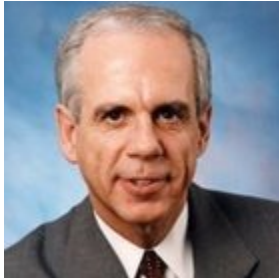


Chairman's Corner: Changing the Culture of How We Pay for Care

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As Chairman of the [Partnership to Improve Patient Care \(PIPC\)](#), I have seen tremendous progress in the patient-centeredness movement, particularly in changing the culture of medical research. Yet, our leaders should know that we still have a long way to go to give patients, people with disabilities, veterans and caregivers a voice in how we deliver care that patients value. They deserve a seat at the table in any discussion of health care policy, as well as meaningful opportunities to voice their unique and real experiences

While progress has been made to advance a culture of care that is tailored to the individual, more must be done to advance reforms that facilitate access to care that patients value. People will face substantial uncertainty in the next year accessing health insurance, which presents opportunities to do better as well as challenges. How policymakers address three critical issues will determine whether we continue progress toward care centered around patients and people with disabilities.

Value Based Payment. First, will value-based payment drive delivery of care that patients value? To answer in the affirmative, CMMI must make good on its commitment to put patients first by engaging patients throughout the process of reforming payment systems and be a model for translating that engagement into paying for value to the patient. It is past time for CMMI to engage patients in developing the patient-centeredness criteria to measure whether alternative payment models are delivering patient-centered care (as called for in its authorizing statute back in 2010). CMMI also must engage patients in developing and implementing the quality measures that benchmark success, as well as apply patient-centeredness criteria to the shared decision-making tools used to tailor care to individuals. For CMMI to drive real culture change, their alternative payment models must align payment with the care decision that emerges from a shared decision-making process.

Defining and Measuring Value. Second, will value frameworks move beyond lip service to meaningful patient engagement? There are significant opportunities for insurers to drive partnerships with patients and people with disabilities whose care options are impacted by academic assessments of treatment value, particularly in the area of collection and translation of patient-generated data. *FasterCures*, a non-partisan and non-profit think tank, has partnered with Avalere Health to develop the [Patient Perspective Value Framework \(PPVF\)](#) incorporating

measures of benefits and costs in the context of patients' personal goals and preferences to assess the value of different health-care treatment options. There is also a growing emphasis on the development and use of patient-centered outcome measures as indicators of improving quality in health care programs. The goal is to develop and implement a new paradigm for value assessment that prioritizes care that is most valuable to the individual patient and, in many cases, that incorporates cost concerns that go beyond the scope of purely medical costs. The challenge will be convincing value framework developers to move beyond flawed methodologies for cost effectiveness analysis that, in effect, discriminate against people with disabilities and serious chronic conditions to drive a one-size-fits-all health care system.

Patient-Centered Research. Third, can we generate research and build tools to support patient-centered decision-making? We have to start by asking patients what matters to them. The Patient-Centered Outcomes Research Institute (PCORI) has a head start on this, and we should be leveraging their infrastructure for patient-centered outcomes research, including patient-centered health research networks such as [PCORnet](#), to drive informed health care decision-making that recognizes how unique individuals may vary in their response to treatments.

The Patient-Centered Outcomes Research Institute (PCORI) has given us hope as a [model](#) for changing the culture of how we do research to value patient perspectives. It is time to for this movement to also take hold in how we *pay* for health care.