

Consumer-Purchaser ALLIANCE

Better information. Better decisions. Better health care.

November 20, 2017

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Request for Information CMS Innovation Center New Direction

Dear Administrator Verma:

On behalf of consumers and purchasers of health care services across the country, thank you for the opportunity to provide input on the new direction of the Center for Medicare & Medicaid Innovation (Innovation Center). The Consumer-Purchaser Alliance is a coalition of leading consumer and purchaser organizations working to promote a high-value health system. In recent years, our work has focused on value-based payment and care delivery models built on a foundation of meaningful and actionable performance information. We share CMS's goals of more patient-centered care, improved quality, reduced costs, and better outcomes.¹

In pursuit of a high-value health system that achieves these goals, we offer two recommendations for the new direction of the Innovation Center. First, establish a clear path from any new framework, including new models the Innovation Center supports, to the robust and widespread transformation needed to realize value for all patient and communities. Second, invest in and require a strong foundation of meaningful information to enable informed decision-making by consumers, purchasers, providers, and others. Meaningful information is fundamental in allowing new payment and delivery models to achieve better health outcomes, patient experience, and affordability; and practice transformation.

Establish a Clear Path to a High-Value System

The Innovation Center can accelerate the transformation of our health care system to improve care quality and population health and effectively reward providers based on value. By testing and adopting the most promising payment and care delivery models, the Innovation Center has a

¹ For brevity, we refer in various places in our comments to "patient" and "care," given that the Medicare and Medicaid programs are rooted in the medical model. People with disabilities frequently refer to themselves as "consumers" or "persons." Choice of terminology is particularly important for purposes of care planning and care coordination, when the worlds of independent living and health care provider often intersect.

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unique function in driving system transformation. The initial ideas laid out in the RFI leave many questions about the pace of system transformation and the role CMS anticipates taking in enabling and accelerating that transformation. We urge CMS to clearly convey that the Innovation Center's new direction will continue to prioritize system transformation. As part of a clear path to a high-value system, we recommend that the Innovation Center, and CMS more broadly, include the following actions:

1. Maintain a high bar for Advanced Alternative Payment Models (APMs) that qualify for the MACRA bonus. Policies and initiatives should encourage clinicians to move toward APMs that reward high-value care and support care delivery innovations. The existing criteria for Advanced APMs are an appropriate starting place, and should not be weakened or watered down solely to achieve higher levels of clinician participation. We urge CMS to continue providing clinicians new opportunities to participate in APMs, particularly intermediate or MIPS APMs that can serve as a stepping stone to an Advanced APM. We also support efforts to provide needed financial and technical resources to help those clinicians prepare for and succeed in APMs. The financial incentives for APM participation – that is, the 5 percent bonus available to participating clinicians – should be reserved for models that meet a high bar and are proven to improve patient experience, health outcomes, and affordability of care.
2. Rapidly scale successful models and align model design across initiatives and sectors. In order to drive improved practice patterns and care delivery, the financial incentives and model design of an APM must represent a significant portion of a provider's revenue and patient panel. The Innovation Center should test strategies that promote alignment and scalability such as common financial incentives, data infrastructure, and information exchange across models and sectors. When a model proves to improve the quality, outcomes, experience, and cost of care, CMS should rapidly scale the model to maximize its reach and benefit.
3. Evaluate models in a transparent way that enables meaningful comparison. We acknowledge the Innovation Center's desire to move to more small-scale, voluntary models that allow providers a larger role in driving innovation. However, we are concerned that this approach will not provide needed information about whether a model can be successful outside the initial test site. To ensure that evaluation results provide useful information about which models should be scaled, the Innovation Center should pursue models with a sufficiently large and representative sample of providers. In addition, we strongly urge the Innovation Center to use a set of outcome criteria based on multi-stakeholder input to assess whether these models achieve the most important goals of system transformation. A set of uniform outcome measures enables a variety of approaches to be tested and compared, without requiring CMS to be overly involved in the care process or payment models. Such uniform outcome measures would also allow CMS to identify small scale models that warrant further exploration.

Initiatives to Transform Health Care Require Meaningful Information

Meaningful and accessible information is a critical component of a transformed health care system. Providers need rapid feedback about their performance to improve their delivery of care. Consumers need quality information that is relevant, comparable, and sufficiently granular to make decisions such as choosing a clinician, facility, treatment, or insurance plan. Purchasers and other stakeholders need performance information to build and evaluate value-based payment models.

Overall, quality and value in health care go far beyond adherence to evidence-based clinical standards. Meaningful performance measures must include patient experience of care, measures that assess whether care is being delivered in a patient-centered way, and clinical and patient-reported outcomes of care. Payment models based on an incomplete definition of quality and value create incentives that are misaligned with patient needs, driving practice transformation that achieves the wrong goals or is wasteful. We strongly urge the Innovation Center and CMS more broadly to put patients' information needs at the center by promoting measures that are meaningful to patients, implemented in a standardized way across sectors and payers, and that allow for comparison among providers and organizations. In addition to giving patients tools and information to make decisions based on quality and cost, we encourage CMS to continue to advance patients' and family caregivers' ability to access, contribute to, and use their own clinical health information. The Innovation Center can support consumer engagement by piloting and evaluating various options for effective shared care planning and shared decision making.

CMS's Meaningful Measures initiative is a significant step toward this kind of high-value information. This initiative holds promise for simultaneously reducing provider burden and improving competition in a market-driven health care system. We encourage the Innovation Center to go a step further and require that all models include a strong performance measurement component. The current requirement for Advanced APMs to have a quality component comparable to MIPS will not produce the kind of high-quality care all stakeholders desire, and may exacerbate the problems of measure proliferation and misalignment. As the Innovation Center contemplates new models, we recommend raising the bar to assess participant performance and to evaluate models' success in driving value relative to each other. In some cases, it may be appropriate to include requirements or incentives for reporting even when performance on those measures is not tied to a financial incentive; for example, reporting patient-reported functional status scores at a point in time to demonstrate information captured through a standardized tool, rather than to demonstrate positive or negative performance on a performance measure.²

² For example, in the proposed Cardiac episode payment models, we recommended that CMS offer an incentive to providers who chose to report on patient-reported outcomes for cardiac care through a small number of standardized tools. This reporting can promote more standard use of these patient-centered tools and facilitate the development and testing of patient-reported outcome performance measures, a priority measure gap.

Thank you for considering our perspective on the need for a clear path to a high-value health care system and a robust foundation of information in the Innovation Center's new direction. If you have any questions, please contact Stephanie Glier, Senior Manager for the Consumer-Purchaser Alliance, at sglier@pbgh.org.

Sincerely,



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