

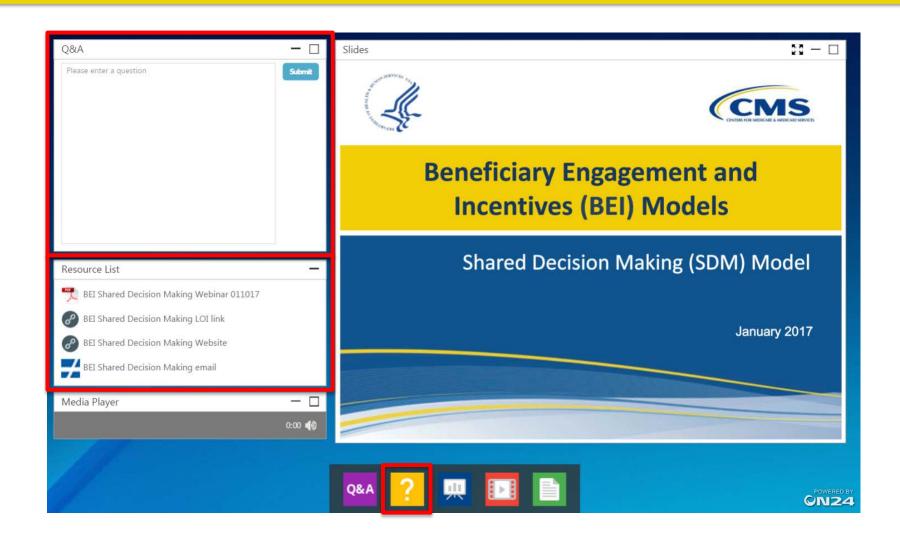


# Beneficiary Engagement and Incentives (BEI) Models

Shared Decision Making (SDM) Model

January 2017

# **Navigating the Webinar Platform**



# **Questions during the Presentation**

Please submit questions for the model team in the Q&A box throughout the presentation. The team will respond at the end of this presentation or post responses to the FAQs on the SDM website.





Questions can also be submitted by email to SDMmodel@cms.hhs.gov

# **Online Polling Question #1**

Are you participating in the Medicare Shared Savings Program or Next Generation ACO Model?



**Medicare Shared Savings Program** 



**Next Generation ACO** 

Select the program in which you participate in and select SUBMIT.

# **Online Polling Question #2**

Are there other stakeholder groups on the call? What group do you represent?



Payer/Insurer



**Government Agency** 



**Association** 



Consulting



Other

Select the stakeholder group you represent and select SUBMIT.

# **Online Polling Question #3**

For ACOs: What is your current level of interest in submitting a letter of intent for the SDM Model?







Select your level of interest, and select SUBMIT.

## **Introductions**

Our speaker today is...

# **Sharon Andres**

Model Lead

# Agenda

- Shared Decision Making Model (SDM Model)
  - Introduction
  - SDM Model Design
    - Overview
    - Shared Decision Making Process
    - ACO Role
- Application Process
  - Eligibility Criteria
  - Timeline / Key Dates
  - Letter of Intent (LOI)
- Next Steps

# What is Shared Decision Making?

- A Presidential Commission first coined the term "shared decision making" in 1982, urging adoption of the process to improve physician-patient communication and informed consent in health care.
- Shared decision making is a process requiring the exchange of information, values, and preferences between beneficiary and practitioner to arrive at a treatment decision that is based on the beneficiaries' values and preferences.

# Value of Shared Decision Making

- Shared decision making can ensure that treatment decisions better align with beneficiaries' preferences and values for many preference-sensitive conditions that have no clearly superior course of treatment.
- Patients who are empowered to make decisions about their health that better reflect their personal preferences often experience more favorable health outcomes such as:
  - Decreased anxiety
  - Quicker recovery
  - Increased compliance with treatment regimens
  - Lower demand for health care resources

# **Two Beneficiary Engagement Models**

#### CMS is testing two models:

#### **Shared Decision Making (SDM)**

The SDM Model aims to integrate shared decision making into routine clinical practice of ACOs, resulting in informed and engaged beneficiaries who collaborate with their practitioners to make medical decisions that align with their values and preferences.

#### **Direct Decision Support (DDS)**

The DDS Model aims to engage beneficiaries about their overall health and specific clinical conditions, outside the clinical care setting, to enable beneficiaries to become more informed, empowered, and engaged health care consumers and have a positive impact on their health care decision making, utilization patterns, and cost of care.

