Advancing Person-centered Care and Health System Transformation

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS Innovation Center's 2021 Strategic Refresh: A Vision for the Next Decade

Advancing Health Equity

Develop new models and modify existing models to address health equity and social determinants of health

Increase the number of beneficiaries from underserved communities who receive care through value-based payment models by increasing the participation of Medicare and Medicaid providers who serve them

Evaluate models specifically for their impact on health equity and share data and "lessons learned" to inform future work

Strengthen data collection and intersectional analyses for populations defined by demographic factors such as race, ethnicity, language, geography, disability, and sexual orientation/gender identity to identify gaps in care and develop interventions to address them

Person-Centered Innovation – An Update on the Implementation of the CMS Innovation Center's Strategy

November 2022

Strategic Objective 2: Advance Health Equity

Health equity is integral to the Innovation Center's vision of improving health care quality. As it pursues a broad range of strategies to advance equity over the next decade, the Innovation Center has developed five health equity metrics that will allow it to track its progress (see Table 3).

Table 3. Health Equity Metrics

Aim: Embed health equity in every aspect of Innovation Center models and increase focus on underserved populations.

Impact on Beneficiaries: By embedding health equity into all Innovation Center models, underserved beneficiaries will have increased access to accountable, high-quality, and person-centered care. Model tests will then allow for robust evaluation and confidence in generalizing results to all populations served by CMS programs.

Metric 1: Percent of all models that will collect and report demographic and, where feasible, social needs data and health equity plans to CMS	• **2022 Baseline**	• 37%
	• **2025 Target**	• 85%
	• **2030 Target**	• 100%
Metric 2: Percent of facilities participating in Innovation Center models identified as safety net facilities***	• **2022 Baseline***	• 3.9%
	• **2025 Target**	• 7.0%
	• **2030 Target**	• 12.0%
Metric 3: Percent of primary care providers participating in Innovation Center models identified as safety net providers***	• **2022 Baseline***	• 23.9%
	• **2025 Target**	• 24.9%
	• **2030 Target**	• 26.5%
Metric 4: Rate of potentially preventable admissions for overall conditions per 100,000 Medicare beneficiaries served by an Innovation Center model	• **2022 Baseline****	• 4,989
	• **2025 Target**	• 4,614
	• **2030 Target**	• 3,989
Metric 5: Disparity in the rate of potentially preventable admissions for overall conditions per 100,000 Medicare beneficiaries served by Innovation Center models across race and ethnicity groups	• **2022 Baseline****	• 6,097
	• **2025 Target**	• 5,722
	• **2030 Target**	• 5,097

* Note this baseline is an average of 2017, 2018, and 2019 data (see supplemental document).
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***See supplemental document for definitions of safety net facilities and providers.

Accountable Health Communities

Key Innovations

- **Systematic screening** to identify unmet health-related social needs
- Tests the **effectiveness of referrals and community services navigation**
- **Partner alignment** at the community level

Model Design Elements

Assistance Track

- **Universal screening** to identify people with Medicare and/or Medicaid with HRSNs
- **Referral and navigation assistance** to connect eligible patients with needed community services; randomized evaluation design

Alignment Track

- **Universal screening, referral, and navigation**
- **Community-level quality improvement activities** engaging key stakeholders to align community service capacity with unmet needs

Five Core Health-Related Social Needs


Housing Instability


Food Insecurity


Transportation Needs


Utility Needs


Interpersonal Violence (Safety)

Source: "Accountable Health Communities (AHC) Model Evaluation: First Evaluation Report." Available at https://innovation.cms.gov/data-and-reports/2020/ahc-first-eval-rpt.

Lessons from AHC

Screening, referral, and navigation are **feasible**, **appropriate**, and **scalable**

HRSNs are **extremely common** among people with Medicare and/or Medicaid

Navigation reduced Emergency Department (ED) use—but **didn't always resolve needs**

