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# Evolving Care Models: 23 Questions for Leadership Teams

Many hospitals and health systems are grappling with how to evolve their care delivery models, and which payment models can support their transformation goals. As hospital leaders and their teams implement and refine a wide array of care delivery models, they need to answer these 23 questions to achieve their clinical and financial objectives. The questions are grouped into four categories: care models, payment models, organizational strategy and change management.



## Care Models

- Do you have an overarching care delivery transformation vision?
- How will the care delivery changes provide better care and better health to your patients and your community?
- Which of the most critical care delivery objectives are you trying to achieve?
- Which alternative care delivery models — e.g., accountable care organization, medical home, integrated service line, provider-sponsored health plan — have you adopted to date?
- To what extent have the new care models helped you achieve your care delivery objectives, and where have they fallen short?
- What additional care delivery changes do you hope to make in the short, medium and long term to achieve your goals?



## Payment Models

- Do you have an overarching strategy related to alternative payment models (APMs)?
- What are the market dynamics related to APMs in your geographic area, including:
  - Relative interest of commercial payers?
  - Medicaid (either state-mandated models and/or opportunities to contract with Medicaid managed care plans)?
  - Medicare (traditional Medicare and Medicare Advantage)?
  - All-payer model (e.g., Comprehensive Primary Care Plus)?
- Which APMs have you adopted to date, and what portion of your business do APMs represent?
- How have APMs supported and/or constrained your adoption of new care models?
- Which payment models can sustain your desired approaches to care delivery in the short and long term?
- Given that a portion of your business may be in fee for service and a portion in APMs for some transitional period, what are your strategies to manage the tension between the different financial incentives?



## Organizational Strategy

- Across the following functions, which capabilities does your organization have, and which do you need to achieve your care delivery and payment transformation goals:
  - Care continuum and provider network management?
  - Clinical and care management?
  - IT infrastructure and analytics?
  - Financial management?
  - Governance and provider engagement?
- For the needed capabilities, which existing capabilities can be augmented?
- For new capabilities, should your organization build or buy?
- What is your estimated timeline to achieve your organization's care delivery transformation based on current capabilities, your ideal future state and conditions in your local market?



## Change Management

- Is the organization taking a multidisciplinary team approach to redesigning the care model? If not, which stakeholders should be engaged in the transformation effort who haven't yet been?
- Is there strong board and senior leadership team support for the care delivery and payment changes?
- Who are the organizational champions driving this transition? Are physician leaders among these champions?
- What governance changes are necessary to facilitate the transition?
- What staff training will be required to implement the transition?
- Have you aligned incentives within the organization to promote the care delivery behaviors you are seeking?
- What tools, technologies and performance measures are needed to guide these changes and gauge success?