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## Medicare, Medicaid Test Kitchen to Serve Up More Innovations

The Medicare agency plans to announce new alternative payment models in the next few months, according to the head of the agency's innovation office.

Adam Boehler, director of the Center for Medicare and Medicaid Innovation, said Aug. 30 key goals include improving accountable care models, responding to the opioid crisis, scrutinizing quality measures, and looking at work with the private sector and other agencies to boost "social determinants" outside of health care that affect patients' health. Boehler said he wants to focus on bold initiatives that will be focused on improving care for patients.

Boehler sat down with reporters to discuss his plans for advancing new ways of testing how doctors and other health-care providers are paid. Boehler joined the agency in April from the private sector, where he led a company that provides home-based medical care, and the Aug. 30 meeting sponsored by the Alliance for Health Policy was his first wide-ranging speech on his work at the Centers for Medicare & Medicaid Services. The CMMI, an office created by the Affordable Care Act, is seen as a test kitchen for new payment models for the health-care industry and is taking the lead on advancing value-based care.

The agency is focused on making these payment models work by improving quality, lowering costs, and driving patient choices, Boehler said. He has multiple titles: he's the director of the CMMI at the CMS, and the senior adviser for value-based transformation and innovation at the Department of Health and Human Services.

**Alternative Models** Alternative payment models are a type of payment system where providers earn rewards for delivering high quality and cost-efficient care in exchange for taking on risk. In advanced APMs, clinicians accept some risk for their patients' quality and cost outcomes and have to meet other specified criteria, according to the CMMI's website.

Not every doctor or hospital should be taking on financial risk tied to patients' health costs, Boehler said, and he doesn't want to mandate that providers take on risk. Not all value-based health care needs to involve risk, he said, adding that "risk is a mechanism" for value-based care.

Another issue the CMMI is looking at involves the appropriate use of quality measures. The CMMI and Kate Goodrich, the chief medical officer at the CMS, have been looking at quality measures to see which ones do not actually measure quality, Boehler said. The CMS

has been getting rid of quality measures in payment rules released over the last few months, and Boehler appeared to indicate they would continue to do so.

**Changes to Existing Models** One type of payment model the CMMI has been working on is accountable care organizations, which were created for Medicare under Obamacare. The CMMI is planning on simplifying and creating more transparency around ACOs, Boehler said. The complexity tied to ACOs is holding up their success, he said.

ACOs are groups of doctors, hospitals, and providers who coordinate care for patients and are rewarded for providing high-quality care while creating savings for Medicare. ACOs can share in the savings to Medicare if they meet certain quality standards.

The CMS released a proposed rule Aug. 9 that would restructure the Medicare Shared Savings Program, an APM that the majority of ACOs participate in. The CMS estimates the rule could put a damper on participation by new ACOs over the next decade.

Boehler said having ACOs leave the MSSP was OK with him. "Our job isn't to have a lot of ACOs; our job is to drive cost and accountability."

His innovation office is working on other potential APMs for those potential former ACOs to join, Boehler said. One idea involves direct provider contracting, where primary care of multispecialty practices would be paid a fixed amount per beneficiary per month and allow doctors to earn bonuses. The CMS put out a request for information on this model in April and is reviewing comments.

Boehler also said the CMMI is looking at advanced APMs that were recommended to the Physician-Focused Payment Model Technical Advisory Committee (PTAC), a group that reviews ideas on how Medicare pays for care and advises the HHS.

"You will see models based on those" original models that will be adjusted based on PTAC's recommendations, Boehler said.

**Interest in New Ideas** The CMMI is looking at social determinants of health—things outside of health care, such as housing and food, that affect health status—working with other agencies, states, and private and public organizations on efforts related to this, Boehler said.

Boehler also said he has heard that some corporations are interested in spending money on community development related to improving these social determinants.

The CMMI is also working on more models in partnership with states to try to curb the opioid epidemic, Boehler said. They are looking at using medication-

assisted treatment, which is a combination of medication and behavioral therapy to treat substance use disorders, and prescribing patterns to do this.

Boehler said he is interested in exploring how doctors can use telemonitoring to get better care for patients. Patients use devices to capture health data at

regular intervals that doctors can use to monitor their health.

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