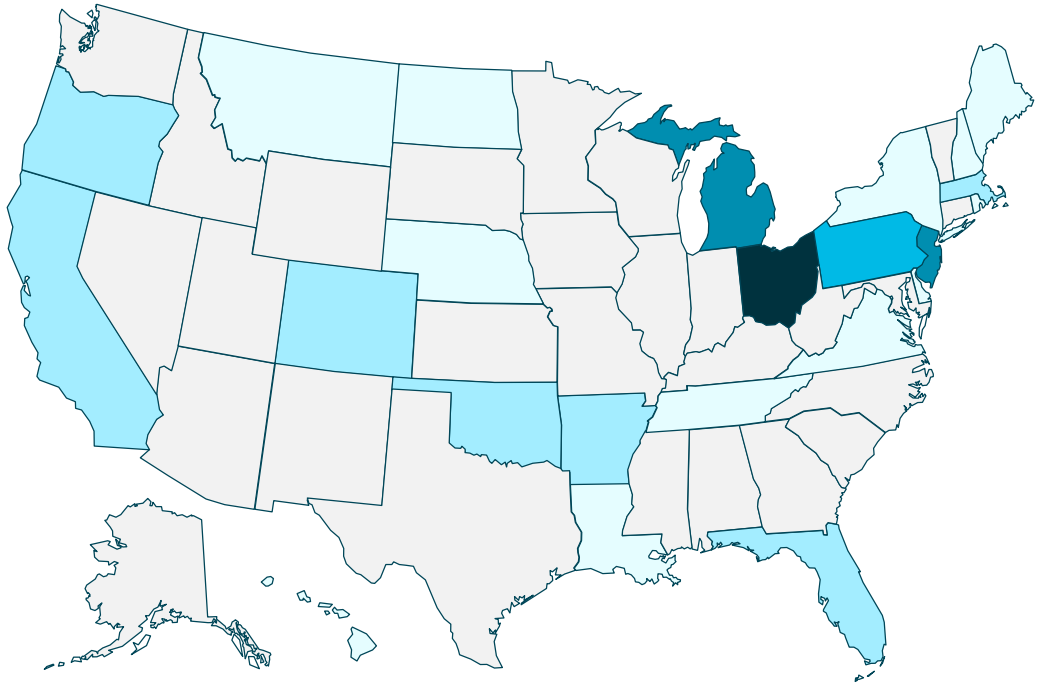
Connecting across sectors can increase accessibility of services with dedicated time, commitment, and funding—but **alignment isn't enough** to ensure resource availability

"Lessons From Five Years Of The CMS Accountable Health Communities Model", Health Affairs Forefront, August 8, 2022.DOI: 10.1377/forefront.20220805.764159"
Accountable Health Communities (AHC) Model Evaluation: Second Evaluation Report." Available at https://innovation.cms.gov/data-and-reports/2023/ahc-second-eval-rpt.

