- Benchmark and document clinical measurements and outcome improvements –Relying on their profession's best practices and available healthcare informatics, case managers will need to measure patient outcomes, identify risks that could be associated with preventable medical complications or readmissions, and report progress on patient care goals. These functions will be performed in accordance with guidelines set by various laws including the "Affordable Care Act," "Medicare Modernization Act of 2003," "Medicare Improvements for Patients and Providers Act of 2008" and the "Health Information Technology for Economic and Clinical Health Act of 2009."

- The National Institutes of Health's Patient Reported Outcomes Measurement Information System (PROMIS) - Where Patient Reported Outcome Measurements (PROMs) are in place, case managers' roles will be in helping their patients convey their healthcare experience and then implement care plans of action that meet their patients' needs, facilitate their access to vital clinical and community resources, and document patient progress based on their care plan goals. Case managers working in settings using Electronic Health Records will also need to input their findings into these patient records.

- New Risk Sharing Models – With providers engaging in new risk arrangements with payers, case managers will need to understand the models in which their employers are involved and the ramifications of each. From patient centered medical homes, shared savings and shared risk models to full risk models and provider-sponsored health plans, each carries its own strengths and weaknesses but all are intended to reduce risks, help finance preventive care, drive better clinical performance and contain costs.

- Price Transparency – With heightened demand for full disclosure on healthcare costs called for by consumers, insurers, plan sponsors and numerous advocacy groups, the role of case managers in educating their patients regarding the costs associated with their treatment plans will become critical. Along with helping consumers make informed healthcare decisions, case managers' patient advocacy role will also expand to include making sure patients access the best care at reasonable prices, and have a full understanding of their medical bills.

- New Quality Payment Program under the "Medicare Access and CHIP Reauthorization Act of 2015" – The Department and Health and Human Services issued a Notice of Proposed Rulemaking to implement provisions of the "Medicare Access and CHIP Reauthorization Act of 2015." Essentially, it has introduced a new approach for paying clinicians based on the value and quality of the care they provide. There are two paths for payment: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). Under the MIPS path, Medicare clinicians are paid for providing high quality, efficient care in cost, quality, clinical practice improvement activities, and advancing care information categories, each of which represents a percentage value of how the clinician would be paid based on performance in the category. Under the APMs path, a further step toward care transformation beyond MIPS, clinicians would be exempt from MIPS payment adjustments and would qualify for a 5% Medicare Part B incentive payment. Case managers will be relied upon to assist their

employers realize the highest payments by driving high quality, cost-effective, efficient patient care.

As you can see, case managers have an important role in helping America achieve a system of true value-based healthcare.