Beneficiary Engagement and Incentives (BEI) Models
Shared Decision Making (SDM) Model

Model Overview and LOI Process Webinar

January 10, 2017 2:00PM EST

Following are the transcripts from the webinar conducted by the BEI SDM model on January 10, 2017.

Kendra

Slide 1. Good afternoon, welcome to the Beneficiary Engagement and Incentives Shared Decision Making Model webinar. We are very glad you could take the time out of your busy days to join us. In this webinar we're going to introduce you to the Beneficiary Engagement and Incentives Shared Decision Making Model and we're going to do a brief walkthrough of the letter of intent submission process. My name is Kendra and I will be your moderator for this webinar.

Slide 2. Before we get started I want to point out a couple of the features of this webinar platform. As you can see there are two pods available in addition to the presentation screen: the Q&A pod for submitting questions to the model team and a resources pod which has a copy of this webinar deck as well as some of the links for the websites you can access. The links within the actual presentation deck are not live so we've included most of the links in this pod. Finally, at the bottom there's a help button. If you need any assistance throughout the presentation you can click on the question mark and someone will help you out.

Slide 3. We know that many of you will have questions regarding the model as we introduce the specifics, so you should submit your questions using the Q&A pod throughout the webinar. Your questions will not be visible to the other participants. At the end of the presentation the model team will respond to some of the questions you've submitted. If there are questions that we can't address at this time, the responses will be posted in the FAQ document which is available on the website. If you aren't joining online, or if you have questions after the webinar, you can e-mail the model team at SDMmodel@cms.hhs.gov.

Slide 4. Before we start we want to get some information from you. So first let us know if you are participating in the Medicare Shared Savings Program or in the Next Gen ACO. In the grey box select your program and submit. All right, it looks like we have a lot of people from the MSSP program joining us today so welcome.

Slide 5. And for our next question let's see who else is on this call. If you're not a participant in the MSSP or the Next Gen programs, let us know what group you represent. Select the best option in the grey box and click submit. Okay, it looks like we've got a few results in here so Jessica if you want to show us the results. It looks like we've got a lot of people who are associated with the other category.

Slide 6. One more poll. For the ACOs who have joined us, what is your current interest level for submitting an LOI for this model? High, medium, or low. Okay, Jessica if you want to show us the results of this poll. It looks like a lot of you have said you've got a

middle of the road level of interest in submitting for this and hopefully some of the information we share with you today will give you some more information to make that decision. Okay, so thank you for providing that information. This will help us to shape the presentation as we go along.

Slide 7. Now I want to introduce you to today's presenter, Sharon Andres. Sharon is the Shared Decision Making Model lead. Sharon I'm going to turn the presentation over to you to introduce this model.

Sharon: Slide 8. Great. Thank you Kendra and thank to everyone joining the call today. During the presentation we will go over the following: Overview of the Shared Decision Making Model design; the Shared Decision Making process, the ACO role, the application process which includes eligibility criteria, timeline, key dates, letter of intent submission, and any questions that you submit to us, and then we will also talk about next steps.

Slide 9. Let's go ahead and get started with the presentation. The term Shared Decision Making was first used 30 plus years ago urging adoption of a process to improve the physician patient communications. And although it has been 30 plus years since the commission urged the adoption of Shared Decision Making, the literature suggests that beneficiary preferences and values about medical treatment choices are still routinely left out of important discussions between the practitioner and the beneficiary. Shared Decision Making is a process requiring the exchange of information, values, and preferences between beneficiary and practitioners to arrive at a treatment decision that is based on the beneficiary's values and preferences.

Slide 10. Shared decision making can ensure that treatment decisions better align with the beneficiary's preferences and values for many preference-sensitive conditions that have no clearly superior course of treatment. The literature suggests that patients who are empowered to make decisions about their healthcare that better reflect their personal preferences, often experience more favorable health outcomes such as decreased anxiety, quicker recovery, and increased compliance with treatment regimens and this may lead to lower demand for healthcare resources.

Slide 11. CMS has announced two models: the Shared Decision Making Model and the Direct Decision Support Model. Both of these models aim to inform and engage the Medicare beneficiary. Both of these models introduce two different approaches to Shared Decision Making. One that will occur in the clinical practice and one that is outside of the clinical practice. Today we will focus on the Shared Decision Making Model. This model aims to integrate a structured four step Shared Decision Making process into the routine clinical practice of participating ACOs resulting in informed and engaged beneficiaries who collaborate with our practitioners to make medical decisions that align with their values and their preferences.