Primary Care First: 2,949 Practices in 26 Regions

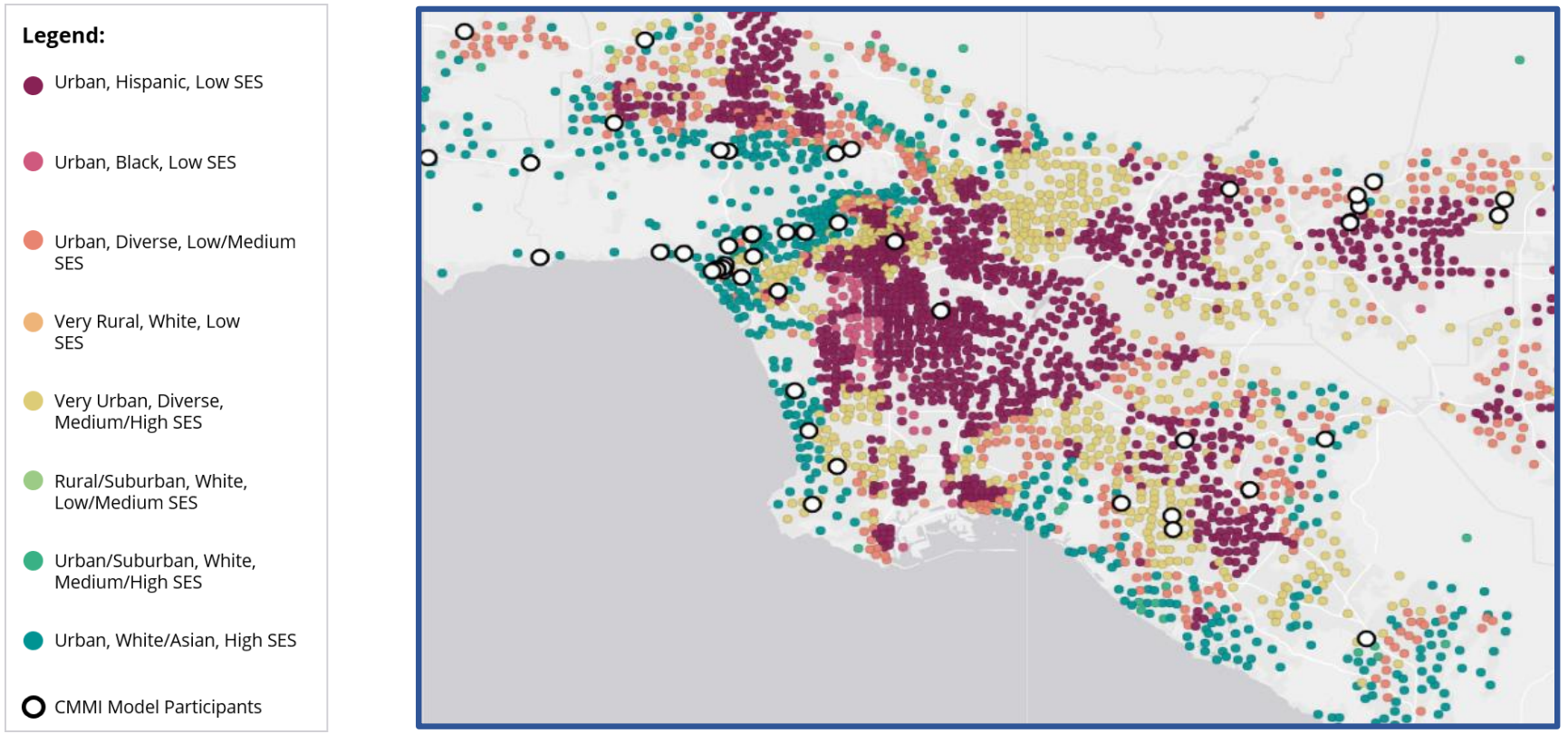
Primary Care First Goals

- To **reduce Medicare spending** by preventing avoidable inpatient hospital admissions.
- To **improve quality of care and access to care** for all patients, particularly those with complex chronic conditions.



Primary Care First Model Participation in Los Angeles

Participants seem to be concentrated in the more affluent areas, with fewer beneficiaries in low SES, predominantly Hispanic census tracts.



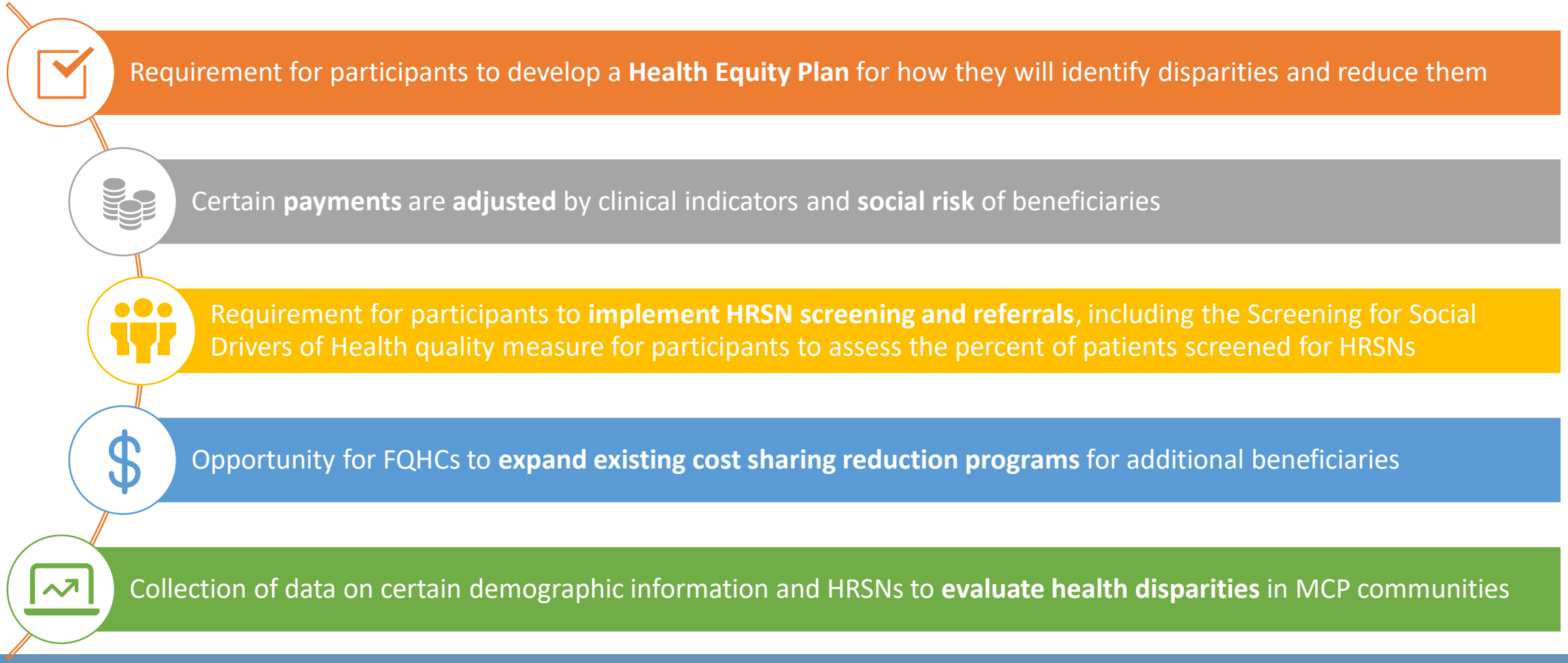
ACO Realizing Equity, Access, and Community Health (ACO REACH) Model