This presentation will focus on the **Shared Decision Making** Model.

# Why Participate in the SDM Model?

- Support your providers in implementing a <u>specific</u>, <u>structured</u>
   Four Step Shared Decision Making Process
- Improve your patient's experience with care
- Improve your population's health outcomes
- Improve your ACO's position for shared savings

#### **SDM Model Detail**

- Specific, structured Four Step Shared Decision Making Process
- 50 randomized ACOs to implement the SDM Model
- 50 randomized ACOs as comparison group
- Preference-sensitive conditions: stable ischemic heart disease, hip and knee osteoarthritis, back pain (herniated disk and spinal stenosis), early stage prostate cancer, benign prostate hyperplasia (BPH)
- \$50 per person ACO payment for the SDM Service Service must be completed by a practitioner

#### **Preference-Sensitive Conditions**

Preference-sensitive conditions are medical conditions for which the clinical evidence may not clearly support one treatment option and the appropriate course of treatment depends on the values or preferences of the beneficiary regarding the benefits, harms, and scientific evidence for each treatment option.

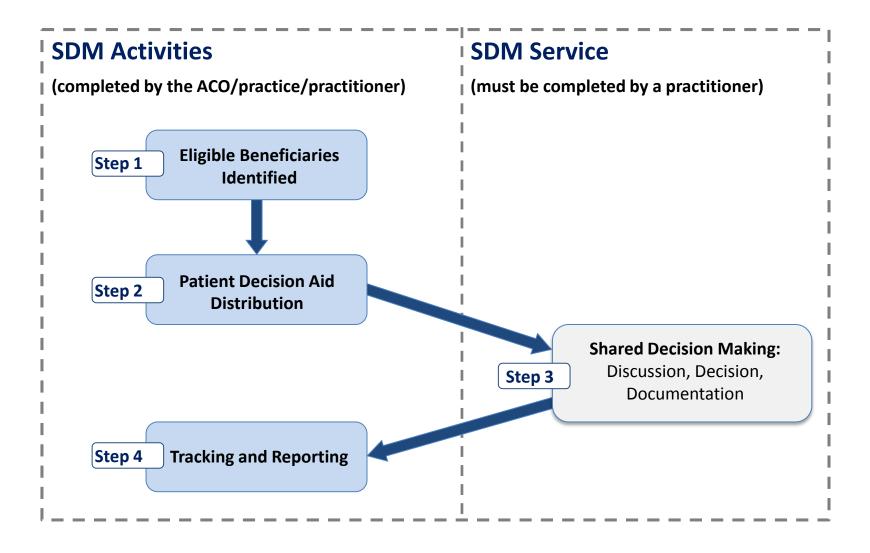
(O'Connor et al. 2004)

# How were Preference-Sensitive Conditions Selected?

#### Preference-sensitive conditions selection criteria:

- Relatively high prevalence condition, high cost in the Medicare beneficiary population, and meets the definition of preference-sensitive conditions with no clear best option
- Implementation of shared decision making for the conditions is not unduly burdensome for the clinical practice
- Viable treatment options exist for the conditions
- Evidence-based, standardized Patient Decision Aids (PDAs) for each preference-sensitive condition are already publicly available

# **Overview of SDM Four Step Process**



# **Four Step Process**

#### Step 1

Identify eligible beneficiaries that have one of the preference-sensitive conditions

**Identify Target Population** of Medicare FFS beneficiaries using established inclusion / exclusion criteria.

#### **Preference-Sensitive Conditions include:**

- Stable Ischemic Heart Disease
- Osteoarthritis: Hip
- Osteoarthritis: Knee
- Back Pain: Herniated Disk or Spinal Stenosis
- Prostate Cancer (clinically localized)
- Benign Prostate Hyperplasia (BPH)

# Four Step Process (continued)

Step 2

Distribute evidence-based patient decision aids (PDAs) that match the preference-sensitive condition

**SDM practices/practitioners distribute PDAs** to the beneficiary for each shared decision.

 PDAs are educational tools that help beneficiaries to communicate their values, beliefs, and preferences to decide with the health care practitioner what treatments are best for them based on their treatment options, scientific evidence, circumstances, beliefs, and preferences. (42 U.S.C. § 299b–36)

# Four Step Process (continued)

Step 3

Furnish SDM Service. Shared Decision Making: Discussion, Decision, and Documentation

Conversation includes major tenets of shared decision making:

**Team talk:** SDM practitioner and beneficiary consider available options together

**Option talk:** SDM practitioner describes pros and cons of available options in more detail, uses PDAs

Decision talk: SDM practitioner helps beneficiary explore

and form their personal preferences

**Decision made:** Beneficiary makes a decision based on

personal preferences

# Four Step Process (continued)

Step 4

Tracking and Reporting

**SDM practices and practitioners** report data to participating ACO.

**Participating ACO** submits SDM Reporting (i.e., the claim), operational data, and beneficiary questionnaire data on behalf of its SDM practices and practitioners to the CMS contractor.