Slide 12. Why participate in the SDM model? Despite the value of Shared Decision Making and being a required component of efforts like the Medicare Shared Savings Program, the literature indicates that practitioners have found it difficult to integrate Shared Decision Making into their routine workflows for various reasons, such as insufficient practitioner training, lack of consistent methods to measure that shared

decision making is taking place, and training required to achieve meaningful shared decision making. This model will address all of those issues stated in the literature. As we discussed in the previous slide, shared decision making can improve your patients experience with care, and it can improve population's health outcomes because it better reflects the beneficiary's personal preference, all of which may result in improving your ACOs position for shared savings.

Slide 13. The Shared Decision Making Model includes a very structured four step process of Shared Decision Making, 50 randomized ACOs will implement the Shared Decision Making model, and there will be a randomized comparison group of 50 other ACOs. The preference-sensitive conditions for this model consist of stable ischemic heart disease, hip and knee osteoarthritis, back pain (herniated disk and spinal stenosis), early stage prostate cancer, benign prostate hyperplasia (BPH). CMS will pay ACOs $50 per person for the SDM service. The SDM service must be completed by a practitioner. The $50 is being paid outside of the traditional fee for service claims system. The $50 will be considered a non-claims payment. The $50 payment will be included in the calculation of the participating ACOs total cost of care for the SDM service provided to assigned beneficiaries.

Slide 14. When we use the term preference-sensitive condition we mean 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.

Slide 15. The preference-sensitive conditions for this model were selected based on the following: the conditions selected are high prevalence, high cost in the Medicare population; implementation of the conditions would not be burdensome to the clinical practice; there are viable treatment options that exist for the conditions; the conditions meet the definition of preference-sensitive; and there are evidence-based standardized PDAs for each preference-sensitive condition.

Slide 16. Earlier in the presentation I mentioned the four step process. As you can see on this slide I have broken the steps out into SDM activities versus SDM service. We will talk in more detail about the steps in the next few slides. In this slide I want to highlight that steps one, two, and four are considered the SDM activities. These activities can be performed by the practice, practitioner, or the ACO. Step three is considered the SDM service. This step must be performed by a practitioner. This step is the conversation that occurs between the beneficiary and the practitioner. This step usually occurs all at once and is a face-to-face conversation. This step includes the major principles of Shared Decision Making, which include team talk, option talk, decision talk, and then a decision is made. On the next few slides I will go into more detail about the major principles of Shared Decision Making. After step three, the practitioner completes the necessary documentation in the beneficiary's clinical record. The documentation includes documentation of step three, documentation that the patient questionnaire was offered, and documentation that a Patient Decision Aid was given to the beneficiary.

Slide 17. We talked about the SDM activities and the SDM service and what these two terms mean. Now I will explain in more detail about the steps. Step one is identify eligible beneficiaries that have one of the preference-sensitive conditions. This is an activity that can be completed by the ACO, the practice, or the practitioner. Identification of the beneficiaries will include: prior to the start of the model, the CMS contractor will work with the participating ACOs to fine-tune the inclusion/exclusion criteria that will be used to identify the beneficiaries. SDM practices will identify beneficiaries with a preference-sensitive condition using the inclusion/exclusion criteria that has been defined.

Slide 18. Step two: distribute the decision aid that matches the condition. This is an activity that is completed by the practice or the practitioner. The PDA will be distributed to the beneficiary by the participating ACO SDM practice or the practitioner. The practitioner will document such distribution in the beneficiaries EMR system. Doing the pre-implementation activities, which are approximately six months prior to the start of the model, the participating ACO and the SDM practices will work together to select the appropriate PDAs to be used during this model.

