

CMS Medical Officer Update: Health System Transformation resources and new CMMI Model



Ashby Wolfe, MD, MPP, MPH
Chief Medical Officer, Region IX
Centers for Medicare and Medicaid Services

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The CMS Innovation Center was created by the Affordable Care Act to develop, test, and implement new payment and delivery models

“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”

Section 3021 of
Affordable Care Act

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



Focus on Social Determinants of Health: Addressing Social Needs

- Hospital Readmission Reduction...what's the problem?
 - **High re-admission rates could indicate breakdowns in care delivery systems**
 - Payment systems incentivized fragmentation
 - More complicated cases = more “hands in the pot”
 - Expectation of patients to self-manage is great

Clinician-patient interaction

- Episodic treatment
- Unmanaged condition worsening
- Use of suboptimal medication regimens
- Lack of primary care or social support



- Return to ER

No community infrastructure to achieve common care goals

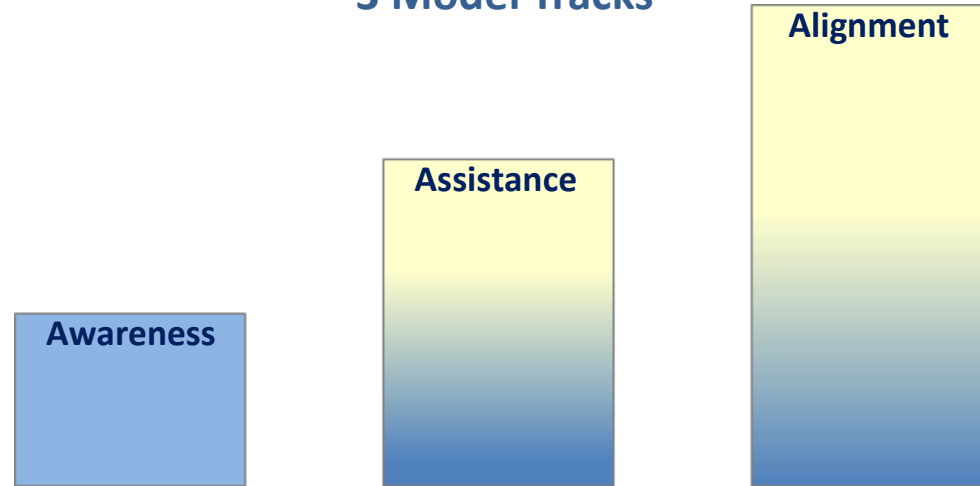
- Lack of standard communication
- Unreliable information transfer
- Unsupported patient/family engagement during transfers
- Lack of follow-up to address prevention

Accountable Health Communities Model addresses health-related social needs

Key Innovations

- **Systematic screening** of all Medicare and Medicaid beneficiaries to identify unmet health-related social needs
- Testing the **effectiveness of referrals** and **community services navigation** on total cost of care using a rigorous mixed method evaluative approach
- **Partner alignment** at the community level and implementation of a community-wide quality improvement approach to address beneficiary needs

3 Model Tracks



Track 1 Awareness – Increase beneficiary *awareness* of available community services through information dissemination and referral

Track 2 Assistance – Provide community service navigation services to *assist* high-risk beneficiaries with accessing services

Track 3 Alignment – Encourage partner *alignment* to ensure that community services are available and responsive to the needs of beneficiaries

Total
Investment >

\$157
million

44

Anticipated Award Sites

<https://innovation.cms.gov/initiatives/ahcm>

CMS Health Equity Plan for Medicare



Priority 1: Expand the Collection, Reporting, and Analysis of **Standardized Data**



Priority 4: Increase the Ability of the **Health Care Workforce** to Meet the Needs of Vulnerable Populations



Priority 2: Evaluate **Disparities Impacts** and Integrate Equity Solutions Across CMS Programs



Priority 5: Improve **Communication & Language Access** for Individuals with LEP & Persons with Disabilities



Priority 3: Develop and Disseminate **Promising Approaches** to Reduce Health Disparities



Priority 6: Increase **Physical Accessibility** of Health Care Facilities

Key CMS Priorities in health system transformation

3 goals for our health care system:

BETTER care
SMARTER spending
HEALTHIER people

Via a focus on 3 areas



Incentives



Care
Delivery



Information
Sharing

Affordable Care Act



MACRA


MACRA is part of a broader push towards value and quality

In January 2015, the Department of Health and Human Services announced **new goals** for **value-based payments** and **APMs in Medicare**

