



**AHIP, the American Medical Association, and the National Association of ACOs Release Playbook with Recommendations Toward a Sustainable Future for Value-Based Care Payment**

*Installment Offers a Roadmap to Voluntary Best Practices to Value-Based Payment Approaches that Improve Quality, Reduce Costs*

WASHINGTON, D.C. – (April 10, 2024) – AHIP, the American Medical Association (AMA), and the National Association of ACOs (NAACOS) today released a [playbook on voluntary best practices](#) as part of their efforts together to advance the adoption of value-based care arrangements in the private sector to improve the quality, equity, and affordability of care.

To further efforts to streamline, align, and scale value-based care arrangements, the publication delineates voluntary best practices on key payment domains such as the development of patient attribution methods, establishment of financial benchmarks, and methods to ensure risk adjustments appropriately reflect the health of the attributed patient populations. By sharing what works, health plans, hospitals, physicians and other clinicians, and value-based care entities will have access to an action-oriented playbook informed by real-world experiences to voluntarily consider during the design, implementation, and evaluation of their own value-based care participation.

Representatives of AHIP, the AMA, and NAACOS will discuss its second installment of its playbook during a panel at the NAACOS Spring 2024 Conference on Friday, April 12. Registration is free and available at [this URL](#). The one-hour panel starts at 8:30am ET.

“In the last decade, value-based care has grown from almost nothing to undeniably significant aspect of our health system. Today, for example, accountable care organizations are 20 percent of Medicare alone,” said Clif Gaus, Sc.D., president and CEO of the National Association of ACOs. “This iteration of the playbook synthesizes what we’ve learned over the last decade plus, so that payers, physicians, hospitals, and ACOs can implement payment and delivery models that improve outcomes and lowers costs.”

A collaboration of three leading industry voices, the Future of Value Initiative is committed to sharing voluntary best practices that enhance patient experience, improve population health, and reduce costs. The partnership is exploring how to sustain momentum for, and grow broad-based participation in, value-based care. Last July, the initiative released its [first publication](#) that focused on data sharing.

“Overcoming recent challenges to the expansion of value-based care arrangements requires focused and sustained collaboration across the system,” said Mike Tuffin, President and CEO at AHIP. “This partnership among key stakeholders brings to the forefront voluntary best practices for aligned models that can streamline operations and build resiliency to expand access to high-quality, equitable and affordable value-based care.”

To produce the playbook, the partners convened an advisory workgroup of members from each association and conducted interviews with subject matter experts. Participants were selected through an intentional process to ensure a diverse cross section of individuals with varying experiences

implementing value-based care models including national and regional health plans; large, small, rural, integrated, and independent physician practices; and value-based care entities, such as accountable care organizations. Voluntary best practices were developed with this diversity in perspectives in mind, with a focus on specific needs for rural communities and advancing health equity for underserved populations.

“Getting important aspects of value-based payment right is crucial for continuing to advance physicians’ success in helping their patients achieve good health outcomes in these models. This playbook reflects input from physicians in an array of practice settings on their lessons learned for patient attribution and financial risk and benchmarking. It will be a valuable resource for both those with experience in value-based care and those who are just getting started,” said AMA President Jesse M. Ehrenfeld, M.D., MPH.

While the playbook recognizes that there is no single recommendation for the best value-based care arrangements, its voluntary best practices were sourced from the direct experience of physicians, value-based care entities, and health plans. The insights are organized into seven domains:

1. **Payment Attribution**, determining which patients and their associated medical costs that physicians or entities are accountable for.
2. **Benchmarking**, setting financial targets to compare to spending over a particular year.
3. **Risk Adjustment**, accounting for the relative sickness of patients.
4. **Quality Performance Impact on Payment**, rewarding entities for performance on quality on a set of metrics.
5. **Levels of Financial Risk**, assuming some level of financial responsibility, if and when appropriate, for improving outcomes and costs of patients.
6. **Payment Timing & Accuracy**, structuring how and when funds flow in arrangements.
7. **Incentivizing for Value-Based Care Practice Participant Performance**, considering how to educate and reward participants in achieving the goals of payment arrangements.

Moving forward, the Future of Value initiative will consider exploring other possible aspects of value-based care arrangements that could benefit from the publication of voluntary best practices.

### **About AHIP**

AHIP is the national association whose members provide health care coverage, services, and solutions to hundreds of millions of Americans every day. We are committed to market-based solutions and public-private partnerships that make health care better and coverage more affordable and accessible for everyone. Visit [www.ahip.org](http://www.ahip.org) to learn how working together, we are Guiding Greater Health.

### **About the AMA**

The American Medical Association (AMA) is the powerful ally of and unifying voice for America’s physicians, the patients they serve, and the promise of a healthier nation. The AMA attacks the dysfunction in health care by removing obstacles and burdens that interfere with patient care. It reimagines medical education, training, and lifelong learning for the digital age to help physicians grow at every stage of their careers, and it improves the health of the nation by confronting the increasing chronic disease burden. For more information, visit [ama-assn.org](http://ama-assn.org).

### **About NAACOS**

The National Association of ACOs (NAACOS) represents more than 9 million beneficiary lives through Medicare's population health-focused payment and delivery models. NAACOS is a member-led and member-owned nonprofit of more than 430 ACOs in Medicare, Medicaid, and commercial insurance working on behalf of health systems and physician provider organizations across the nation to improve quality of care for patients and reduce health care cost.

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