

Physician-Focused Payment Model Technical Advisory Committee

Panel Discussion: *Perspectives on Developing a Pathway Toward the 2030 Goal of Having All Beneficiaries in Care Relationships with Accountability for Quality, Outcomes, and TCOC*

Panelists:

Subject Matter Experts

- [J. Michael McWilliams, MD, PhD](#) – Warren Alpert Foundation Professor of Health Care Policy, Professor of Medicine, Department of Health Care Policy, Harvard Medical School
- [Ezekiel J. Emanuel, MD, PhD](#) – Vice Provost for Global Initiatives and Professor, Department of Medical Ethics and Health Policy, University of Pennsylvania
- [Timothy G. Ferris, MD, MPH](#) – Founding Senior Vice President of Value Based Performance for Mass General Brigham, Inaugural Chief Transformation Officer for the National Health Service (England), Adjunct Professor of Medicine, Harvard Medical School
- [Alice Hm Chen, MD, MPH](#) – Chief Health Officer, Centene

***Panel Discussion: Perspectives on Developing a Pathway Toward the
2030 Goal of Having All Beneficiaries in Care Relationships with
Accountability for Quality, Outcomes, and TCOC***

J. Michael McWilliams, MD, PhD

Warren Alpert Foundation Professor of Health Care Policy, Professor of
Medicine, Department of Health Care Policy, Harvard Medical School

Pathway Toward Population-based Total Cost of Care Models

J. Michael McWilliams, MD, PhD

Professor of Health Care Policy and Medicine

Harvard Medical School and Brigham & Women's Hospital

September 16, 2024

Disclaimer: The views I present are my own and do not necessarily reflect those of any organization with which I am affiliated, including the Center for Medicare and Medicaid Innovation (CMMI)

Key Points

- Goal is success (participation one measure)
- Need long-term vision for payment system (and Medicare!), then back solve
- Complexity has gotten out of hand
- Program design critical (MSSP)
 - Increase savings rates
 - Improve benchmarking
 - Minimize ACO-specific ratchets (move off historical benchmarks)
 - Do not claw back all collective success – allow “wedge” to form as ACOs save
 - Avoid knee-jerk zeal for downside risk (overblown esp in voluntary program)
 - Share savings with beneficiaries to foster demand for efficiency
 - Risk adjustment...
- Can randomize program changes to inform design (learning system)
- Intersection of TCOC + PC pop-based payment needs definition
- Portfolio: MSSP + limited episodes (fewer models designed better)
- Multi-payer problem – big issue but so is getting it right in Medicare

*Panel Discussion: Perspectives on Developing a Pathway Toward the
2030 Goal of Having All Beneficiaries in Care Relationships with
Accountability for Quality, Outcomes, and TCOC*

Ezekiel J. Emanuel, MD, PhD

Vice Provost for Global Initiatives and Professor, Department of Medical
Ethics and Health Policy, University of Pennsylvania

Ezekiel Emanuel, MD, PhD

- 2011- *present* – Vice Provost for Global Initiatives and Levy University Professor, University of Pennsylvania
- 2017- *present* – Co-Director, Penn’s Healthcare Transformation Institute
- 2009-2011 – Special Advisor on Health Policy to the Director of the Office of Management and Budget and National Economic Council. Worked on developing the ACA.
- Breast Oncologist

What is causing VBP stasis?

- Transitioning to VBP is difficult and slow.
- Providers are required to change their financial and operations management.
- Physicians have refined their practice finances and workflows to FFS and are hesitant to transition without better data.

How can we reach 100% participation?

- In order for more practices to adopt VBP, they need:
 - Timely, accurate, accessible, and actionable financial data.
 - Confidence they can achieve financial success.
- CMS should facilitate the development and adoption of low-cost solutions by supporting integration with open-source packages and requiring commercial payers – MA plans, exchange plans at a minimum– to adhere to the same data standard.
- This could create new, competitive market solutions for financial modeling, and spur much-needed foundational innovation in health care finance and operations.

