The CMS Innovation Center's Approach to Person-Centered Care:

Engaging with Beneficiaries, Measuring what Matters

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Center for Medicare and Medicaid Innovation



Housekeeping & Logistics



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Today's Speakers



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Agenda

Remarks from the Innovation Center Director

Incorporating Beneficiary Perspectives Across the Innovation Center

Measuring What Matters: Patient-Reported Outcomes

Q&A



CMS Innovation Center

Commitment to Engaging Beneficiaries and Patient Groups "The CMS Innovation Center will collaborate across the life cycle of models—from design to evaluation and potentially expansion—and in the implementation of each of the five objectives of the strategic refresh.

In particular, beneficiaries, patient groups, and providers will see a deeper partnership with the CMS Innovation Center in which their needs and perspectives inform model development, evaluation, and the definition of success, and in which beneficiaries see improvements in quality of care and providers receive clear signals and a more transparent movement to value-based care."

- CMS Innovation Center White Paper, October 2021



Person-Centered Care and the Beneficiary Engagement and Experience Strategy

The Innovation Center's strategy to achieve equitable health outcomes through high-quality, affordable, person-centered care requires strong partnerships to achieve system transformation. The Center is pursuing this strategy in two ways.





Person-Centered Care: Where We've Been, Where We're Headed

Where We've Been

Where We're Headed: Our Center-Wide Strategy

Evaluating Beneficiary Experience To Date



Incorporating Patient and Caregiver Perspectives







Expand use of patient-reported measures in areas that include:

- Focus on measuring unintended negative impacts on patients and beneficiaries
- Engage with patients, caregivers, and patient organizations to incorporate patient and caregiver perspectives across the life-cycle of models to respond to beneficiary needs.

- Health-related quality of life
- Symptoms or burden of disease
- Experience of care
- Health behaviors

 Model-by-model approach to capturing and evaluating patient and beneficiary experience in our models

The initial steps of incorporating beneficiary perspectives and measuring what matters to patients should help the Innovation Center better understand patient experience – and then continually improve it over time.



Remarks from the Innovation Center Director

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Achieving Person-Centered Care in Model Development and Testing

Innovation Center Aims



The Innovation Center aims to place patients and caregivers at the center of its strategic direction and decision-making to:

- Improve care quality for beneficiaries (e.g., safe, effective, patient-centered care)
- Improve experience for patients and caregivers (e.g., integrated care, access to providers)
- Drive better health care outcomes for beneficiaries

Mechanisms to Achieve Aims



Understand Patients' Perspectives

Establish engagement opportunities that promote rich patient and caregiver feedback to understand the needs, desires, and challenges of patients and caregivers



Operationalize Feedback

Ensure that the Innovation Center proactively addresses patient and caregiver feedback and experience data to drive change



Promote Transparency

Communicate how the Innovation Center is using patient and caregiver feedback to drive future programs and decision-making to address unmet needs



Sustain Engagement

Create a continuous feedback loop for the Innovation Center to sustain, and strengthen, its relationships with patients, caregivers, and advocates



Moving from Aims to Implementation - Integrating Patient & Caregiver Feedback

Feedback Received Application PROMOTE Holding ourselves accountable by reporting measures that track our progress toward the aim TRANSPARENCY Ensuring that models address social needs and **ADVANCE HEALTH EQUITY** that we hear from a diverse array of patients, caregivers, and patient advocacy groups Regularly holding patient- and caregiver- focused listening **ENHANCE BIDIRECTIONAL** sessions to solicit feedback on COMMUNICATION key issues that matter most to patients and caregivers Building a systematic approach to collaborating with SUPPORT beneficiary advocacy groups and establishing a continuous INNOVATION feedback loop that spans the model lifecycle



Opportunities to Integrate Patients' Perspectives Across the Model Lifecycle











IDEATION & DEVELOPMENT

- How does the theory of action align with patients' priorities?
- How can quality measures capture patient experience?
- How does the model impact affordability for all patients?
- Will the model increase equitable access to health care across demographic and socioeconomic profiles?

RECRUITMENT & RULEMAKING

- What kind of information about a model do patients want to understand?
- How can the Innovation Center communicate the intended benefits of receiving care under the model to patients?

APPLICATION

- Does model applicant distribution provide equitable access for patients to receive care?
- Are the model applicants equitably reaching patients?
- What communication tools are best for patients?

IMPLEMENTATION & EVALUATION

- How are patients experiencing the changes in care delivery?
- How are patients experiencing changes in their health outcomes/quality of life?
- What is the impact of the model on the patient?
- How are we mitigating adverse impact on patients?

SCALABILITY

- How will scaling or expanding a model or its features affect patients?
- How do we ensure that the benefits that patients have gained are built into new programs after a model ends?



Early Examples – Integrating Patient Perspectives into Model Design

ACO REACH Model

Will require at least 2
 beneficiary advocates on the
 governing board, both of whom
 must hold voting rights.

Enhancing Oncology Model

- Payment will be impacted by performance on patient experience survey measures.
- Clinical care will be impacted by electronic patient reported outcomes (ePROs).

Value-Based Insurance Design Hospice

 Patients, caregivers, and patient organizations were engaged during listening sessions to inform approaches to collaboration with health plans and providers.

Primary Care First

 Participants must engage with a patient and family advisory council (PFAC).

Maternal Opioid Misuse Model

 Evaluation includes photovoice to illustrate the lived experiences of mothers with opioid use disorder.