#### **Role of ACO**

- Enter into participant agreement with CMS
- Update contractual relationship between each SDM practice and ACO
- Select a standard set of PDAs for each preference-sensitive condition for use across all its SDM practices
- Participate in SDM training
- Implement the Four Steps of the SDM Process and utilize PDAs in all the ACO's applicable practices
- Submit required SDM Model data and beneficiary survey information

Additional information is available in the Request for Application.

# **SDM Model Learning System**

- Learning will be focused around shared decision making
- CMS will offer a SDM Learning System tailored to the current goals, challenges, and learning needs of participants

#### **Award Period**

- SDM Model award period is five years
- Initial award is two years
  - Up to three year-by-year renewals to participating ACOs
- Six month pre-implementation period prior to the start of the SDM Model

#### **Evaluation of SDM Model**

- Independent evaluation to be conducted for SDM Model
- Evaluation to explore:
  - Impacts on quality of SDM episode, cost, and utilization
  - Aspects of the SDM Model and contextual factors that contribute to impacts
- Potential data sources:
  - Secondary data (e.g., CMS claims, participant data submissions)
  - Primary data (e.g., participant surveys, site visits, interviews, focus groups)
- Results to be conveyed in annual reports
- Participants are expected to cooperate with evaluators (e.g., participate in interviews, submit survey responses)



# **SDM Model Application Process: LOI**

# **Eligibility Criteria: Participating ACOs**

 ACO Shared Savings Program or Next Generation ACO Model participants

Additional information can be found in the Request for Application.

# Timeline

Key Dates	
Letter of Intent Available	12/08/2016
Request for Applications Opens	01/28/2017
Letter of Intent Due – 5:00 PM EST	03/05/2017
Applications Due – 11:59 PM EST	03/05/2017
Awards Announced	06/14/2017
Pre-Implementation Start Up Period Begins	07/01/2017
SDM Model Go Live	01/01/2018

# **Letter of Intent Requirement**

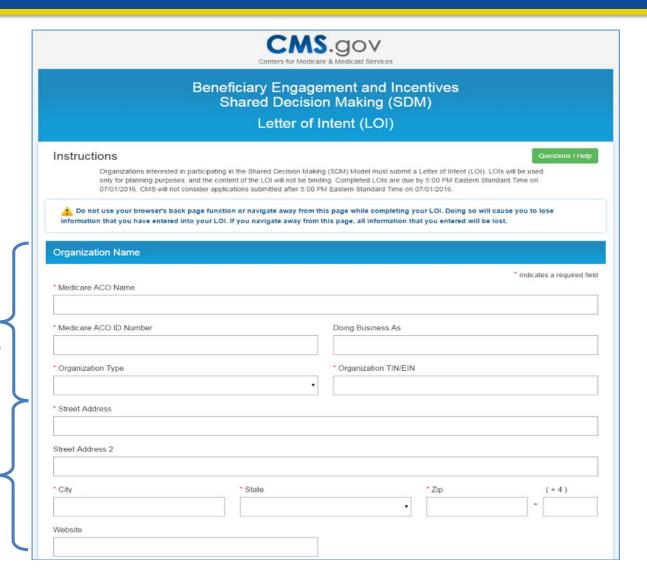
- An ACO must submit a Letter of Intent (LOI) to participate
- The LOI will not bind an interested ACO to move forward under the SDM Model
- The application page is only accessible to applicants after submission of a LOI
- LOI submission requirements:
  - Medicare ACO Name and Demographic Information
  - Applicant Primary and Secondary Contact Information
  - Response to Questions

https://app1.innovation.cms.gov/beisdm/beisdmloi

## **Letter of Intent Submission**

# Provide ACO organization details

- ACO Name
- ACO ID#
- DBA
- Organization Type
- Org TIN/EIN
- Address
- City, State, Zip
- Web address