Slide 19. Step three is furnish the SDM service. This is the discussion, the decision, and the documentation. Step three is considered the SDM service. This is the step that must be performed by a practitioner. This is where the SDM discussion happens and it includes the major principles of the Shared Decision Making process, which include the team talk and that means the SDM practitioner and the beneficiary consider available options together. The option talk, the SDM practitioner describes the pros and cons of available options in more detail. They use a Patient Decision Aid so that the beneficiary can understand better. Then there is the decision talk. SDM practitioners help beneficiaries explore and form their personal preferences and then a decision is made. The beneficiary makes a decision based on their personal preferences. Immediately after this step, the practitioner completes the necessary documentation in the beneficiary's clinical record. That documentation includes: documentation of the step three, documentation that the practitioner offered the beneficiary a CMS developed questionnaire, (the practitioner is required to offer this questionnaire to the beneficiary), and documentation that a Patient Decision Aid was given to the beneficiary.

Slide 20. Step four is the tracking and the reporting. This is the activity that is completed by the ACO, the practice, and the practitioner. There are three data sources. First is the submission of the SDM reporting, and when we say SDM reporting that is the claim. This is how the ACO will receive payment for the SDM service. More information on the data elements for the SDM reporting will be delivered during the pre-implementation webinars. The second is operational data. An example of this operational data may include data elements such as the total number of decision aids administered or the engagement rate for the SDM model. More information on this data source will also be given during pre-implementation webinars.

Then the third one is the beneficiary questionnaire. This is the questionnaire that the beneficiary will complete after the Shared Decision Making process. It is a CMS developed questionnaire and it will contain demographic, process, and outcome

questions. The model participant agreement will be with CMS and the ACO. The ACO is the entity that must submit the data to the CMS contractor. CMS will not accept reporting from individual practices. The ACO must collect from their practices, ensure its accuracy, and submit data directly to the CMS contractor.

Slide 21. As I mentioned in the prior slide, the model participant agreement is with CMS and the ACO. Participating ACOs will need to have a contractual relationship with each of their SDM practitioners. The ACO will select a standard set of PDAs for each preference-sensitive condition for use across all its SDM practices. This will be in collaboration with their practices. CMS will also have a contractor available to work with the ACOs and their practices during this process. This will happen during the pre-implementation activities. ACOs will be required to participate in the SDM training and the training will be provided by a CMS contractor. ACOs will implement the four steps of the Shared Decision Making process and utilize Patient Decision Aids. ACOs are also required to submit the three data sources to the CMS contractor. They include the SDM reporting, operational data, and the beneficiary survey information. Additional information about the role of the ACO can be found in the request for application.

Slide 22. Similar to the next generation ACO model and the Medicare Shared Savings Programs, the SDM model will have a unique learning system focused on the key objectives of the model specific to Shared Decision Making. All SDM learning activities will be tailored to the current goals, challenges, and learning needs of the SDM model participants. The training will start during the pre-implementation period, which is six months prior to the start of the model. This training will be provided by a CMS contractor.

Slide 23. The SDM model is for five years. The initial award is two years. The start of the model is January 1st, 2018 and CMS will offer up to three year-by-year renewals to participating ACOs. There is a six month pre-implementation period prior to the start of the model and later in this presentation I'll go over the timeline and some important dates.

Slide 24. An independent evaluation will be conducted for the SDM model. The evaluation will explore impacts on quality of the SDM episode cost and utilization, aspects of the model, and contextual factors that contribute to impacts. Potential data sources may include secondary data such as CMS claims and participant data submissions, and primary data such as participant surveys, site visits, interviews, and focus groups. Results will be reported in annual reports and participants will be expected to cooperate with the evaluators.

Slide 25. Next we're going to move on to the letter of intent screenshots.

Slide 26. In order to be eligible to participate in the Shared Decision Making Model you must either be in the Medicare Shared Savings Program or in the Next Generation ACO model. Additional information on eligibility criteria can be found in the request for application which is posted on the SDM website.

Slide 27. Key dates that I want to go over with you include: the letter of intent is open. It opened on 12/8 and it will stay open until 5:00 p.m. on 3/5. The request for application will open on January 28th and it will close on 3/5 at 11:59 p.m. Participants will be announced mid-June. Pre-implementation period starts July 1st and will be approximately for six months. The model go live is January 1st, 2018.

Slide 28. An ACO must submit a letter of intent. The letter of intent is not binding if an ACO decides not to move forward under this model. The application page is only accessible to applicants after submission of an LOI so if you don't submit an LOI you will not be able to access the application for this model. In the next couple slides we're going to be talking about the LOI submission requirements. They will include the Medicare ACO name, demographic information, primary and secondary contact information and then there's a few questions that you will need to respond to.

