

## Value-Based Care: What's all the fuss?

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NDAFP | October 2024

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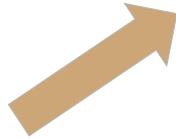
## The learner will be able to...

1. Understand the overarching tenets of value-based care in the US.
2. Describe existing models of providing value-based care today.
3. Explore the benefits and challenges of providing value-based care.
4. Connect current practice to next steps in a value-based care journey.

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## Slido Q&A

Have a question? Ask it here!



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## Poll Question #1

What is your experience level with value-based care work?

- A. Rock Star - VBC is where I truly shine!
- B. Warm Up Band - I can sing the tune, but sometimes I'm a little pitchy.
- C. Stagehand - I know how to put it all together and make others look good.
- D. Fan - I like what I see, but I'm not a performer (yet).
- E. Grumpy Parent - the music is too loud and I don't like it!



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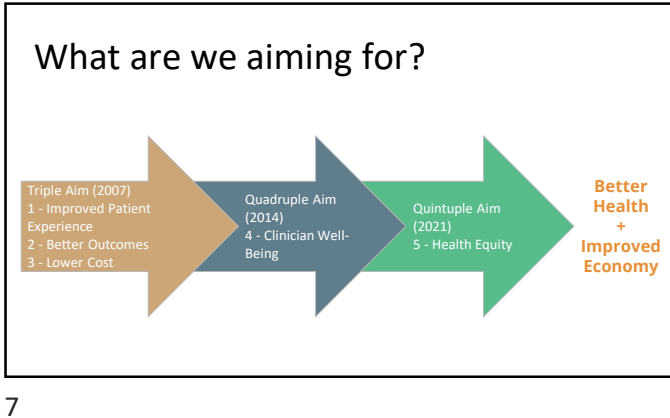
## What is your experience level with value-based care work?

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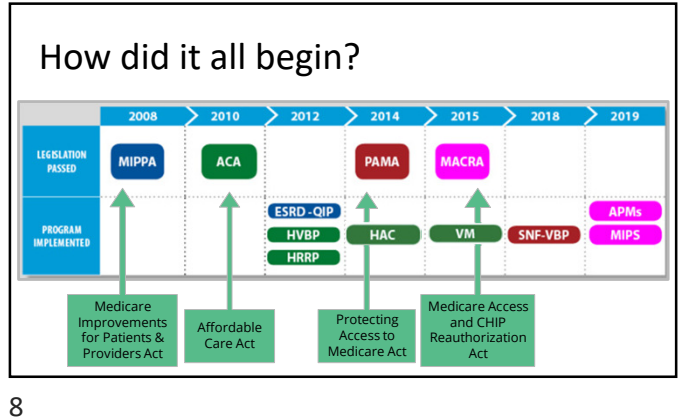
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Let's start at the very beginning...  
...it's a very good place to start!

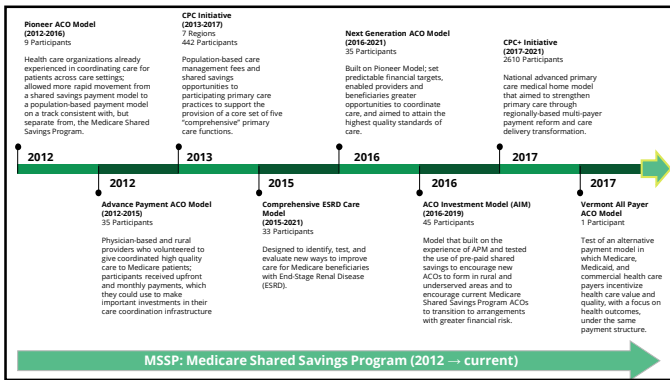
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### Primary Care First

Voluntary alternative five-year payment model offering an innovative payment structure to support the delivery of advanced primary care. Primary Care First is based on the principles underlying the existing Comprehensive Primary Care Plus (CPC+) model design: prioritizing the clinician-patient relationship; enhancing care for patients with complex chronic needs, and focusing financial incentives on improved health outcomes.

