 

**Risk # 21: Relationship between all of the players in SIM initiatives, Community Health Worker (CHW), Peer Support, Care Coordinators, etc., may lead to fragmented care and complications for patients.**

This risk was identified by the Delivery Reform Subcommittee. The Delivery Reform Subcommittee presented Risk # 21 to the SIM Steering Committee which recommended that the Data Infrastructure and Payment Reform Subcommittees also weigh-in. The Data Infrastructure SC has reported that HealthInfoNet (HIN) is engaged in work to improve the integration and coordination of data to support care coordination.

The Delivery System Reform SC has concluded that current and projected payment models may produce consequences that impede care coordination. As a result, the Payment Reform SC has been asked to assess the relationships between delivery system, data infrastructure and payment reform and offer strategies to mitigate the risk.

Currently, there are several payment practices in place related to care coordination:

* PMPM (per member per month) payments for community care teams at selected practices
* PMPM payments to multi-payer Patient-Centered Medical Homes (PCMH)
* PMPM payments in the commercial market to support care coordination infrastructure in risk-sharing arrangements (ACOs)
* Broad PMPM payments that implicitly support care coordination

It is anticipated that proposals may be forthcoming to consider sustainable payment strategies to support other SIM initiatives such as the National Diabetes Prevention Program (NDPP) and Community Health Workers (CHW). The charge to the Payment Reform SC is to comment on how payment reform could mitigate the risk of fragmented/duplicative care complicated by potentially conflicting payment models. This assignment is further complicated by the current reliance on fee-for-service (FFS) reimbursement requiring additional payments to support care coordination.

Proposed Approach: Present findings of alternative payment inventory in commercial market. Query the health systems and payers on the expected pace of the transition from FFS to capitation. Recommend an interim step(s) that supports current, non-duplicative care coordination payments under FFS with the intent to move to sustainable care coordination reimbursement via capitation or global budgets.