

CMS Panel Discussion: Glidepath to Achieving 2030 Goals

Presenters:

[Liz Fowler, JD, PhD](#) - CMS Deputy Administrator & Director, CMS Innovation Center

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[Sarah Fogler, PhD](#) - CMS Innovation Center, Patient Care Model Group Director

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Opening Remarks

Liz Fowler, JD, PhD

CMS Deputy Administrator & Director, CMS Innovation Center

Primary Care Strategy

Purva Rawal, PhD

CMS Innovation Center, Chief Strategy Officer

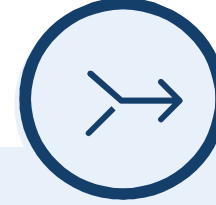
The CMS Innovation Center's Approach to Rebuilding Primary Care: Financing, Equity, Sustainability

The Innovation Center is taking a portfolio-wide approach to rebuilding primary care focused on the following three dimensions:

- 1** | Improving primary care financing through increased, stable revenue that moves practices away from fee-for-service payments that pay for the volume of services delivered and toward support for team-based care, coordination with specialty providers, and community-based supports.
- 2** | Advancing health equity by increasing safety net provider participation, increasing payments to underserved areas, and requiring health equity plans from model participants; and
- 3** | Supporting the sustainability of value-based payment models through multi-payer alignment, starting with Medicaid, and scaling successful models and features.

How the CMS Innovation Center Models Support Primary Care

The CMS Innovation Center is investing significantly in testing models with multiple pathways to strengthen primary care, improve care coordination, and address social determinants of health.⁹



ACO Realizing Equity, Access, and Community Health (ACO REACH)

Primary Care First (PCF)

Making Care Primary (MCP)

States Advancing All-Payer Health Equity Approaches and Development (AHEAD)

ACO Primary Care Flex (ACO PC Flex)

- Encourages health care providers to come together to form an ACO
- Breaks down silos and delivers high-quality, coordinated care
- Addresses health disparities

- Supports primary care practices in managing their patients' health
- Enables primary care providers to offer a broader range of health care services that meet the needs of their patients

- Improves care management, community connections, and care integration
- Increases access to care and creates sustainable change in underserved communities

- Creates a new pathway to invest in primary care
- Provides Enhanced Primary Care Payments
- Uses a flexible framework of care transformation activities

- Focuses on improving primary care funding within ACOs
- Flexible, prospective payment within the Shared Savings Program
- Incentivizes the development of new, low revenue ACOs

2021 - 2026

2021 - 2026

2024 - 2034

2024 - 2034

2025 - 2029

New Pathway to Accountable Care in Traditional Medicare

For CY 2025, CMS proposed Advanced Primary Care Management (APCM) codes under the Physician Fee Schedule (PFS) that incorporate several existing care management and communication technology-based codes into a bundle that reflects the essential elements of advanced primary care delivery, leveraging Innovation Center learnings from primary care model testing

CMS envisions a multi-year effort to inform hybrid payment and coding for advanced primary care services in Traditional Medicare and released an accompanying Request for Information (RFI)

- In the future, APCM services could be revised to include additional elements, including traditional E/M services, to advance the scope of hybrid payments
- CMS is soliciting feedback on how we can:
 - Further the goal of reducing administrative burden to refocus time on patient care
 - Better recognize the relative resources involved in furnishing care
 - Recognize interdisciplinary, team-based primary care
 - Support primary care sustainability and stability, especially for underserved communities

Future hybrid payment and coding for advanced primary care services would support achieving 2030 goals

Accountable Care Vision

Pauline Lapin, MHS

CMS Innovation Center, Seamless Care Model Group Director

Themes from a Decade of ACO Evaluations

- Pioneer ACO Model (2012-16)
- Next Generation ACO Model (2016-21)
- Advance Payment ACO Model (2012-15)
- ACO Investment Model (2015-18)
- Comprehensive ESRD Care Model (2015-21)

