

CMMI Strategy Refresh Webinar Transcript

Please stand by for real-time captions. >>

Good afternoon. Thank you for joining us, the webinar will begin shortly. >> Good afternoon again, thank you for joining us today. The webinar will begin shortly. >> Recording in progress. >> Good afternoon, my name is Adam Obest from the Center for Medicare Medicaid Innovation and on behalf of the Centers for Medicare and Medicaid Services and the Innovation Center, welcome to today's webinar, "Driving Health System Transformation, A Strategy for the Innovation Center's Second Decade." Before we start the webinar, I would like to go through a few housekeeping items. The webinar today is recorded and will be made available on the CMS Innovation Center listserv and on the CMS Innovation Center Strategic Direction webpage at innovation.cms.gov/strategic-direction.

You can also find a link to the strategic direction webpage in the chat window posted now.

All participants will be muted throughout the call. Also, closed-captioning is available through the link in the cc window on the bottom of the screen. The following closed-captioned link is shared at the bottom of the screen and also in the chat.

We will be answering pre-submitted questions from attendees during our Q&A session. However, you may submit additional questions using the Q&A window on the bottom right of the screen. While we will not be able to answer all questions we receive, we'll update the FAQs on the CMS Innovation Center strategy to include all the questions we received prior to the call and during today's event. Members of the press are welcome on today's call, however, all press media questions should be submitted using the CMS media inquiry form which may be found at CMS.gov/newsroom/media-inquiries.

Again, thank you for joining us today and I would now like to turn the call over to Dr. Fowler, the Deputy Administrator and Director of the CMS Innovation Center. Liz, the floor is yours.

Thank you so much, Adam, and thank you everyone for joining us today. The Innovation Center was created in 2010 as part of the Affordable Care Act or the ACA with the goal of transforming Medicare and Medicaid into a more value-based healthcare system. Those of us who worked on drafting and implementing the ACA including our own Administrator Chiquita Brooks-LaSure knew that rising healthcare costs and less than optimal living posed a threat to Medicare financial sustainability and household spending, optimal health outcomes and better health. Fast forward 10 years into the future and I could not be more thrilled to be working along Administrator Brooks-LaSure again, as we take stock of the lessons learned over the last decade of the Innovation Center and lay out the future for the next decade of value-based care. Administrator Brooks-LaSure has laid out a clear vision for the agency aimed at meeting the unique challenges of our time and work in Innovation Center directly supports this vision and so I'm pleased she is here with us today to describe how we are fully engaged in the effort to drive our delivery system toward meaningful transformation and in particular, driving a focus on health equity. It is my honor and pleasure to introduce CMS Administrator Brookes-LaSure.

Thank you, Liz and thank you for the opportunity to join your exciting conversation today and I feel so privileged to lead an organization working tirelessly to ensure that the more than 144 million people with Marketplace, Medicare and Medicaid coverage know that they will be able to get the care they

need and deserve. My vision for the future of the agency, our programs and the people we serve is straightforward. CMS serves the public as a public partner and steward dedicated to advancing health equity and expanding coverage and improving health outcomes. I've laid out my strategy for how the agency will achieve this vision and how we should judge success. To me everything we do at CMS should be in line with one or more of our strategic pillars. With this in mind, I'm particularly energized by the bold new strategy Liz and her Innovation Center team have developed. You will be hearing more about the Innovation Center plans momentarily, but I would like to spend the next few minutes describing the CMS pillars and share how our approach to policymaking and operations will directly support this vision. Our first pillar is to advance health equity by addressing the health disparities that underlie our health system. As the first African-American woman to lead CMS, I want to make sure that our programs are operating to reduce the health disparities that underlie our healthcare system, which were especially illuminated by the COVID-19 pandemic. President Biden has made it clear that we are going to address racial equity with the whole-of-government approach. At CMS, "how are we promoting health equity?" will always be the first question we ask; never the last.