- Builds upon **current ACO efforts** to advance health equity
- Emphasis on **person-centered, coordinated, team-based care** to improve health outcomes and beneficiary experience
- Includes **health equity benchmark adjustment**, requirement for **health equity plan**, and **sociodemographic data collection**

Bluerock Primary Care

Making Care Primary - Health Equity Strategy

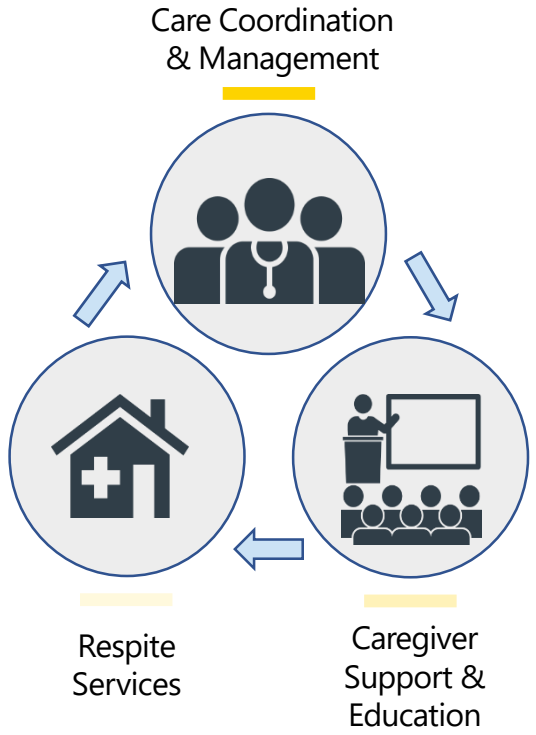
MCP includes several model components designed to work together with the care delivery strategy to improve health equity in alignment with the Innovation Center's Strategy Refresh objective of Advancing Health Equity.[1]



[1]https://innovation.cms.gov/strategic-direction-whitepaper

GUIDE Model Purpose and Overview

The GUIDE Model will test whether a comprehensive package of care coordination and management, caregiver support and education, and respite services can **improve quality of life for people with dementia and their caregivers** while **delaying avoidable long-term nursing home care** and **enabling more people to remain at home** through end of life.



Care Coordination & Management

Beneficiaries will receive care from an **interdisciplinary team** that will develop and implement a comprehensive, person-centered care plan for **managing the beneficiary's dementia and co-occurring conditions** and provide **ongoing monitoring and support.**

