Caring for People with Serious Illness during the COVID-19 Pandemic: A Workshop on Lessons Learned and Future Directions

Session Two - Building on Lessons Learned to Guide Future Policy

November 30, 2021

Center for Medicare and Medicaid Innovation



The CMS Innovation Center Statute

"The purpose of the [Center] is to test innovative payment and service delivery models to reduce program expenditures...while preserving or enhancing the quality of care furnished to individuals under such titles"



Three Scenarios for Success:

- 1. Quality improves; cost neutral
- 2. Quality neutral; cost reduced
- 3. Quality improves; cost reduced (best case)

If a model meets one of these three criteria and other statutory prerequisites, the statute allows the Secretary to expand the duration and scope of a model through rulemaking



Vision: What's to Come Over the Next 10 Years



Five Strategic Objectives



Increase the number of people in a care relationship with accountability for quality and total cost of care.



Embed health equity in every aspect of CMS Innovation Center models and increase focus on underserved populations.



Leverage a range of supports that enable integrated, personcentered care such as actionable, practice-specific data, technology, dissemination of best practices, peer-to-peer learning collaboratives, and payment flexibilities.



Five Strategic Objectives



Pursue strategies to address health care prices, affordability, and reduce unnecessary or duplicative care.



Align priorities and policies across CMS and aggressively engage payers, purchasers, providers, states and beneficiaries to improve quality, to achieve equitable outcomes, and to reduce health care costs.



Commitment to Transparency & Communication

STAKEHOLDER OUTREACH

communication with stakeholders, starting with beneficiaries and advocates

Leveraging new and more consistent mechanisms for outreach to existing and future partners

DATA TRANSPARENCY

Identifying and sharing research identifiable files (via the CMS Data Research Center) so that researchers may link claims data with model participant lists

DEFINING SUCCESS

Examining model impacts on health equity, person-centered care, and health system transformation — efforts which are aligned with CMS-wide goals



Moving into Implementation

Stakeholder Engagement (next 3-6 months)

- White paper launch (October 2021)
- Listening sessions with beneficiaries, health equity experts, primary care, safety net, specialty providers, states, and payers (2021-22)
- 2021 LAN Summit (December 2021)
- LAN Health Equity Action Taskforce (Ongoing)

Stakeholder Engagement (next 6-24+ months)

- Outreach to communicate and share strategy via conferences, podcasts, and learning events
- Launching a stakeholder engagement strategy across the life cycle of models
- Sharing model test data with external researchers to contribute to learnings
- Leveraging existing and new mechanisms to enhance engagement with patients, providers, and payers and improve-transparency in model design/implementation

2021

2022

2023-2029

Model Opportunities that Inform Strategy and Transformation

- Advancing Health Equity: Community Health Access and Rural Transformation Model
- Accountable Care: Initial cohorts for Primary Care First (PCF) and Global/Professional Direct Contracting (GPDC)
- Advancing Health Equity: ESRD Treatment Choices Model
- Addressing Affordability: Part D Senior Savings Model

Examples of Model Opportunities that Advance Strategy and Inform Transformation

- GPDC Second Cohort
- PCF Second Cohort
- Kidney Care Choices model
- Radiation Oncology model

Model Types that Drive Transformation

- ACO model tests that create accountability for total cost of care and outcomes
- Advanced primary care model tests
- Specialty care model tests that supports integrated, whole-person care
- State total cost of care model tests

Examples of Efforts to Address Cross-Model Issues

- Health equity data collection
- SDoH screening and referral
- Benchmarking

- Risk adjustment
- Provider performance data platforms
- Engaging providers that care for underserved beneficiaries

