

ALTERNATIVE PAYMENT MODELS

WHAT ARE ALTERNATIVE PAYMENT MODELS?

Alternative payment models, known as APMs, are alternatives to traditional fee-for-service reimbursement.

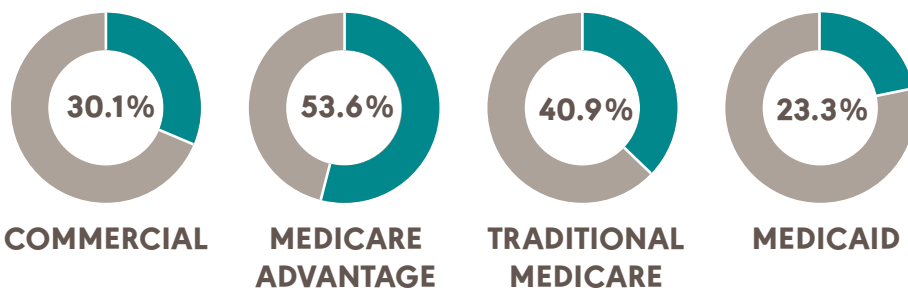


WHY ARE APMs IMPORTANT NOW?



The Affordable Care Act (ACA) called for researchers and providers to identify how to move from payment for volume of services performed to payment models that emphasize quality of care and cost effectiveness.

APMs will ensure individuals with balance, communication, cognitive, and swallowing disorders receive **affordable** and **quality care**.



In 2018, 35.8% of health care payments representing 226 million Americans flowed through APMs.

YOUR ROLE IN MOVING TOWARD APMs

1. Engage in interprofessional collaborative practice (IPCP)
2. Assert and demonstrate your value
 - Refer to [National Outcomes Measurement System](#) and [Practice Portal](#)
3. Attract referrals from other providers
4. Utilize other service delivery methods, i.e. telehealth
5. Focus on patient-centered goals
 - Ensure functional outcomes are most important to the patient
6. Keep data on cost and patient outcomes



EXAMPLES OF ALTERNATIVE PAYMENT MODELS

- Accountable care organizations (ACOs)
- Bundled payments /Episodes of Care
- Capitated payments
- Direct contracting
- Patient-centered medical homes (PCMHs)



Questions? contact reimbursement@asha.org