Slide 29. The next few slides are screenshots of the actual letter of intent. In this first section we ask for the ACO organizational information. Some of the key points that I want to talk about when you're working on this LOI: it's due on 3/5 at 5:00 p.m. The LOI is required before you can submit an application. Make sure you save your work often and if you have any technical problems while you're working on submitting the LOI, there is a number on the application to call.

Slide 30. The LOI will also ask for the applicant's primary contact information and then the secondary contact information.

Slide 31. Then the LOI will ask for information about the practices and providers, how many of the providers participating in your ACO or primary care providers, and how many are specialist.

Slide 32. Then we also want to know the number of practices, providers, and Medicare Fee-for-Service visits for the following. We want to know primary care, we want to know oncology, we want to know radiology, urology, orthopedics, and then there's a box for other in case there's other specialties that you want to list. We request that you use calendar year 2015 data when completing this section. When you're ready to work on the application, this information will pre-populate into the application, but you do have a chance to update this information.

That concludes the presentation on the model overview and letter of intent process. Kendra, I'm going to turn this back to you.

Kendra: Slide 33. Okay, thank you Sharon. That's the end of our introduction to the SDM model and the letter of intent walk through. If any of you in the audience have questions that you haven't yet submitted now is the time to do it. The model team is going to take a few minutes to review the questions that have been submitted. There are quite a few of them so thank you for that. There is probably not enough time for us to respond to all of the questions today so any of the questions that we aren't able to get to today, we'll update the FAQ document on the website. This should be updated by next week and all of the questions and responses will be included in that. If you will give us a few minutes,

we're going to run through these questions and see which ones we can respond to and we will be back in a minute.

Okay we've got quite a few questions and the model team is ready to go, so Sharon I'm going to turn it back over to you to address these questions.

Sam: Sharon, does the $50 SDM service payment count towards the total cost of care for the participating ACO?

Sharon: The response to that question is the SDM service is a non-claims payment and it will count towards the ACOs total cost of care for assigned beneficiaries.

Sam: When will the ACO receive the $50 payment for each SDM service?

Sharon: ACOs participating in the SDM model will receive payment for the SDM service after they submit the required SDM reporting elements and the SDM reporting elements are verified by the CMS contractor. The ACO will be paid for the SDM on a quarterly basis. It will be in a lump sum payment.

Sam: Will all providers need to implement the SDM model whenever they have a patient that presents with one of the six conditions?

Sharon: Yes. CMS expects a participating ACO to implement the shared decision model in all of its practices and practitioners, unless the ACO demonstrates to CMS that based on the preference-sensitive condition being targeted and the nature of that particular practice or practitioner, that particular practice or practitioner is unlikely to provide services to beneficiaries within any of the preference-sensitive conditions with respect to that condition. This information will be requested as part of the RFA and it will be reviewed by CMS.

Sam: What reporting is required of ACOs who are selected to participate in the SDM model and what is the reporting frequency?

Sharon: The reporting requirements for this model include documentation of step three in the beneficiary's clinical record and that happens immediately after step three. There is the SDM reporting, which is the claim. That's going to be reported monthly. There is the beneficiary questionnaire and this is a CMS developed questionnaire. That's going to be reported back to us monthly. And then there is operational data that will be reported on a quarterly basis. We will go over this in more detail when we start the pre-implementation activities.

Sam: If the agreement is for two years, and ACO renews its agreement to be in the MSSP for another three years, does the SDM agreement have to be renewed or does it keep going for two years regardless of where the ACO is in terms of its three year agreement period?

Sharon: In addition to the initial two year agreement for the SDM model, CMS plans to offer up to three year-by-year renewals to participating ACOs that show evidence of alignment with model goals. The SDM model agreements will specify that participating ACOs must remain MSSP or NextGen participants for the duration of the SDM model.

Sam: Can CPC+ practices in MSSP ACOs participate in the SDM model?

Sharon: Comprehensive Primary Care Plus, CPC+, Oncology Care, and Million Heart's Cardiovascular Disease Risk Reduction model practices will not be allowed to participate in the SDM model. In addition, participating ACOs may not submit bills for these SDM services provided by practices participating in these models. CMS will ask in the SDM RFA for a list of practices participating in any of these models.

