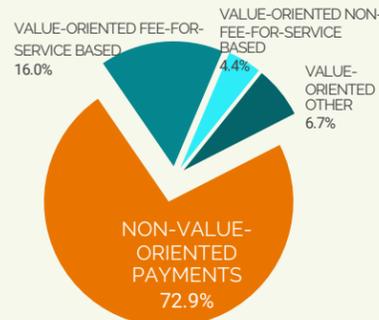




In 2014, Catalyst for Payment Reform published the second ever National Scorecard on Payment Reform, tracking the implementation of payment reform in the commercial sector.

Using health plan data from calendar year 2013, the National Scorecard on Commercial Payment Reform found that 27.1% of all commercial payments were value-oriented—either tied to performance or designed to cut waste. Status-quo payments made up the remaining 72.9%.



In 2013, 16% of total dollars flowed through value-oriented payments that maintained a fee for service (FFS) foundation, while 4.4% of total dollars flowed through value-oriented payment methods that did not involve any FFS payment. Value-oriented payment methods categorized as non-FFS include bundled payment, full capitation, partial or condition-specific capitation, and payment for non-visit functions, while pay-for-performance, shared savings, and shared risk are FFS-based.



About 76% of value-oriented payments in 2013 offered providers a financial upside only, with no downside financial risk. The remaining value-oriented payments (24%) put providers at financial risk for their performance and spending.

ACKNOWLEDGMENTS

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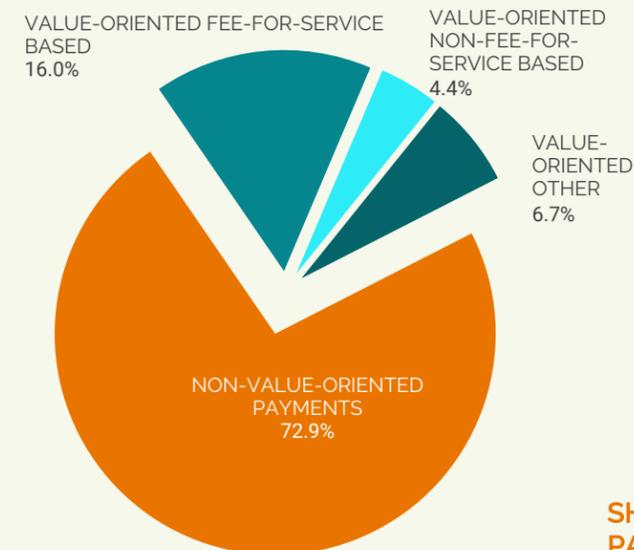
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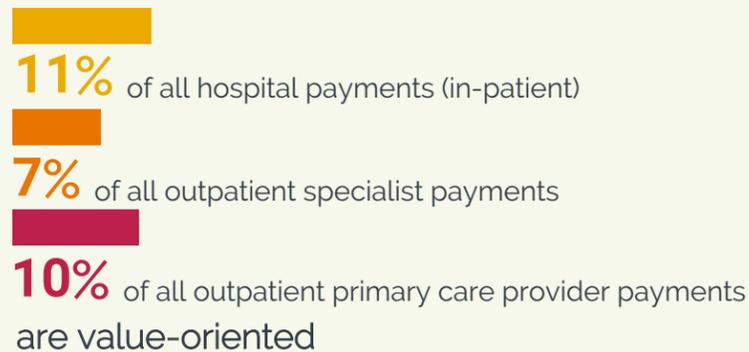
2014 NATIONAL SCORECARD ON Commercial Payment Reform