- 2021 Performance Year Start
- 2515 Participants
- Payments made directly to the practice
- Ok to also be in an MSSP ACO (payments count in the total spend)

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### ACO REACH

ACO Realizing Equity, Access, and Community Health

- Advance Health Equity to Bring the Benefits of Accountable Care to Underserved Communities.** Requires that all model participants develop and implement a robust health equity plan to identify underserved communities and implement initiatives to measurably reduce health disparities within their beneficiary populations.
- Promote Provider Leadership and Governance.** The ACO REACH Model includes policies to ensure doctors and other health care providers continue to play a primary role in accountable care. At least 75% control of each ACO's governing body generally must be held by participating providers.
- Protect Beneficiaries and the Model with More Participant Vetting, Monitoring and Greater Transparency.** CMS will ask for additional information on applicants' ownership, leadership, and governing board to ensure participants' interests align with CMS's vision.

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### Making Care Primary

- ✓ 10.5-year multi-payer model
- ✓ 3 participation tracks
- ✓ builds upon previous primary care models (CPC, CPC+, PCF, MDPCP)

MCP aims to improve care for beneficiaries by **supporting the delivery of advanced primary care services** and will provide a **pathway for primary care clinicians with varying levels of experience in value-based care** to gradually adopt prospective, population-based payments while building infrastructure to improve behavioral health and specialty integration and drive **equitable access to care**.

**State Medicaid** agencies will commit to designing Medicaid programs to **align with MCP** in key areas.

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### MCP offers three tracks

- 1** **Building Infrastructure**  
 Payment for primary care will remain fee-for-service (FFS) and CMS will provide additional financial support to help participants build advanced care delivery capabilities. Participants can begin earning financial rewards for improving patient health outcomes.
- 2** **Implementing Advanced Primary Care**  
 Payment for primary care will shift partially to prospective, population-based payments and CMS will continue to provide additional financial support as participants build capabilities. Participants are eligible to earn increased financial rewards for improving patient health outcomes and achieving savings.
- 3** **Optimizing Care and Partnerships**  
 Payment for primary care will shift to fully prospective, population-based payment while CMS will provide additional financial support to sustain care delivery activities while participants can earn greater financial rewards for improving patient health outcomes and achieving savings.

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### Flex Model

- New Model from CMMI
- Practices participate jointly in MSSP and Flex
- Prospective Primary Care Payments (PPCP)
- One-time infrastructure payment to ACO

Testing whether improved payment for primary care will empower participating ACOs and their primary care providers to utilize more innovative, team-based, person-centered and proactive approaches to care and positively impact health outcomes, quality and costs of care.

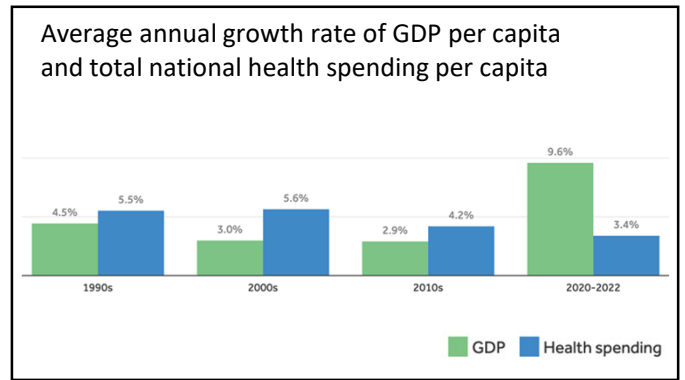
**Flex aims to address these challenges:**

- Need for increased funding
- Increasingly fragmented, expensive systems of care
- Disparities in outcomes for underserved populations
- Limited flexibility to deploy resources
- Dependence on visit-based service volume to generate revenue

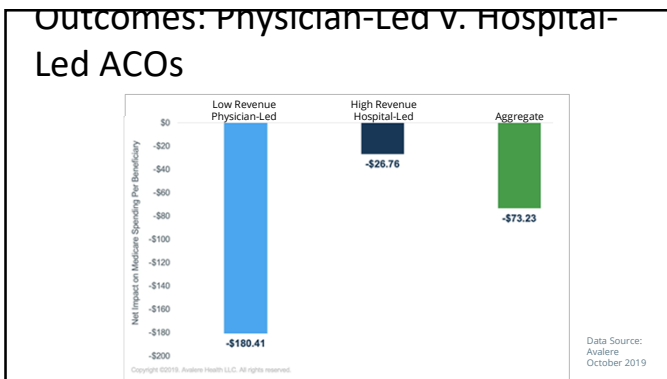
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Did it work?

