

November 2016

## Health Systems Transformation Monthly Newsletter

### CMS Issues Final Rule on MACRA



On October 14, Centers for Medicare and Medicaid Services (CMS) [finalized policies](#) to implement the new Medicare Quality Payment Program. Part of the bipartisan Medicare Access

and CHIP Reauthorization Act of 2015 (MACRA), the [Quality Payment Program](#) aims to create a more modern, patient-centered Medicare program by promoting quality patient care while controlling escalating costs through two pathways: the Merit-Based Incentive Payment System (MIPS) and incentive payments for Advanced Alternative Payment Models (Advanced APMs).

The final rule reflects feedback received from long listening tour, over several months with 100,000 attendees and over 4000 public comments from physicians and other stakeholders who called for simplicity, flexibility and support for small practices. Some of the [changes in the final rule](#) include: 1. fewer required performance measures that physicians have to report to CMS, 2. flexibility for physicians who can gradually enroll during 2017 and 2018 to get more acquainted with the quality payment program, 3. more pathways to participate in Advanced APMs, and 4. additional flexibility and incentive for small and rural practices.

HHS has also launched a new [Quality Payment Program website](#), which will explain the new program and help clinicians easily identify the measures most meaningful to their practice or specialty.

The American Medical Association (AMA) and ReachMD have produced [a series of videos](#) to help physicians understand MACRA. In addition, AMA is in the process of updating their [MACRA Assessment tool](#) to reflect the changes in the final rule.

### Submit Proposal to Physician-Focused Payment Model Technical Advisory Committee



MACRA has created the [Physician-Focused Payment Model Technical Advisory Committee \(PTAC\)](#) to make recommendations to the Secretary of the Department of Health and Human Services (HHS) on proposals for Physician Focused Payment Models (PFPM) submitted by individuals and stakeholder entities. The office of Assistant Secretary of Planning and Evaluation (ASPE) within HHS provides technical support for PTAC.

PTAC has developed a [draft review process](#) which includes the criteria against which PTAC will evaluate the PFPM proposals. Learn more by accessing the Center for Healthcare Quality and Payment Reform's guide to [physician-focused alternative payment models](#). [Submit Letter of Intent](#) to ASPE 30 days prior to submitting the full proposal. **PTAC will begin accepting full proposals from December 1, 2016.**

To highlight HST-related news in the forthcoming newsletters or to remove your name from our mailing list, please [click here](#).



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### GET INVOLVED

# HEALTH SYSTEMS TRANSFORMATION



American College of Preventive Medicine

ACPM defines Health Systems Transformation (HST) as a systems-based approach to improving population, community and individual health by incorporating the determinants of health and increasing the efficiency and effectiveness of healthcare.

The Health Systems Transformation Project is from a cooperative agreement that ACPM has with the Centers for Disease Control and Prevention. Visit [www.acpm.org/hst](#) to learn about our past and current efforts in HST.

**UPDATED WEBSITE :** Take a look at our HST [fact sheets](#), [resources](#) and [Regional meetings](#); our pages on [HST Learning Institute](#) and [HST webinar](#) and Learn more about HST Task Force members from their [bios](#); access past [newsletters](#).

**GOOGLE GROUP:** Ask your friends and colleagues to join the [HST Google Group](#).

**Coming Soon:** Access recordings from the HST institute (Feb 2016) and HST webinar (June 2016) . [Check back](#) in late November on how to obtain CME/MOC for these activities.

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## Report: Adoption of Alternative Payment Models

The Health Care Payment Learning & Action Network (HCPLAN) released a [report](#) that measured progress in the adoption of APMs in 26 commercial,



28 Medicare Advantage and 28 State Medicaid health plans representing a total of 128 million Americans. In 2016, a total of [25% of these health plans use APMs](#) either built on fee-for-service architecture or through population-based payments. The report was released during the [LAN Fall summit](#) in Washington DC - attended by ACPM. [Summit presentations](#) are now available for the public.

HCPLAN has also released a [draft working paper on primary care payment models](#). The goal of the working paper is to put forward a consensus payment model that public and private sectors can use to align payments to primary care practices. You can [submit comments](#) on the draft working paper until **November 16, 2016**.

During the summit, CMS also [announced](#) additional opportunities for clinicians to join innovative care under Quality Payment Program by participating in different types of Advanced APMS.

## Center for Shared-Decision Making



Housed within the Dartmouth Hitchcock health system, the [Center for Shared-Decision Making](#), is the first center in the U.S. dedicated to encouraging doctors and patients to make

decisions together. The center offers shared-decision making (SDM) online courses and has a professional laboratory to develop tools and interventions to improve SDM in healthcare. In addition, the center has developed decision support toolkits for primary care and specialty care.

SDM Post-Doctoral Fellowship: The Washington University School of Medicine is [seeking applicants](#) with a strong interest in shared-decision making for a fellowship that begins in 2017. **The deadline for the application is February 3, 2017.**

## HST in Practice: Value-Based Care in California

Integrated Health Association, based in California, has one the country's largest APMs through its [Value Based Pay for Performance \(VBP4P\) program](#). The program rewards physician organizations that provide high-quality, affordable, patient-centered care. More than 33,000 additional patients had their high-blood pressure under control, about 2,500 more boys received recommended HPV vaccines, and about 20,000 more diabetics received needed care for kidney disease in 2015 compared to 2014. The program includes 10 health plans, 200 physician organizations and covers 9 million Californians.



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## Resources

LEADING THROUGH HEALTH SYSTEM CHANGE



The [Georgia Health Policy Center](#) and the [National Network of Public Health Institutes](#) have developed a [planning tool](#) for those working in public health, health care and other sectors to use adaptive thinking as they grapple with the many questions presented by health reform and health system transformation as a result of the changes inherent in the Affordable Care Act. The tool is available at no cost.

[The steps in the process](#) focus leaders on actions that support innovation and strategic thinking through a guided-practice approach.



The [Accountable Care Learning Collaborative](#) (ACLC) brings together health systems, regulators, physician groups, insurers and others to help accelerate the adoption of [accountable care organizations](#) (ACO). The ACLC has recently released a [call to action letter](#), [an infographic](#) and a series of [seven white papers](#) on competencies needed for success as an ACO: Governance & Culture, Finance, Health IT, Patient Risk Assessment, Care Coordination, Quality, and Patient-Centeredness. [Download the competencies](#) to submit comments by **November 30, 2016**.