Payment Reform Evaluation
Department of Health Services
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# **Lessons from State and Regional Payment Reform**

# Overview

This project will perform cross-cutting evaluation of eight payment reform efforts designed to promote high-value health care outcomes through leveraging existing market knowledge, partnerships and resources in different states and regions of the United States.

The evaluation is oriented to policymakers (at local, state, and federal levels) and leaders in the private sector: employers, labor, health plans, health care providers, and consumer groups.

# Aims

The primary aim of the evaluation is to draw general lessons by comparing and contrasting implementation processes and intermediate outcomes of the state and regional projects.

# The evaluation will:

- Examine implementation of payment reform projects with differing market environments, resources, implementation strategies, and stakeholders;
- Identify barriers and facilitators to successful value-based payment reforms in differing contexts -- distilling general lessons for national health care policy and practice;
- Combine original qualitative key informant data with existing qualitative and quantitative data to compare and contrast probable effects of specific payment reform projects on utilization, cost, and quality of health services, as well as patient experience and provider satisfaction.

#### Main Activities

- Annual site visits to introduce the evaluation team and objectives to major stakeholders, coupled with follow-up key informant phone interviews with stakeholders at each site
- Creation of an evaluation template for combining data from interviews, surveys, publicly available performance reports, publicly available administrative databases (e.g., from health plan claims), and document review on health services utilization and cost (spending), patient experience, provider satisfaction, quality of health care, and outcomes
- Analysis of existing data across all sites based on common measures, as appropriate
- Monthly calls with Robert Wood Johnson Foundation program officers
- Quarterly calls with the Aligning Forces for Quality evaluation team
- Quarterly conference calls between evaluation team and project site leaders
- Dissemination of findings:
  - Periodic policy briefs based on project-specific results and cross-cutting lessons from qualitative key informant interviews and analyses of existing aggregate quantitative data from the individual project sites
  - Peer-reviewed publications in the health services policy, research, and economics literature
  - Presentations at national policy and research conferences and in other venues
  - Policy and issue briefings to the Foundation

# **Methods**

The evaluation approach is based on a conceptual framework that refines the Aligning Forces for Quality (AF4Q) Logic Model. Our approach seeks to capture payment reform interventions in addition to the four AF4Q components: consumer engagement, performance measurement and public reporting, quality improvement, and benefit design innovation.

Methods include key informant interviews, document review, qualitative analysis, and inferences from existing quantitative data assembled by the individual project sites.

# **Sites**

AF4Q Payment Reform

Maine Health Management Coalition Foundation (Maine)

Piloting Population-Based Health Metrics for ACOs Maine Health Management Coalition Foundation (Maine)

Development & Implementation of Payment Reform to Pay Equally for What Works Equally Well Massachusetts General Hospital (Massachusetts)

Accountability through Transparency and Informed Design University of New Hampshire (New Hampshire)

Implementing Primary Care Reform in Oregon: A Coordinated Community-Wide Approach Quality Corp / Q-Corp (Oregon)

Program Oriented Payment (POP) Demonstration Project Physicians Choice Foundation (Oregon)

Novel Provider Payment
Pittsburgh Regional Health Initiative (Pennsylvania)

Washington State Multi-Payer Medical Home Reimbursement Pilot Puget Sound Health Alliance (Washington)

# **Grant Period**

May 1, 2011 – October 31, 2013

### Funder

Robert Wood Johnson Foundation (Grant # 68839)

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