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### The move to VBC is accelerating


In 2021, 10 million original Medicare beneficiaries in VBC

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### Poll Question #2


What is the goal for VBC uptake in the US?

- A. 20M Medicare beneficiaries in VBC by 2025
- B. 25M Medicare beneficiaries in VBC by 2025
- C. 30M Medicare beneficiaries in VBC by 2030
- D. 40M Medicare beneficiaries in VBC by 2035



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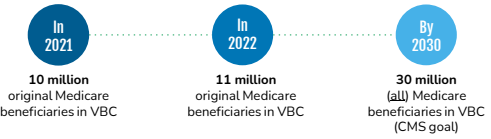


### What is the goal for VBC uptake in the US?

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### The move to VBC is accelerating



**In 2021**  
10 million original Medicare beneficiaries in VBC

**In 2022**  
11 million original Medicare beneficiaries in VBC

**By 2030**  
30 million (all) Medicare beneficiaries in VBC (CMS goal)



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### The MSSP Basics

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### What is an ACO?

**Accountable Care Organizations (ACOs) are groups of clinicians who assume responsibility for the quality and cost efficiency of the health care for a designated patient population.**

The goal of Medicare Shared Savings Program (MSSP) ACOs is for participating clinicians to work together to offer coordinated, high-quality care to their Medicare beneficiaries.

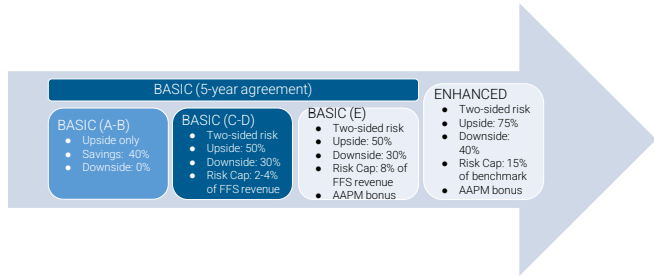
ACOs agree to be held accountable for the quality, cost, and experience of care of an assigned Medicare fee-for-service (FFS) beneficiary population.

There are different options (tracks) that allow ACOs to assume various levels of rewards and risk.

ACOs earn a portion of the savings they generate for the Medicare program as payment for their efforts.

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### Current MSSP ACO Models



**BASIC (5-year agreement)**

- BASIC (A-B)**
  - Upside only
  - Savings: 40%
  - Downside: 0%
- BASIC (C-D)**
  - Two-sided risk
  - Upside: 50%
  - Downside: 30%
  - Risk Cap: 2-4% of FFS revenue
- BASIC (E)**
  - Two-sided risk
  - Upside: 50%
  - Downside: 30%
  - Risk Cap: 8% of FFS revenue
  - AAPM bonus

**ENHANCED**

- Two-sided risk
- Upside: 75%
- Downside: 40%
- Risk Cap: 15% of benchmark
- AAPM bonus

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### How do ACOs earn shared savings?

1. Set the benchmark annually by honestly, accurately, and completely describing patients' relative health and vulnerability via appropriate ICD-10 diagnosis coding (captured each year between January 1 and December 31).
2. Implement workflows and processes that build on the outstanding primary care provides to improve patients' health status and quality of life, which results in **reduced overall healthcare costs**.

Category	Amount
Payer's expected total cost of care (benchmark)	\$20,000,000
Actual Spending	\$10,000,000
Shared Savings	\$10,000,000

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### Poll Question #3

What is the biggest barrier to increasing your footprint in the VBC space?

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### What is the biggest barrier to increasing your footprint in the VBC space?

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### Where is the AAFP?

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### AAFP Guiding Principles for Value-Based Payment

- Pay prospectively to support team-based care
- Actively engage patients in the accountable relationship
- Risk adjust payment for medical and social complexity
- Evaluate what matters to patients and physicians
- Equip primary care teams with timely information
- Reward year-over-year improvement as well as sustained high performance


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### Questions?

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## Audience Q&A Session

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## Questions?

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