- Spending has decreased while quality has been high
- Physician practice ACOs are most successful at reducing spending
- Management companies play a critical role in ACO structure and performance
- ACOs are reluctant to assume financial risk and tend to drop out of models when they owe shared losses
- Population-based payments and waivers have been underutilized
- Patient engagement is challenging



GPDC Model Evaluation Results

Impact Estimates for the Last Year of GPDC (PY2022)

Standard DCEs

n=78



Improved quality

- ✓ Hospitalizations for ambulatory care sensitive conditions [ACSC] (-1.8%)
- ✓ Unplanned admissions for beneficiaries with multiple chronic conditions (-1.3%)
- ✓ Recommended care for diabetes (+0.7%)

Increased gross spending (+0.8%)

- Driven by increased acute care spending
- Concentrated among integrated delivery-system / hospital-based participants

New Entrant DCEs

n=13



Improvements in ambulatory care

- ✓ Specialty care spending (-1.6%)
- ✓ Emergency Department (ED) visits (-2.9%)
- ✓ Recommended care for diabetes (+3.7%)

Non-significant reduction in gross spending (-1.4%)

High Needs DCEs

n=8



Reductions in high-cost care

- ✓ Specialty care visit spending (-8.9%)
- ✓ Skilled nursing facility spending (-12.3%)
- ✓ Acute care facility spending (-6.6%)
- ✓ Hospitalizations for ACSCs (-0.8%)
- ✓ All condition readmissions (-5.0%)

Reduced gross spending (-3.5%)

Italicized items represent quality measures; All estimates statistically significant at p<0.1

Request for Information in Medicare Physician Fee Schedule

- *How would higher downside risk impact an ACO's care delivery strategies, including advanced primary care, behavioral health, specialty integration, and integration with community-based organizations to improve health outcomes or advance health equity?*
- *What other features should CMS consider in designing financial benchmarks that balance prospectivity and accuracy, and that can lead to savings for both ACOs and Medicare? How might administratively set benchmarks achieve these goals and what considerations should we bear in mind if we test administrative benchmarking?*
- *We are interested in ways to increase participation by healthcare providers and suppliers in the Shared Savings Program and future Innovation Center ACO models, including how an ACO model requiring provider participation or stronger participation incentives might be designed.*

<https://www.federalregister.gov/documents/2024/07/31/2024-14828/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other#h-429>

Specialty Care Strategy

Sarah Fogler, PhD

CMS Innovation Center, Patient Care Model Group Director

Why is the CMS Innovation Center focusing on specialty integration?



The goal is to “...have 100 percent of beneficiaries in Traditional Medicare and the vast majority of Medicaid beneficiaries in accountable care relationships by 2030...through advanced primary care or ACOs, and these entities are expected to coordinate with or fully integrate specialty care to deliver whole-person care.”

- CMS Innovation Specialty Care Blog, June 2022

CMS Innovation Center Specialty Care Strategy: Overview, Accomplishments and Future Plans

The CMS Innovation Center's Strategy to Support Person-centered, Value-based Specialty Care

1	Enhance Specialty Care Performance Data Transparency	Short-term Long-term
2	Maintain Momentum on Acute Episode Payment Models and Condition-Based Models	Short-term Long-term
3	Create Financial Incentives within Primary Care for Specialist Engagement	Short-term Long-term
4	Create Financial Incentives for Specialists to Affiliate with Population-based Models and Move to Value-Based Care	Long-term

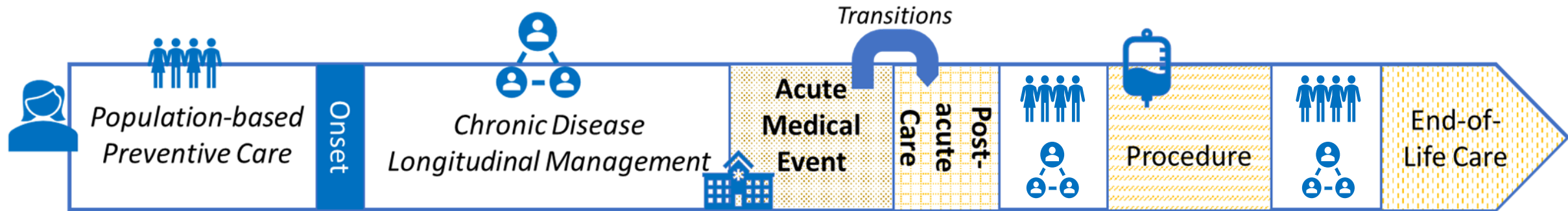
How Do the Solutions Fit Together?

