

# RISK EVOLUTION

## TASK FORCE

AMERICA'S  
PHYSICIAN  
GROUPS 

Thursday, January 24, 2019  
8:30 am – 4:00 pm ET

Kaiser Permanente Center for Total Health, Convergence Center  
700 Second St., NE Washington, DC

- 8:30 am** Breakfast and Registration
- 9:00 am** Welcome Remarks  
Don Crane, President & CEO, America's Physician Groups
- 9:15 am** Keynote Address  
Pauline Lapin, Director for the Seamless Care Models Group, CMMI
- 10:00 am** Coffee Break
- 10:15 am** Discussion on Key Factors for Success in Medicare Data  
Aneesh Chopra, President, CareJourney
- 11:15 am** Discussion on Improving Care Transitions and Reducing Readmissions  
Eric Coleman, Director of the Care Transitions Program
- 12:15 pm** Lunch Keynote  
Gen Gillespie, Senior Vice President, Health Systems, Lumeris
- 1:15 pm** Successes (and Failures) in Risk Based Contracts, What We Have Learned  
Niyum Gandhi, Chief Population Health Officer, Mount Sinai Health System  
Melanie Matthews, CEO, Physicians of Southwest Washington
- 1:45 pm** Small Group Breakout
- 2:45 pm** Coffee Break
- 3:00 pm** CMS/CMMI Listening Session and Discussion  
Jeet Guram, Senior Advisor, CMS  
CMMI  
CMMI
- 4:00 pm** Closing Remarks, Adjourn

## **Speaker Biographies**

**Aneesh Chopra** is the President of CareJourney, an open data intelligence service launched by Hunch Analytics, a “hatchery” he co-founded incubating ideas that improve the productivity of health and education markets. From 2009-2012, he served as the first U.S. Chief Technology Officer and prior to that, as Virginia’s 4th Secretary of Technology. His public service focused on better public/private collaboration as described in his book, “Innovative State: How New Technologies can Transform Government.” In 2011, he was named to Modern Healthcare’s list of the 100 Most Influential People in Healthcare and in 2008, to Government Technology magazine’s Top 25 in their Doers, Dreamers, and Drivers issue. He is a Member of the Council on Virginia’s Future, earned his master’s degree in public policy from Harvard Kennedy School in 1997 and his bachelor’s degree from The Johns Hopkins University in 1994.

**Dr. Eric Coleman** is a Professor of Medicine and Head of the Division of Health Care Policy and Research at the University of Colorado Anschutz Medical Campus. Dr. Coleman is the Director of the Care Transitions Program, aimed at improving quality and safety during times of care “handoffs”. Dr. Coleman serves as the Executive Director of the Practice Change Leaders--a national program to develop, support and expand the influence of organizational leaders who are committed to achieving transformative improvements in care for older adults.

**Niyum Gandhi** is the Executive Vice President and Chief Population Health Officer of the Mount Sinai Health System. In this role, he oversees Mount Sinai’s transition from a primarily fee-for-service model of care to one that is also inclusive of value and risk-based population health. Mr. Gandhi’s role involves aligning the Health System’s clinical and economic transformations in support of Mount Sinai’s vision to be the leading population health manager in the competitive New York market, as well as the best possible partner to the Health System’s broad physician community. This includes fostering care management and clinical model redesign to ensure that high-value care is delivered by the Health System and its partners, working with payers to establish the new economic models that support the delivery of value-based care, and building the Health System’s clinically integrated network – Mount Sinai Health Partners IPA, LLC

**Gen Gillespie** is a proven strategic leader with deep business and healthcare expertise, delivering growth strategies and solutions to serve Lumeris’ payer, provider and health system audiences. Gen excels at designing strategic partnerships and relationships for the implementation of Lumeris’ model and integrating new solutions into Lumeris’ offerings. In his current role as Senior Vice President of Health Systems, he is responsible securing and delivering new solutions that add significant value to Lumeris’ health systems clients comprising 1,500,000 lives in value-based Medicare Advantage, Medicare and Commercial Shared Savings, Managed Medicaid, and Self-Insured products.

Prior to taking responsibility for Lumeris’ Health Systems business, Gen spent three years building, designing, and implementing Lumeris’ business with health systems on the East

Coast and Medicare Advantage payers across the United States. He received his Bachelor of Arts degree from Princeton University and Master of Business Administration degree from Washington University in St. Louis.