We are doing everything we can to break down barriers to care and lift up underserved communities. Last week, I had the pleasure of joining Governor Polis in Colorado to announce CMS's approval of Colorado's Essential Health Benefits benchmark plan, which includes expansion of gender affirming care in the individual and small group market health insurance markets. Changes will take effect January 1st, 2023 to allow access to a wider range of services for transgender individuals. I was thrilled to take direct action to address health disparities and was proud to hear from people in Colorado about how meaningful this action was for so many.

CMS is also going to engage our partners in the communities we serve through the policymaking and implementation process. That is our second pillar. We are going to work to integrate the perspectives of CMS stakeholders like all of you who joined today, into our policymaking. We want to learn and hear feedback about our programs, especially from the people with lived experience to innovate and further strengthen our programs.

Our third pillar, building on the Affordable Care Act and expanding access to quality, affordable healthcare coverage and care, is part of the Biden-Harris Administration plan to Build Back Better. It is an opportunity to advance equity and healthcare access to each of the 3Ms: Medicare, Medicaid and the Marketplaces. I'm proud that over 2.8 million people enrolled in comprehensive coverage through the marketplaces during this year's Special Enrollment Period opened by the President. As we increase access to marketplace health coverage, and the security and peace of mind it provides, we are also working with states to expand Medicaid coverage and improve access to care. On Friday, October 15, we kicked off Medicare Open Enrollment. Open enrollment is an important time of year for the people with Medicare and their families to review their options and make choices about healthcare coverage that best meets their needs. This year we're placing a renewed focus on the Medicare Savings Programs. They can help with premiums and other costs. We encourage people with Medicare to check out their eligibility to find out if they qualify for Medicare Savings Programs, as another way to support their health coverage. While ensuring that the 3Ms provide healthcare that people need, we remain laser focus on our fourth pillar, protecting our program sustainability for future generations, by serving as a responsible steward of public funds. We are continuing to work on ways of identifying waste, fraud, and abuse and this includes a posture shift from "pay and chase" to preventing improper payments from ever being made. We recently announced the most major rule to protect consumers from surprise medical bills.

In addition to keeping Medicare sustainable for the future, we also want to modernize the program, which is why our fifth pillar is to drive innovation to tackle our other healthcare system challenges and promote value-based, person-centered care.

As I mentioned earlier, that is why we are here to dig deep into this fifth pillar. We released the White Paper that is on our website earlier today, and Liz and her team will share aspects of the renewed approach to innovation that will propel the healthcare delivery system toward achieving three goals: we will have an unwavering focus on equity, pay for healthcare based on value to the patient, instead of volume of the services provided, and deliver affordable person centered care.

I know you are all eager to hear the details, and I'm confident the strategy we have in place is the way we will tackle our health system challenges. We will accomplish system transformation and more with our sixth pillar, fostering a positive and inclusive workplace and workforce and promoting excellence in all aspects of CMS's operations. We want CMS not only to be a model workplace but also an aspirational one. I've assembled one of the most experienced and diverse leadership teams in CMS history, bringing in decades of federal government, congressional, advocacy, clinical, state-based, and previous agency experience together to serve the people who rely on CMS for coverage and care. You will hear from some of them today, along with Liz Fowler who's at the helm of the Innovation Center. As you know, Liz is a longtime leader in the healthcare industry and has so much experience and I'm just thrilled that Liz took this role and that she has assembled such an incredible team of leaders at the Innovation Center. So, I look forward to the rest of the discussion and I will pass the baton to Liz.

Thank you again, Administrator Brooks-LaSure, and good afternoon. I'm excited to be here with all of you. A huge thanks to the Innovation Center team for getting us to this point. At the Innovation Center we spent quite a bit of time reflecting on what we have accomplished over the last decade and used those lessons to inform our direction for the next 10 years. We started developing the foundation for our vision in August with the blog in Health Affairs and the white paper released today is an effort to build on those ideas and provide more specific details on where we are heading.