***Panel Discussion: Perspectives on Developing a Pathway Toward
the 2030 Goal of Having All Beneficiaries in Care Relationships with
Accountability for Quality, Outcomes, and TCOC***

Timothy G. Ferris, MD, MPH

Founding Senior Vice President of Value Based Performance for
Mass General Brigham, Inaugural Chief Transformation Officer for
the National Health Service (England), Adjunct Professor of
Medicine, Harvard Medical School

Perspectives on Developing a Pathway Toward the 2030 Goal of Having All Beneficiaries in Care Relationships with Accountability for Quality, Outcomes, and TCOC

TIMOTHY G. FERRIS, MD, MPH

-
- Founding Senior Vice President of Value Based Performance for Mass General Brigham
 - Inaugural Chief Transformation Officer for the National Health Service (England)
 - Adjunct Professor of Medicine, Harvard Medical School
 - Former PTAC Member, 2015-2019

Key Takeaways

Increasing number of older US population with treatable conditions will require substantial additional resources (funding and people)

- Biotech Innovations add patient benefit, cost, and delivery burden
- Substantial changes in health care delivery will be required

Defining accountability

- Burden of existing accountability substantial: conditions of participation, licensing criteria and board certifications, patient experience survey results, quality metrics, ACOs
- Accountability is needed for structural issues affecting health care delivery (e.g., capacity); high value insurance (e.g., overhead versus patient care); tax burden of beneficiary shifting (e.g., MA to FFS); and provider price increases

Systems of care provide better care than unconnected individuals

- Hold delivery systems accountable without increasing the cost burden
- Reward lowering provider unit cost through technology adoption that increases throughput
- Quality metrics should be aggregated at practice (not payer)
- Outcomes registries for procedures
- Better alignment of payment with work (hospital and physician)

Appendix

References

1. Timothy G. Ferris. Unit cost and hope: Increased NHS resilience through tech-enabled transformation. *Future Healthcare Journal*, Volume 11, Issue 1, 2024. <https://doi.org/10.1016/j.fhj.2024.100021>.

2. Michael Porter. What is Value in Healthcare? *N Engl J Med* 2010;363:2477-2481

***Panel Discussion: Perspectives on Developing a Pathway Toward the
2030 Goal of Having All Beneficiaries in Care Relationships with
Accountability for Quality, Outcomes, and TCOC***

Alice Hm Chen, MD, MPH

Chief Health Officer, Centene

Centene

Leading government-sponsored and commercial healthcare programs

28.5
Million Members

Across

50
States

13.1M

Medicaid members
across **30 STATES**

1.1M

Medicare members
across **37 STATES**

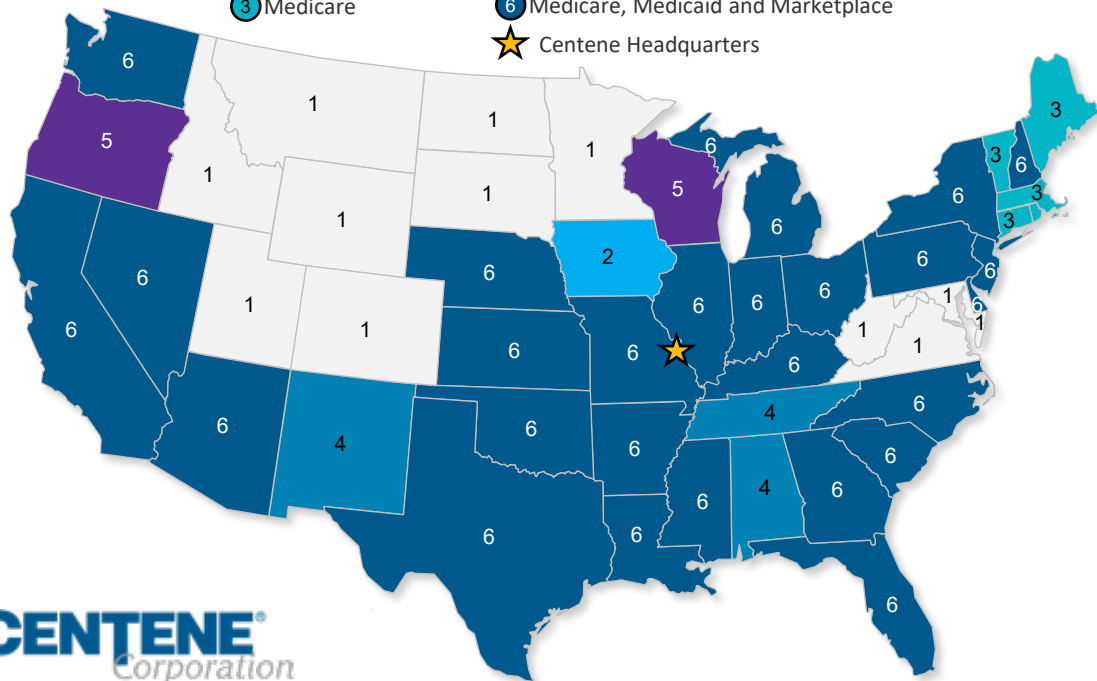
4.4M

Marketplace members
across **29 STATES**

6.6M

Prescription Drug Plan
members across **50 STATES**
and the District of Columbia

- ① Medicare PDP
- ② Medicaid
- ③ Medicare
- ④ Medicare and Marketplace
- ⑤ Medicaid and Medicare
- ⑥ Medicare, Medicaid and Marketplace
- ★ Centene Headquarters



