Collection of standardized race, ethnicity, and language data
	<input type="checkbox"/>	Collection of sexual orientation, gender, and identity data
	<input type="checkbox"/>	Collection of disability status
	<input type="checkbox"/>	Collection of veteran status
	<input type="checkbox"/>	Participation in implicit bias (or similar) training
	<input type="checkbox"/>	Complete staff competencies to serve diverse populations
	<input type="checkbox"/>	Reporting performance measures by race, ethnicity, and language
	<input type="checkbox"/>	Measurement of clinical outcome inequities among member groups
	<input type="checkbox"/>	Reduction of clinical outcome inequities among member groups
	<input type="checkbox"/>	Participation in quality improvement collaboratives
	<input type="checkbox"/>	If other, please specify _____

<p>If incentives are included in your value-based provider arrangements to improve social determinants of health, what specific Social Determinants of Health (SDoH) or delivery strategies are intended to improve? Check all that apply.</p>		Screening for socioeconomic barriers known to impact health or health outcomes
		Multidisciplinary team models (e.g. social worker, community health worker, medical staff, doulas, etc.)
		Referrals to community-based organizations to address socioeconomic barriers
		Verifications of interventions provided
		Care coordination for services that address socioeconomic barriers
		Food insecurity (e.g., offering resources for access to nutritious food)
		Safe transportation (e.g., incentives or partnerships in ride sharing programs)
		Housing insecurity (e.g., provider sponsored housing after a hospital discharge)
		Economic insecurity (e.g., connections to job placement or training services)
		Social isolation and loneliness (e.g., peer connection programs, group meetings, etc.)
		Other basic needs (e.g., providing clothing, diapers, or gift cards; helping with utilities or childcare; providing digital devices such as phones to access telehealth and thrive in new digital world, etc.)
		Expanding access to virtual and digital care
	If other, please specify_____	

<p>The Health Care Payment and Learning Action Network (HCP-LAN) is interested in learning first-hand from health plans about primary care payment models, incentives to address health equity, and multi-payer collaboration in APM design and implementation. Is your</p>	<p>Yes</p>	
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organization willing to provide additional insights the LAN about these topics if contacted?	No	
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