Let me give you a brief overview of what we have included in the paper and what you will be hearing more about as today's event unfolds. As a mentor, taking lessons learned from last 10 years, listening carefully to experts and reviewed the recent literature, we've outlined a vision for the next 10 years in the Innovation Center and identified five strategic objectives to guide our work.

Our vision is straightforward: A health system that achieves equitable outcomes through high quality affordable person centered care. The five objectives that will guide and prioritize our work are as follows: First, driving accountable care and it is the central goal of the Innovation Center to increase the number of people in relationships with providers that are accountable for their patients cost and improve in their care. This requires increasing beneficiary access to advance primary care and ACO's. Second, advance health equity as the administrator talked about is quite essentially. It is one of the most important areas of focus for the Innovation Center and for CMS and HHS. As part of our strategy to improve health quality, we are committed to embedding equity into all aspects of our Innovation Center models and increasing our focus on underserved populations.

Third, support innovation. The Innovation Center can do more to support model participants looking for ways to innovate care delivery approaches. These supports include actionable and practice-specific data, technology, dissemination of best practices, peer-to-peer learning collaboratives and payment flexibilities.

Fourth, address affordability; in addition to reducing costs in Medicare and Medicaid, our models should have an impact on lowering patient out-of-pocket cost. This is a priority for CMS administrator and we will be looking at strategies that target healthcare prices, affordability, and reduce unnecessary or duplicative care and then finally, partner to achieve system transformation.

The last part of our strategy is aimed at furthering the reach of health transformation. We cannot do it alone. We need to align priorities and policies across CMS and work in tandem with commercial payers and purchasers and states and beneficiaries to achieve our vision. By 2030, we would like all of our models to incorporate multi-payer alignment, however possible. We are also proposing to change the way we do business at the Innovation Center to make success more likely. We're committed to strengthening our communication with stakeholders, including patients and beneficiaries and making our model data more available. We've been given a lot of thought to how we define success at the Innovation Center. The statute outlines a process for expanding successful models through certification. It's an important concept, but a narrow path to success. It means there is a 95% confidence that the model would generate savings on a net basis. The likelihood of generating savings will remain an important focus for us. It is in our statute, but it's also critically important that we drive toward health system transformation and meaningful and lasting change.

We believe we must refine our measure of success to consider not only cost and quality but the impact our models have on health and equity in our health system. Over the coming months, we will be conducting listening sessions and continuing to share our strategy and you could expect us to use the framework and set of principles as we prioritize new models and improve our existing models.

In the longer term we will put these commitments into practice. Including making good on our promised to share data and robustly engage with stakeholders. I hope you will share your ideas and feedback with the Innovation Center and together we can make a meaningful and enduring change in our health system.

Thank you again for your interest in the CMS Innovation Center and from here, I will pass things off to Purva Rawal and Ellen Lukens to provide more detail on the things I just touched on.

Thank you, Liz, and thank you all for taking the time to join us today. I'm Ellen Lukens, and I'm joined by my colleague, Purva Rawal. We will be walking through a brief set of slides describing the strategy in more detail. And then, Purva will facilitate the Q&A.

So, I'm going to start at the very beginning, which is the CMS Innovation Center statute. The statute explicitly provides CMS the authority, through the Innovation Center to test innovative models. The goal of these models is to preserve or enhance the quality of care for beneficiaries in Medicare, Medicaid, and the children's health insurance program. All spending the same or less.

If the model is able to achieve one of the three scenarios in the shaded gray box, improve quality, and maintain cost, reduce costs and maintain quality, or reduce costs and improve quality, the Secretary may expand the model, including expanding the model nationally.

When we talk about innovative payment models, next slide, what do we mean?