#### **ACO Contact Information**

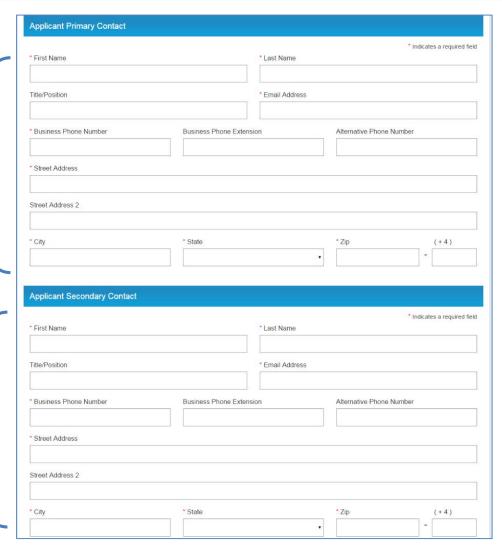
# Provide information for two contacts within your organization

#### **Primary Contact:**

- Name
- Position
- Contact information

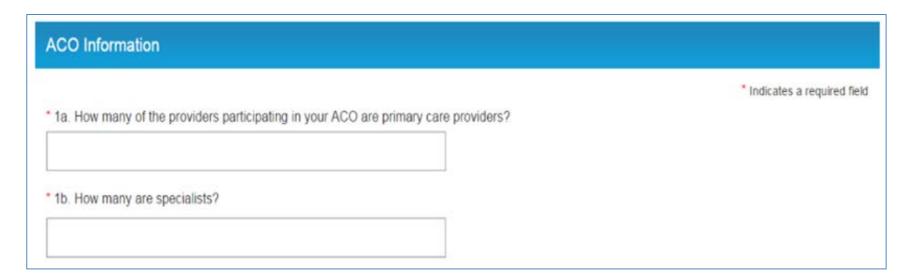
#### **Secondary Contact:**

- Name
- Position
- Contact information



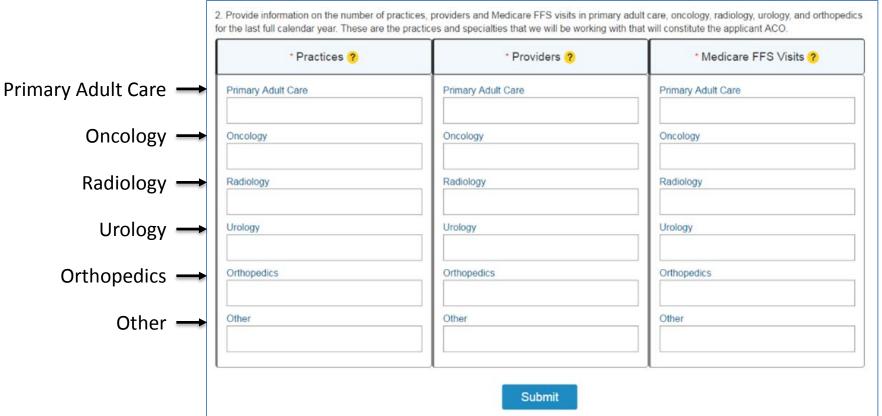
#### **ACO Provider Information**

#### Number of primary care providers and number of specialists



#### **ACO Information: LOI Table**

Provide the number of Practices, Providers, and Medicare FFS Visits for each of the following:



# **Q&A**

## Do you have questions?

At this time the model team will respond to some of the questions received.

Any questions not addressed in this presentation will be included in the FAQs on the SDM website.



# **Next Steps: Application**

Submit LOI by March 5, 2017 5:00 PM EST;
 https://app1.innovation.cms.gov/beisdm/beisdmloi



And join us for the

# CMS SDM Model Application Review Webinar

Tuesday, February 7, 2017 2:00 PM EST

# **Feedback Survey**

Thank you for attending today's webinar. Your feedback on this program helps CMMI to deliver the highest quality learning events.

Please take a moment to complete our brief, 5-question survey.

https://www.surveymonkey.com/r/BEI\_DDS

A link to the survey is available in resources pod on this screen and will also be included in a follow-on email.

#### **For More Information**

Review FAQs posted on the CMS SDM website:

https://innovation.cms.gov/initiatives/Beneficiary-Engagement-SDM/index.html

Send questions to the CMS mailbox:

SDMmodel@cms.hhs.gov