1

Increase Transparency Through Enhanced Data Sharing and Specialist Performance Measures

2

Maintain Momentum on Acute Episode Payment Models and Condition-Based Models



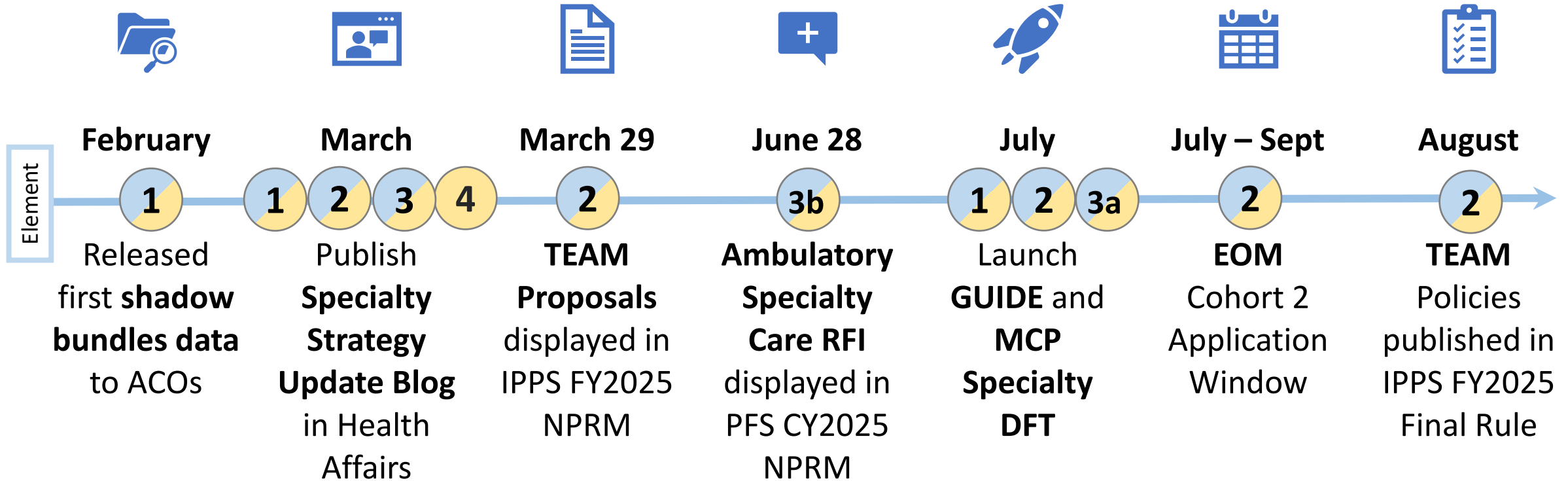
3

Promote Advanced Primary Care and Specialist Coordination and Integration

4

Design New Approaches to Promote Meaningful Specialist Engagement in ACOs

What Has Been Accomplished in 2024?



What's On the Horizon for 2025 and 2026?

1. Continue robust stakeholder engagement.
2. Expand specialty care data sharing to include episode-based cost measure data specific to chronic conditions.
3. Consider new ambulatory specialty care model, based on feedback from the CY 2025 PFS RFI.
4. Support hospitals as they prepare for TEAM model implementation.
5. Ensure strong execution of condition-based model tests including EOM and GUIDE.
6. Publicly release implementation performance metrics for the CMS Specialty Care Strategy.