Caregiver Support & Education

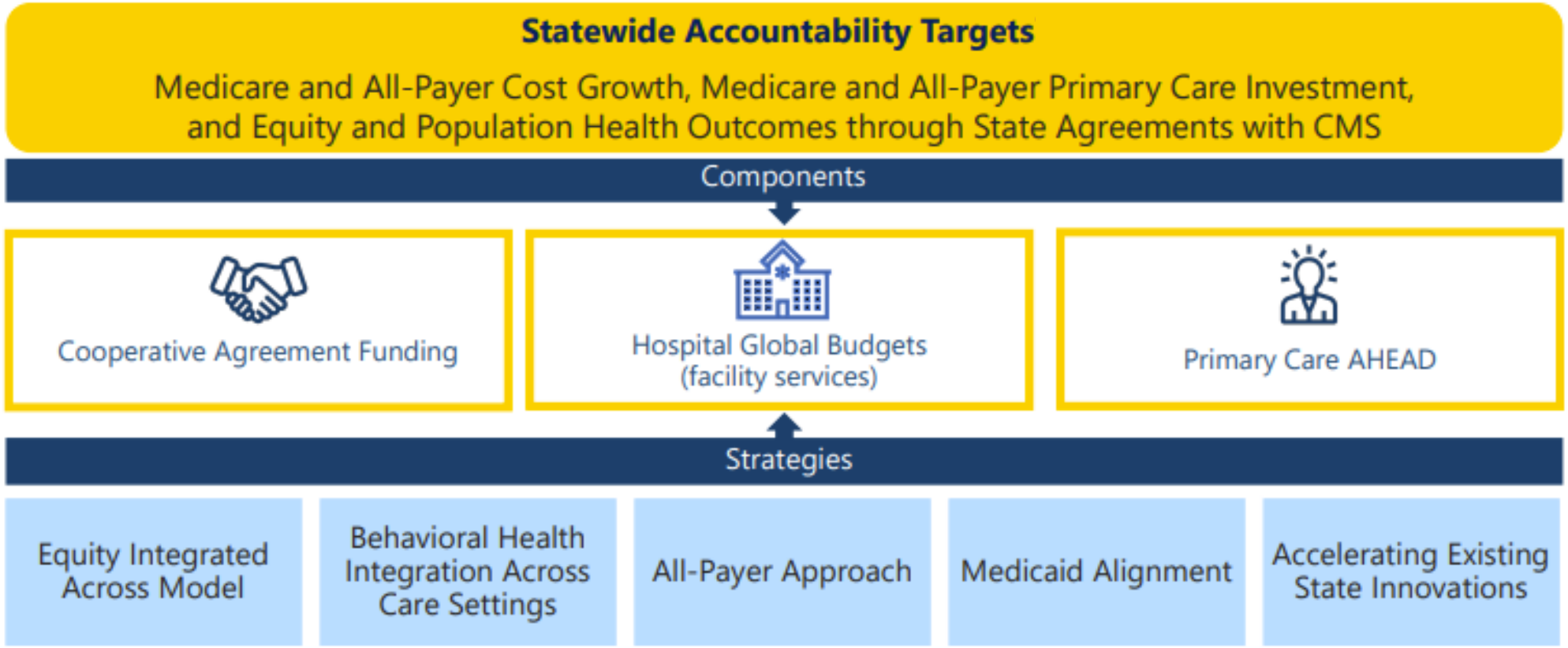
GUIDE participants will provide a **caregiver support program**, which must include caregiver skills training, dementia diagnosis education, support groups, and access to a personal care navigator who can help problem solve and connect the caregiver to services and supports.

Respite Services

A subset of beneficiaries in the model will be eligible to receive payment for respite services with no cost sharing, up to a cap of **$2,500 per year**. These services may be provided to beneficiaries in a variety of settings, including **their personal home, an adult day center, and facilities that can provide 24-hour care** to give the caregiver a break from caring for the beneficiary.

States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model

CMS's goal in the AHEAD Model is to collaborate with states to curb health care cost growth; improve population health; and advance health equity by reducing disparities in health outcomes. The model is designed to be a flexible framework that can be adapted across multiple states.



Visit the AHEAD Model webpage for more information

Additional Information

- Visit the CMS Innovation Strategic Direction webpage, and read the white paper, the 2022 update, and about the specialty strategy
    - Read the May 2023 *Health Affairs* article: Advancing Health Equity Through the CMS Innovation Center: First Year Progress and What's to Come
- Email your questions and feedback to CMMIStrategy@cms.hhs.gov
- Sign up to receive regular email updates about the CMS Innovation Center, including opportunities to engage with, provide input on, and potentially participate in model tests
- Follow us @CMSinnovates on X, formerly known as Twitter

*CMS cannot connect innovators directly with participants