Roundtable on Safety Net Provider Participation in CMS Innovation Center Models

Center for Medicare and Medicaid Innovation



Housekeeping & Logistics

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Your comment may be read aloud later during this session unless you request otherwise.



Agenda

- Welcome
 - CMS Innovation Center Prevention and Population Health Group and State Innovations Group Director Tequila Terry
 - CMS Innovation Center Chief Medical Officer Dr. Dora Hughes
 - CMS Innovation Center Director Dr. Liz Fowler
- Roundtable Panels: Remarks from Expert Participants and Discussion
- Next Steps



WELCOME



CMS INNOVATION CENTER HEALTH EQUITY STRATEGY



Vision: What's to Come Over the Next 10 Years



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; and
- 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.





CMS Innovation Center Commitment to Including Patients from Historically Underserved Populations and Safety Net Providers "Health care providers participating in models such as ACOs continue to have fewer Medicare beneficiaries from underserved populations and generally include beneficiaries who are less likely to live in rural areas.

To broaden the reach of model tests to underserved beneficiaries, the Innovation Center will emphasize engagement with local communities and public health leaders in order to reach providers who may not have previously participated in value-based care, including those that disproportionately care for uninsured, Medicaid, rural, and other underserved populations.

Examples of these providers include community health centers, rural health clinics, community-based providers, and public and critical access hospitals."

- CMS Innovation Center White Paper, October 2021



Questions for Roundtable Participants

- 1. Given the range of providers that care for underserved populations, how should the CMS Innovation Center define "safety net providers" for purposes of model design and recruitment?
- 2. What financial incentives, structures, and support are required to recruit safety net provider participation in CMS Innovation Center models?
- 3. What types of technical assistance, data, and workforce are needed to sustain safety net participation in CMS Innovation models? What are effective mechanisms for addressing these infrastructure needs?



PANEL ON DEFINING "SAFETY NET"



E. Benjamin Money, MPH

Senior Vice President for Public Health Priorities, National Association of Community Health Centers

Organization Website: <u>nachc.org</u>





Erin O'Malley, MA

Senior Director of Policy, America's Essential Hospitals

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Speaker Bio



Michelle Morse, MD, MPH

Chief Medical Officer and Deputy Commissioner for Center for Health Equity and Community Wellness, NYC Department of Health and Mental Hygiene

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Speaker Bio

Polling

What is the most important consideration in defining safety net providers for purposes of maximizing their participation in CMMI models? Select one.

- Facility type (e.g. critical access hospitals, DSH hospital, FQHC, rural health clinic)
- Proportion of underserved patients served by provider (e.g. Medicaid, uninsured patients)
- Geographic location (e.g. health professional shortage areas, area deprivation or social vulnerability index)
- Other (Enter your suggestion in Q&A box)



PANEL DISCUSSION ON DEFINING "SAFETY NET"



PANEL ON FINANCIAL INCENTIVES, STRUCTURES, AND SUPPORTS



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Assistant Professor, Medical Ethics and Health Policy,
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Behavioral Economics, Perelman School of Medicine
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<u>Speaker Bio</u>



James Sinkoff, MBA, CPA

Deputy Executive Officer and Chief Financial Officer, Sun River Health

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Rachel Tobey, MA

Director, California Office, U.S., JSI Co-Director, Delta Center for a Thriving Safety Net

Organization Website: <u>isi.com</u>

<u>Speaker Bio</u>



Polling

What financial incentive do you believe is most important to recruit safety net providers into CMMI models? Select one.

- Social risk adjustment based on individual health related social needs
- Upfront or advanced payments to participants with participation requirements
- Benchmark adjustments based on geographic indices (e.g. area deprivation or social vulnerability index)
- Upside risk only option
- Other (Enter your suggestion in Q&A box)



PANEL DISCUSSION ON FINANCIAL INCENTIVES, STRUCTURES, AND SUPPORTS



PANEL ON TECHNICAL ASSISTANCE, DATA, AND WORKFORCE NEEDS



Hector Flores, MD

Medical Director for the Center for Hispanic Health,
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Amanda Pears Kelly

Chief Executive Officer, Advocates for Community Health Executive Director, Association of Clinicians for the Underserved

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Kathleen Noonan, JD

Chief Executive Officer
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Speaker Bio

Polling

What is the biggest non-financial barrier to safety net provider participation in CMMI models? Select one.

- Administrative burden and level of effort needed to participate
- Completing the application to join a model
- Model reporting requirements
- Insufficient data collection and analytic capacity
- Model care delivery requirements
- Workforce limitations or shortages
- Insufficient learning opportunities, technical assistance, or coaching to participate in CMMI models
- Other (Enter your suggestion in Q&A box)



PANEL DISCUSSION ON TECHNICAL ASSISTANCE, DATA, AND WORKFORCE NEEDS



CLOSING REMARKS



Staying in Touch on the Strategy

Thank You for Attending

- Thank you for attending this roundtable. We appreciate your feedback!
- Additional input? Email your comments and feedback to <u>CMMIStrategy@cms.hhs.gov</u> with subject line *SAFETY NET ROUNDTABLE*.

Resources to Engage with CMS Innovation Center Strategy

- Please visit the <u>CMS Innovation Strategic Direction</u> webpage, including reviewing the recently updated <u>FAQ</u> and an "<u>At-a-Glance</u>" resource.
- Read the recently released blog in Health Affairs: <u>CMS Innovation Center Launches</u>
 New Initiative To Advance Health Equity.
- <u>Sign up to receive regular email updates</u> about the CMS Innovation Center and <u>follow us</u> @CMSinnovates on Twitter.



THANK YOU!