Thank You

Resources: CMS Specialty Strategy Publications

- Read the [November 2022 CMS Blog: The CMS Innovation Center's Strategy to Support Person-centered, Value-based Specialty Care](#)
- Read the [June 2022 CMS Blog: Pathways for Specialty Care Coordination and Integration in Population-based Models](#)
- Read the [April 2024 Health Affairs Forefront Article: The CMS Innovation Center's Strategy to Support Person-Centered, Value-Based Specialty Care: 2024 Update](#)

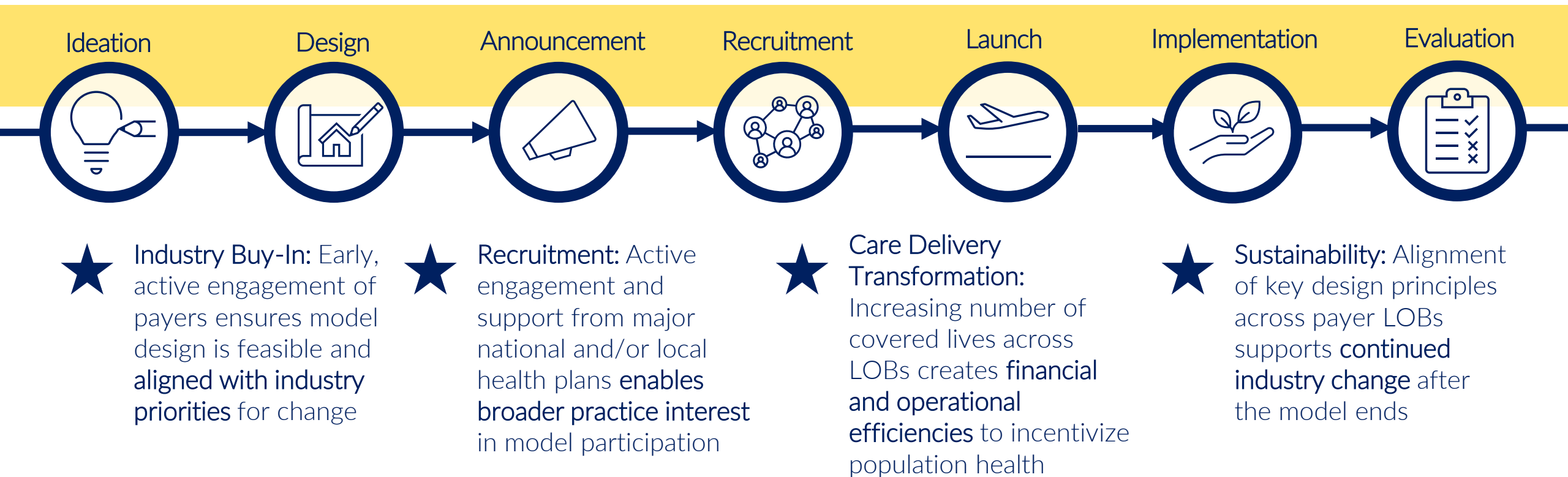
Multi-Payer Alignment

Kate Davidson, LCSW

CMS Innovation Center, Learning and Diffusion Group Director

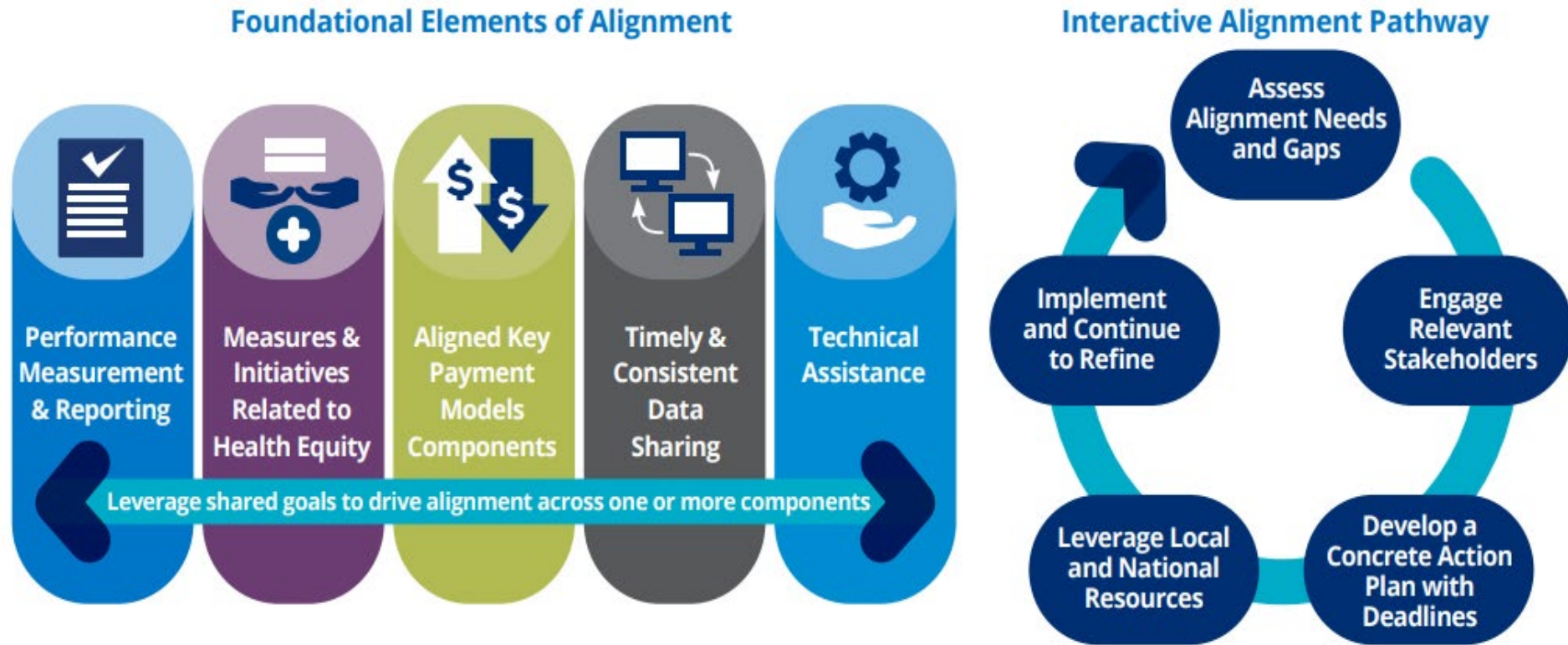
CMMI Multi-Payer Alignment Goal

The Innovation Center set a goal to include a multi-payer alignment strategy for **100% of new models** where applicable. Purposeful engagement and alignment of payer groups will help generate better outcomes throughout the model design and implementation process.



Approach to Multi-Payer Alignment

Pragmatic, Iterative, Multi-payer Alignment Framework



Payer Partners: A Case Example in MCP

CMS Innovation Center will partner with public and private payers to implement MCP. Through these partnerships, CMS will foster alignment in areas to reduce clinician burden and provide flexibility to encourage increased payer participation.



Directional Alignment

- CMS will work with payers in MCP states to encourage close alignment in areas that directly reduce burden on clinicians, such as the type and format of quality measures
- MCP participants will collect and report required data in the same format and report the same quality measures to MCP payers



Medicaid Engagement

- CMS has partnered with SMAs to streamline primary care payment reform and learning priorities across Medicare and Medicaid
- MCP will continue to work closely with state Medicaid agencies (SMAs) to streamline requirements and learning supports



Local Implementation

- CMS, SMAs, and payer partners will make practice- and patient-level data available to participants through data sharing efforts within the state
- CMS will provide flexibility for payers to include additional measures that reflect local priorities for their patient population(s)



CMS will partner with aligned payers to establish shared goals, learning priorities, and ensure that participants have the supports they need to be successful, including access to health information exchange and peer-to-peer learning.