UPDATED IN 2019

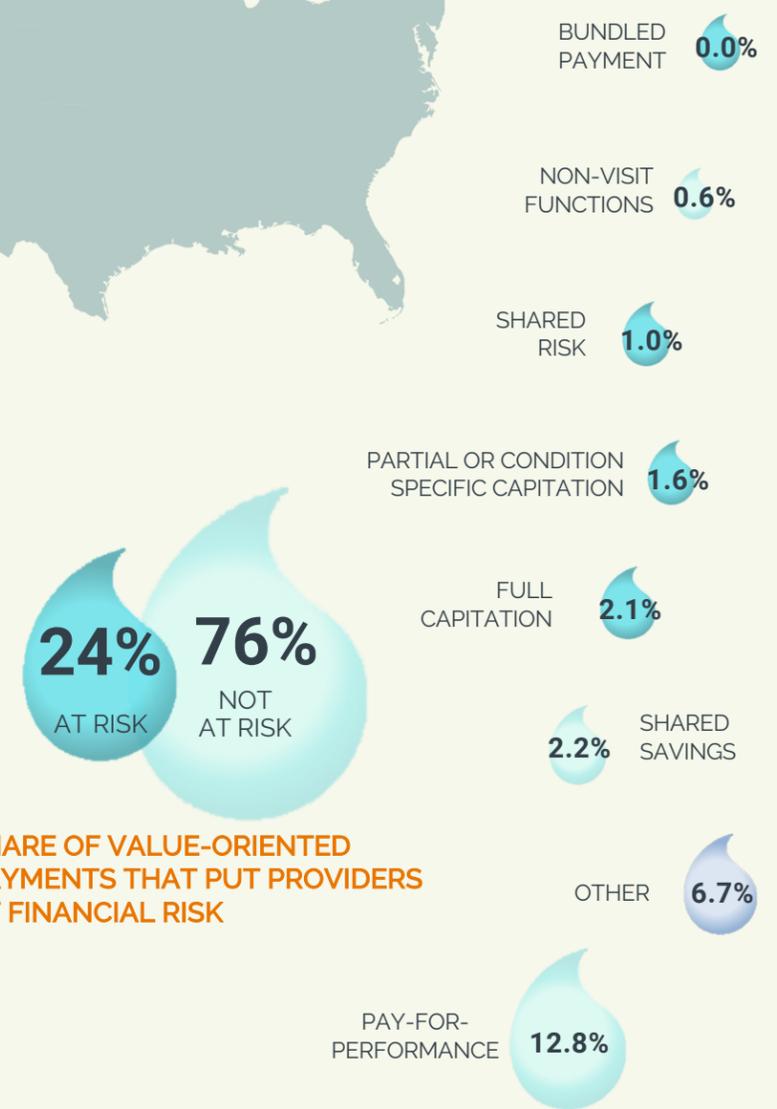
USE OF FEE-FOR-SERVICE IN VALUE-ORIENTED PAYMENTS



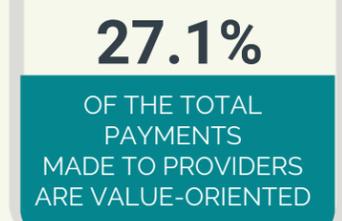
PROVIDER PARTICIPATION IN VALUE-ORIENTED PAYMENTS



SHARE OF TOTAL DOLLARS PAID TO PRIMARY CARE PROVIDERS AND SPECIALISTS



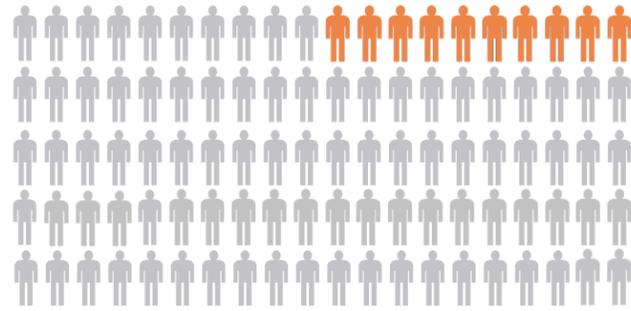
SHARE OF VALUE-ORIENTED PAYMENTS THAT PUT PROVIDERS AT FINANCIAL RISK



AT RISK
NOT AT RISK

Economic Signals

ATTRIBUTED MEMBERS



10%

of commercial plan members were attributed to providers participating in a payment reform contract

System Transformation

HBA1C TESTING



89% of commercial plan members with diabetes had a blood sugar test (HbA1c)

Source: NCQA

ONLINE MEMBER SUPPORT TOOLS



HBA1C POOR CONTROL



34%

of commercial plan members with diabetes had poorly controlled blood sugar (HbA1c >9%)

Source: NCQA

ALL-CAUSE READMISSIONS



8% of hospitalizations are followed by another hospitalization within 30 days*



Source: NCQA. *Custom calculation. See Methodology for details.

PAYMENT REFORM'S IMPACT AT A MACRO-LEVEL: LEADING INDICATORS TO WATCH

Together, these metrics shed light on the impact of payment reform on the health care system in the United States.

HEALTH-RELATED QUALITY OF LIFE



11%

of adults with commercial coverage reported fair or poor health

Source: BRFSS, analysis by CPR 2019

UNMET CARE DUE TO COST



7.5%

of adults with commercial coverage went without care due to cost

Source: BRFSS, analysis by CPR 2019

Outcomes

CHILDHOOD IMMUNIZATIONS

70%

of children ages 1.5 - 3 years old received all recommended doses of seven key vaccines

Source: NIS, cited by CMWF 2019



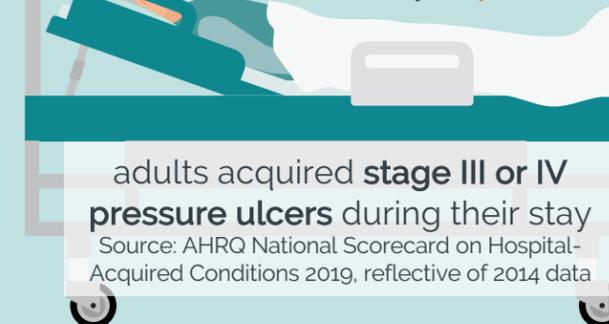
86%

of adults reported being given information about how to recover at home

Source: HCAHPS, cited by CMWF 2019

HOSPITAL-ACQUIRED PRESSURE ULCERS

22 out of every 1,000



adults acquired stage III or IV pressure ulcers during their stay

Source: AHRQ National Scorecard on Hospital-Acquired Conditions 2019, reflective of 2014 data

CONTROLLING HIGH BLOOD PRESSURE

62%

of commercial plan members with hypertension had adequately controlled blood pressure

Source: NCQA

