

MODEL OVERVIEW



Overall, the BPCI Advanced Model achieved its goals to:
✓ Reduce Medicare spending ✓ Maintain or improve quality of care

BPCI Advanced was a national voluntary episode-based payment model that held participants accountable for the cost and quality of care during a hospital stay or procedure and the following 90 days.

Design

Participants could **earn a payment** if expenditures for an episode of care fell below a target price or could **owe a repayment** if expenditures exceeded the target price.

Participants

Hospitals and physician group practices (PGPs) could join the model on their own or under a convener, such as a health system or an Accountable Care Organization.

Clinical Episodes

Participants chose from **30+ medical or surgical clinical episodes**, grouped into **8 service lines**, and were financially accountable for their selected clinical episodes or service lines.

Model Milestones



PARTICIPANTS

Although participation declined over time, BPCI Advanced engaged hundreds of hospitals and PGPs and millions of patients in value-based care during its 8 model years.

Across the life of the model, BPCI Advanced reached:

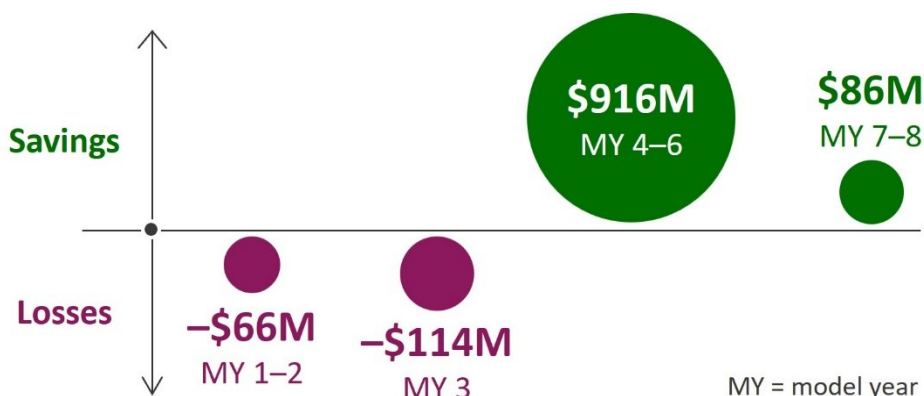


MEDICARE PROGRAM SAVINGS

BPCI Advanced led to about **\$800 million** in net Medicare savings across the 8 model years.

Updates to the model design in Model Year 4 (2021) resulted in net savings to Medicare that exceeded losses in Model Years 1–3 (Oct. 2018–Dec. 2020).

The substantial aggregate savings reflect the **broad participation among hospitals and PGPs** and the **large volume of medical and surgical episodes** included in BPCI Advanced.



IMPACT ON EXPENDITURES

Participants achieved meaningful reductions in per-episode expenditures compared with similar nonparticipating providers in each model year.



\$700–\$1,100

reduction in expenditures per episode in each model year

Care Redesign: Reducing Expenditures

Participants used CMS data to understand their institutional post-acute care (PAC) use. Many fostered a “**why not home?**” **discharge mentality** and sent fewer patients to PAC facilities, lowering episode spending. See the [BPCI Advanced Care Transformation Spotlight](#) for more information.

IMPACT ON QUALITY

Overall, BPCI Advanced participants maintained quality of care across model years, with room for improvement in shared decision-making related to post-discharge care.



Readmissions & Mortality

The model had **no impact on overall readmission and mortality rates** across model years, suggesting that participants avoided these adverse outcomes and maintained quality of care.



Patient-Reported Functional Status

Across most of the model’s performance period, **BPCI Advanced and comparison respondents reported similar changes in their ability to complete activities of daily living** from before to after their hospital stay or procedure, indicating that participants generally maintained quality on this measure.



Patient-Reported Care Experience & Satisfaction

Most BPCI Advanced patients reported positive care experiences and satisfaction with care, but a small share felt that hospital staff did not account for their preferences for post-discharge care.

Patient Responses to the Model Year 7–8 (2024–2025) Open-Ended Survey Question:
What Has Gone Well With All the Health Care You Received Since You Went to the Hospital?

- Felt well prepared for surgery
- Appreciated follow-up calls after discharge
- Experienced better transitions of care

Examples

- Disagreed with discharge destination
- Felt unprepared or lacked the resources or support to recover at home

Positive Responses

54%

Negative Responses

4%

8%

25%

Neutral Responses

Mixed Responses

Note: Chart shows sentiment assigned to responses to an open-ended survey question (N=5,349). Chart excludes responses with no theme assigned.

KEY TAKEAWAYS

- Across its 8 model years, the BPCI Advanced Model **saved Medicare and taxpayers about \$800 million without compromising the quality of patient care.**
- The BPCI Advanced Model **increased participants’ awareness of the costs and quality of post-acute care**, informing discharge destination decisions and increasing focus on patient recoveries.