Medicare Fee-for-Service

GOAL 1: **30%** 

Medicare payments are tied to quality or value through **alternative payment models (categories 3-4)** by the end of 2016, and 50% by the end of 2018

GOAL 2: **85%** 

Medicare fee-for-service payments are **tied to quality or value (categories 2-4)** by the end of 2016, and 90% by the end of 2018



STAKEHOLDERS:

Consumers | Businesses
Payers | Providers
State Partners



Set **internal goals** for HHS



Invite **private sector payers** to match or exceed HHS goals

MIPS changes how Medicare links performance to payment

There are currently multiple individual **quality and value** programs for Medicare physicians and practitioners:

Physician
Quality
Reporting
Program
(PQRS)

Value-
Based
Payment
Modifier

Medicare
EHR
Incentive
Program

MACRA streamlines those programs into **MIPS**:

Merit-Based Incentive
Payment System **(MIPS)**

What should I do to prepare for MACRA?

- Look for future educational activities
- Look for a proposed rule in spring 2016 and provide comments on the proposals.
- Final rule targeted for early fall 2016
- Consider collaborating with one of the TCPI Practice Transformation Networks or Support and Alignment Networks.

Transforming Clinical Practice Initiative



Support more than 140,000 clinicians in their practice transformation work



Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients



Reduce unnecessary hospitalizations for 5 million patients



Generate \$1 to \$4 billion in savings to the federal government and commercial payers



Sustain efficient care delivery by reducing unnecessary testing and procedures



Build the evidence base on practice transformation so that effective solutions can be scaled

Practice Transformation Networks (PTNs) In Region 9

- Arizona Health-e Connection
- Children's Hospital of Orange County
- Local Initiative Health Authority of Los Angeles County
- National Rural Accountable Care Consortium
- Pacific Business Group on Health
- VHA/UHC Alliance Newco, Inc.

Support and Alignment Networks (SANs)

- American College of Emergency Physicians
- American College of Physicians
- HCD International, Inc.
- Patient Centered Primary Care Foundation
- The American Board of Family Medicine, Inc.
- Network for Regional Healthcare Improvement
- American College of Radiology
- American Psychiatric Association
- American Medical Association
- National Nursing Centers Consortium

6 Key Benefits to Participating Clinicians

1. Optimize health outcomes for your patients
2. Promote connectedness of care for your patients
3. Learn from high performers how to effectively engage patients and families in care planning
4. More time spent caring for your patients
5. Stronger alignment with new and emerging federal policies
6. Opportunity to be a part of the national leadership in practice transformation efforts

<http://www.healthcarecommunities.org/CommunityNews/TCPI.aspx>

Measure Alignment Efforts

- CMS Draft Quality Measure Development Plan
 - Highlight known measurement gaps and develop strategy to address these
 - Promote harmonization and alignment across programs, care settings, and payers
 - Assist in prioritizing development and refinement of measures
 - Public Comment period closed March 1st, final report to be published in May
- Core Measures Sets released February 16th
 - ACOs, Patient Centered Medical Homes (PCMH), and Primary Care
 - Cardiology
 - Gastroenterology <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures.html>
 - HIV and Hepatitis C
 - Medical Oncology
 - Obstetrics and Gynecology
 - Orthopedics
- CMS is already using measures from the each of the core sets
- Commercial health plans are rolling out the core measures as part of their contract cycle

References & Further Reading

Health Care Payment Learning and Action Network

<http://innovationgov.force.com/hcplan>

CMS Innovation Center

<https://innovation.cms.gov/>

CMS Draft Quality Measures Development Plan

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Draft-CMS-Quality-Measure-Development-Plan-MDP.pdf>

MACRA: Medicare Access and CHIP Reauthorization Act of 2015

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

CMS Health Equity Plan

https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH_Dwnld-CMS_EquityPlanforMedicare_090615.pdf

Contact information for the Transforming Clinical Practice Initiative

<http://www.healthcarecommunities.org/CommunityNews/TCPI.aspx>

Questions?

Ashby Wolfe, MD, MPP, MPH
Chief Medical Officer, Region IX
Centers for Medicare and Medicaid Services
90 Seventh Street, Suite 5-300
San Francisco, CA 94103
(Ph) 415.744.3631
ashby.wolfe1@cms.hhs.gov