Comprehensive End-Stage Renal Disease Care Model

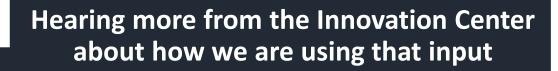
 Patient experience utilization data was assessed to understand whether patients that missed treatments were able to make them up.



Incorporating Patient and Caregiver Perspectives: What to Expect from the Innovation Center

More opportunities to provide input on what matters most

- Patient- and caregiver-focused listening sessions at least twice per year
- Earlier incorporation of patient and caregiver perspectives into model ideation and design
- Enhanced support for model participants to engage patients and caregivers to improve experience



- Follow-up webinar providing an update on how this strategy has evolved
- Transparent measurement of the Innovation Center's progress on improving how it uses patient and caregiver perspectives to impact decision-making



Remarks from the Innovation Center Director

Incorporating Beneficiary Perspectives Across the Innovation Center

Measuring What Matters: Patient-Reported Outcomes

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Capturing the Patient/Person Voice: Measuring What Matters

- The Innovation Center is expanding the use of patient-reported measures in accountable care models to increase the person- and patient-centeredness of our models.
- Patient-reported measures are measures where data comes **directly from patients and caregivers** about key aspects of health, well-being, and care delivery that are difficult to capture from other data sources (e.g., claims).
- Generally, there are four broad categories¹ in which patient-reported data are collected:

Health Related Quality of Life

Example: Functional Status

Symptoms or Burden of Disease

Example: Pain

Experience of Care

Example: Provider Communication

Health Behaviors

Example: Smoking



Patient-Reported Outcomes: Definitions

Patient-reported data includes patient-reported outcomes (PROs), patient-reported outcome measures (PROMs), and patient-reported outcome-based performance measures (PRO-PMs):

PRO (Patient-Reported outcomes)

- What gets measured.
 The status of a patient's (or person's) health condition or health behavior that comes directly from that patient
- Example: Patient reporting feeling hopeless and helpless

PROM (Patient-Reported Outcomes Measures)

- How PROs are measured.
 The tools/instruments
 used to collect data
- Example: Patient Health Questionnaire-9 (PHQ-9), a validated tool assessing depression severity

PRO-PM (Patient-Reported Outcome-Based Performance Measures)

- How PROs are calculated.
 A way to aggregate the information from patients into a reliable, valid (tested) measure of performance (aggregated PROs often collected through PROMs)
- Example: Depression
 Response at 12 Months,
 Progress Towards
 Remission (NQF #1885)



Implementing PROMs: Guiding Principles

Guiding Principle #1:

Include at least **two** patient-reported measures in new accountable care models, with at least one being a PRO-PM.

Guiding Principle #2:

CMS should support **PRO-PM development** to advance CMS' focus on outcome measures and accountability.

Guiding Principle #3:

PROMs and PRO-PMs **should be, at minimum, used as pay-for-reporting, but ideally as pay-for-performance** or as a quality rating criteria or maintenance of scores for pay-for-performance.

Guiding Principle #4:

Similar models (e.g., kidney care models) should adopt similar PROMs and/or PRO-PMs and align with those used in other CMS programs.



Considerations for Implementing PROMs



Model Design

- Consider the quality aim(s) of the model when deciding whether to use a conditionspecific or general PRO-PM or PROM.
- To the extent possible, incentivize obtaining the patient perspective within the model.
- Patient-reported measures may not be appropriate for some models.
 - o Example: models not designed with a quality aim focused on patient experience or where a PRO-PM or PROM is not relevant



Health Equity

- Consider health equity at each stage of measure selection and when developing approaches for tracking response rates and stratifying measure performance rates.
- Wherever possible, include PRO-PMs that are classified as disparities-sensitive.



Burden and Cost

- Consider potential costs of administering patient-reported measures, specifically on potential costs and burden to model participants and beneficiaries.
- For other measures in the model, consider using measures from other data source (e.g., administrative claims).



Considerations for Implementing PROMs (cont.)



Monitoring and Evaluation

• Incorporate patient-reported measures into the model's monitoring and evaluation plan in alignment with the model goals and research question priorities.



Measure Development

- Engage with other CMS components to keep up-to-date with measure development.
- Pursue measure development where necessary to close measurement gaps.



Implementing PROMs: What to Expect from the Innovation Center

Gathering stakeholder feedback and compiling lessons learned on effective use of PROMs in models

- Example: PROMs in Oncology Models
 - Public listening session and informal RFI to gather feedback from beneficiaries, providers, and other stakeholders
 - Feedback: Inclusion of electronic patientreported outcomes (ePROs) in a future model is desirable, but flexibilities and gradual implementation are needed

Incorporating feedback and lessons learned into the development of new models' quality strategies

- Example: Enhancing Oncology Model
 - Intends to include ePROs to facilitate collection of data on symptoms, functioning, behavioral health, and health-related social needs
 - Plans to require gradual implementation of ePROs as a redesign activity
 - Plans to include flexibilities for participants on the specific ePROs tools to encourage ePROs uptake and to avoid limiting innovation



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Closing Remarks

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Thank you for attending!

For more information about the CMS Innovation Center's Strategic Refresh and to continue participating in beneficiary engagement events:



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Additional input? Email your comments and feedback to CMMIStrategy@cms.hhs.gov using the subject line "PERSON CENTERED CARE WEBINAR".



Please visit the <u>CMS Innovation Strategic Direction</u> webpage, including a new resource, "<u>At-a-Glance</u>", that provides a summary on the strategic refresh.



<u>Sign up to receive regular email updates</u> about the CMS Innovation Center, including opportunities to engage with, provide input on, and potentially participate in model tests.