Sam: Is any training required given that research has shown most physicians do not understand what SDM is and have been trained to have those conversations?

Sharon: Yes, we will be providing training in Shared Decision Making. This training will be provided by a CMS contractor and we expect the ACOs and their practitioners and practices to take part in this training. This training will be part of the pre-implementation activities, which will start in July.

Sam: When does CMMI plan to launch the model?

Sharon: The project will start January 1st, 2018. Pre-implementation activities will start July 1st, 2017 and will run for six months.

Sam: What questions will be covered in the questionnaire? Will CMMI mandate a standard set or will the ACO have some discretion?

Sharon: The questionnaire will be provided by CMS to the ACO and the ACO will be responsible for disseminating CMS' questionnaire to all of its practices participating in the model. The practitioner will be responsible for offering the questionnaire to the beneficiary. The questionnaire will be paper and it will consist of demographic process and outcome questions. ACOs may not change the questionnaire content. Additional information about this questionnaire will be discussed during the pre-implementation activities.

Sam: Who is eligible to apply for the Shared Decision Making model?

Sharon: All Medicare Shared Savings Programs and Next Generation ACOs are eligible to apply for the Shared Decision Making model.

Sam: Are ACOs in the control group expected to take any actions or report any data?

Sharon: ACOs in the control group do not have any action or reporting expectations.

Sam: Can the Shared Decision Making service be provided either face-to-face or not face-to-face?

Sharon: The Shared Decision Making service is a face-to-face discussion between the practitioner and the beneficiary.

Sam: If ACOs must apply by March 5, 2017, when is it expected that ACOs will be informed of inclusion decisions and what dates are expected for the six month pre-implementation phase and the two year implementation period?

Sharon: Participants will be announced in mid-June. The pre-implementation activities will begin in July and run for six months. The go-live date for the model will start January 1st, 2018.

Sam: We have a few more questions in the box that we need a few minutes to go over so we're going to have a slight pause.

Sam: Sharon, when considering applications for the Shared Decision Making model, will CMS require or give preference to MSSP ACOs that contain specialists as an enrolled ACO participant? Must an ACO have oncology, radiology, urology, and orthopedic specialists within its participants? Will preference be given to such ACOs?

Sharon: CMS will not give preference to ACOs that contain specialists as enrolled ACO participants. All ACOs that meet program requirements specified in the RFA will be considered.

Sam: Which PDAs will be used? Will CMS be providing applicants with an approved decision aids developer list or will there be any efforts to help ACO identify existing decision aids?

Sharon: During the pre-implementation activities, the CMS contractor will work with the ACOs and their practices to select a formal set of PDAs to be used across all of the practices.

Sam: What does the survey tool look like?

Sharon: The survey is a CMS developed survey. For the SDM model it will be a paper questionnaire. It will contain demographic, process, and outcomes questions. The practitioner will be required to offer the questionnaire to the beneficiary.

Sam: As far as the LOI and the application process, is there a gating process between the LOI and application stages?

Sharon: In order to access the RFA application, you must first submit a letter of intent. If you do not submit a letter of intent you will not be able to submit an application, you won't be able to access that application.

Sharon: Sam are there any other questions?

Sam: No more at this time.

Sharon: I hope that the information helps to clarify what we discussed today and Kendra we're going to turn it back to you now.

Kendra: Okay, thank you Sharon. We had a lot of questions submitted so we were able to address a few and we're going to go and do our homework and make sure that we are able to respond to all of them. As I mentioned we'll post that to the FAQs. We are also recording this webinar so we will have it transcribed and will post the recording to the SDM website also.

Slide 34. We have another webinar scheduled for Tuesday, February 7 at 2:00 eastern time. In this webinar we're going to walk through the SDM application process. That will help you as you move from the LOI to the application process.

Slide 35. Now before you go we ask that you click on the survey link which is in the resources pod and take a few minutes to give us some feedback. It's only five questions and your input will help us to improve our webinar presentations as we move forward and do more of these webinars.

Slide 36. I want to thank you again and I want to thank you Sharon and Sam for your time today. If you have any more questions on the model you can visit the model website, download the FAQs, or e-mail your questions to the SDM model e-mail address. Thank you again for joining us for this webinar.