Alice Hm Chen, MD, MPH

PRACTICE → POLICY → PAYMENT

- PC internist, clinical practice in safety net
- Medical Secretary, On Lok Senior Health Services
- Medical Director, General Medicine Clinic
- Chief Integration Officer and founding director of eConsult, San Francisco General Hospital
- Deputy Secretary for Policy and Planning at California Health and Human Services Agency
- Chief Medical Officer at Covered California
- EVP, Chief Health Officer for Centene Corporation
- Co-chair of the Health Care Payment Learning & Action Network's Executive Forum

Key Takeaway | Measure Alignment

Measure Abbr	Measure (n= 170)	NCQA Medicaid Health Plan Rating (n=56)	Marketplace QRS (n=45)	Medicare (n=48)	MAC QRS (2026) (n=23)	# of Medicaid MY24 State P4P Programs (n=54)	Uniform Data System (UDS) CHC Clinical Measures (n=18)
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolit	Y	Y			1	
BPD	Blood Pressure Control for Patients with Diabetes < 140/90	Y				3	
BCS	Breast Cancer Screening	Y	Y	Y	Y	10	Y
COA-MR	Care for Older Adults Medication Review			Y			
COA-PA	Care for Older Adults Pain Screen/Assessment			Y			
CCS	Cervical Cancer Screening	Y	Y		Y	12	Y
WCV	Child and Adolescent Well-Care Visits		Y		Y	15	
CIS	Childhood Immunization Status Combination 10	Y	Y			8	Y
CIS	Childhood Immunization Status Combination 3					10	
CHL	Chlamydia Screening in Women	Y	Y			8	
COL	Colorectal Cancer Screening	Y	Y	Y	Y	2	Y
CCP	Contraceptive Care - Postpartum Women				Y		
CBP	Controlling High Blood Pressure	Y	Y	Y	Y	15	Y
EED	Eye Exam for Patients with Diabetes	Y	Y	Y		6	
FMC	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions			Y			
GSD	Glycemic Status Assessment for Patients with Diabetes (A1c < 8)	Y	Y	Y	Y	12	A1c > 9
INR	International Normalized Ratio Monitoring for Individuals on Warfarin		Y				Y
KED	Kidney Health Evaluation for Patients with Diabetes	Y	Y	Y		3	
LDM	Language Diversity of Membership	Y					
OEV	Oral Evaluation, Dental Services		Y		Y		
OMW	Osteoporosis Screening in Women Who had a Fracture			Y			
POD	Pharmacotherapy for Opioid Use Disorder	Y				4	
PCE	Pharmacotherapy Management of COPD Exacerbation (Bronchodil	Y				1	
PCE	Pharmacotherapy Management of COPD Exacerbation (Corticoste	Y				3	
PCR	Plan All Cause Readmissions	Y	Y	Y		6	
PPC	Postpartum Visit	Y	Y		Y	21	
PRS	Prenatal Immunization Status - Combination Rate	Y				3	
RDM	Race/Ethnicity Diversity of Membership	Y				1	
DSF	Screening for Depression and Follow-Up Plan		Y		Y	1	
SNS-E	Screening for Social Drivers of Health/Social Need Screening and Intervention		Y			2	
CWP	Strept Test For Pharyngitis	Y				1	
PPC	Timeliness of Prenatal Care	Y	Y		Y	21	
TRC	Transitions of Care			Y			
LBP	Use of Imaging Studies for Low Back Pain	Y	Y			1	

Abbr.	Measure Name
WCV*	Child and Adolescent Well-Care Visits
PPC*	Prenatal Care Timeliness of care
PPC*	Postpartum Care
CBP	Controlling Blood Pressure
GSD	Glycemic status <8.0%
BCS-E	Breast Cancer Screening
COL**	Colorectal Cancer Screening

MAC QRS is the Medicaid and CHIP Quality Reporting System

Uniform Data System (UDS) is HRSA's Community Health Center measure set