**Jeet Guram** is the top policy adviser at the Centers for Medicare & Medicaid Services. Guram helps direct policy for the federal agency within the United States Department of Health and Human Services (HHS), previously known as the Health Care Financing Administration (HCFA). He advises the policy that dictates the administration of the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards. As well, he advises on policy pertaining to the administrative simplification standards from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), quality standards in long-term care facilities (more commonly referred to as nursing homes) through its survey and certification process, clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments, and oversight of HealthCare.gov.

Previously an associate at McKinsey & Co., Guram earned an M.D. at Harvard Medical School, and M.B.A from Harvard Business School, and his B.A.,B.S. from the University of South Carolina.

**Pauline Lapin** is the Director for the Seamless Care Models Group (SCMG) in the Center for Medicare and Medicaid Innovation at the Centers for Medicare & Medicaid Services (CMS). Pauline oversees and provides guidance in the development and implementation of innovative payment and delivery models related to advanced primary care and accountable care organizations, namely the Comprehensive Primary Care (CPC) and CPC Plus initiatives, the Pioneer ACO and Next Generation ACO Models, and the Comprehensive ESRD Care initiative. Her group also manages health plan innovation models in Medicare Parts C and D. Pauline has been in federal service at CMS for over 25 years, previously serving as Deputy Director of SCMG, and as a Division Director in the Office of Research, Development and Information, where she oversaw the design and implementation of a variety of demonstrations, including those related to medical home/advanced primary care practice and prevention. She holds a Master of Health Science degree from the Bloomberg School of Public Health and is a PhD dropout.

**Melanie Matthews** is the CEO of Physicians of Southwest Washington. Since she joined the company in 2016, she has maintained the core principals in which PSW was founded on and expanded business lines to include MSO services including credentialing, coding and compliance and the implementation of CMMI innovation models such as the Next Generation ACO. Melanie's extensive knowledge in post-acute care provides strategic focus in reducing overall cost of care as well as provider and beneficiary engagement.

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### Small Group Breakout

After hearing from APG leadership, subject matter experts, and our co-chairs – now it is your turn. In order for this task force to be successful, we need the input of all members. This small group breakout discussion will assist in organizing our ideas in order to optimize the listening session with CMS.

Following the small group discussion, all groups will designate an individual to report out on what's working (and, perhaps more importantly, what's not working) in current risk models in their practices or networks, and what physician organizations need from the federal government in order to be successful. After all groups report out, there will be additional time for general comments. This will give all participants the opportunity to be heard and enable CMS staff the opportunity to give real time feedback.

The following prompts are intended to spur discussion, but not restrict it.

- Is risk/capitation the key to managing care and resources well? Why not, or to what degree?
- Have you recently dropped out of any CMS or CMMI models? If so, why?
- How far should risk contracts go? Should they include behavioral health? Pharmacy Part B or D?
- What about MACRA? The 5% Advanced APM bonus is significant, but to reach it you must meet the fee-for-service threshold first before being allowed to count your other payer value arrangements (MA, commercial, Medicaid). Is it worth it to stay in fee-for-service value programs (MSSP, Bundles, and CPC+) to achieve this bonus?

#### ACOs

- The new rule has modified several benchmarking methodologies including regional trend factor, regional cost, and risk adjustment. Should other changes in benchmarking be implemented? If so, what?
- How much does geography and patient panel size matter? Or, is success dictated by geography, quartiles, or financial resources? To what degree?
- What beneficiary changes should be implemented to create more alignment with ACO goals?

Each group will share with CMS the themes of their discussion and respond to the following prompt: **What more do physicians groups need from CMS and CMMI to be successful in current and future Advanced APMs?**

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### Next Steps

One of the key components in the education and advocacy efforts of the Task Force is clear and effective communication. And that's why we need to hear from you. We want to know what you want to see and hear from the Task Force.

Do you want **e-newsletters** highlighting the latest developments in value-based care? Do you want the ability to exchange **emails** amongst and between Task Force members in a secure environment? Or would another group email or e-newsletter simply add to an already-growing mountain of emails in your "in" box?

You can help us meet the goal of clear and effective communications by answering three simple questions:

- ***What should be the primary focus of the Risk Evolution Task Force? Are there discussion items we missed today that should be included in future meetings?***

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- ***How do you envision communicating with Task Force members and leadership?***

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- ***What do you need from APG to help facilitate communicating with Task Force members?***

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We want the RETF to be a valuable tool for APG members and we need your help to make that happen. You have already taken the first step by participating today. Please either indicate your responses to the questions above and hand to an APG staff member or **send your responses** to **David Allen, APG's Director of Communications** at [dallen@apg.org](mailto:dallen@apg.org).