As many of you know alternative payment models or APMs have been designed in many different ways. But they all aim to improve care by rewarding providers for high-quality cost-efficient care that is rewarding providers for value, not volume. APM are heterogeneous and may be organized around a specific health condition, like cancer for the oncology care model. Or, around a care episode. Examples would include hip replacement episodes in the Comprehensive Care for Joint Replacement model. There are also models focus for example in provider types like primary care first or on communities such as the Community Health Access and Rural Transformation or CHART model. Finally, we also have models focused on innovation within Medicare advantage or Medicare Part D.

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In terms of lessons learned, as part of our effort to define and execute against our refresh strategy for the future, we look back at the past to understand what we had done well and what we could've done better. Let's start with impact. Innovation Center has had a substantial impact over its 10 years. These data the data the two bubbles to the left represent two years of data , 2018, 2020 and show that the innovation center over that time touched the lives of nearly 28 million beneficiaries who received care from over 528,000 providers or plans.

Over the first 10 years, the Innovation Center has implemented over 50 models. In terms of what we have learned, and where we are going, there's a lot here and I will walk through each briefly starting with embedding health equity in every model.

The full diversity of beneficiaries and Medicare and Medicaid is not reflected in many models. We have gone back and are thinking through how to design models to target and increase participation among providers that care for underserved populations. And imbed equity in every phase of the model development process. Streamlined model portfolio. We have heard from many of you that our models are too burdensome and complex and overlapping models create substantial confusion. We hear you and will moving forward we are committed to create a more cohesive articulation of how all the models fit together and we also understand that model parameters need to be more transparent and easily understood. Support care delivery transformation. We also understand providers need more support. Accepting downside risk and meeting model requirements are not easy. The Innovation Center is working on increasing the level support to participants. Including providing more actionable data and learning collaboratives and more regulatory and payment flexibility. We want to ensure broad system transformation. So, we will ensure that model design tries to minimize selection bias, while working to ensure participation from hospitals, physicians and other providers serving diverse populations.

We will also consider designing models to make it possible for Medicaid and other payers to participate or align earlier in the process. I know many of you have reached out to us regarding the complexity of our financial benchmarks. We understand that historically complex financial benchmarks have undermined the effectiveness of our models. We need to set benchmarks in the future that balance encouraging participation while sustainably generating savings. This will require us to improve testing and analysis of benchmarks and risk adjustment methodologies prior to model launch.

And the final lesson learned is to ensure we are encouraging lasting care delivery transformation. We need to ensure that the transformation happening in our models is lasting. We do have a statutory mandate related to cost and quality and we will stay true to that. But, we have not always minded the experience of our models to understand what has really changed and how we can also measure

success by how models may have broader system impact. With that, I will turn it over to Purva Rawal who will walk you through the new vision for the Innovation Center.

Thank you, Ellen, and good afternoon everyone. Now I will walk you through where we are going and the vision for the future and the strategic objectives. As Liz stated earlier, our vision for the future is a healthcare system that achieves equitable outcomes through high-quality, affordable, person centered care. There are five strategic objectives which Liz previewed earlier, that will collectively allow us to move to the vision and I will describe each of these five strategy objectives in subsequent slides, starting with the drive to accountable care.

The accountable care goal is about improving outcomes for patients by delivering value-based care at scale. We envision a future by 2030 where every Medicare beneficiary and the vast majority of Medicaid beneficiaries are in an accountable care relationship. That could be through advance primary care or for example through an ACO. Regardless of the provider entity we want to make sure that there is meaningful accountability for quality, measurement of outcomes that matter to patients, and management of total cost of care. The next strategic objective is to advance health equity. This is one of the most important things we could focus on in the next 10 years and has a significant priority across CMS and HHS.

Addressing health disparities and promoting equity are important element in improving healthcare quality. To moving forward we are committed to embedding equity into all aspects of our models, increasing focus on underserved populations.

We are thinking about how we increase participation among safety net providers and models, and how we ensure that eligibility criteria and application processes don't inadvertently exclude or disincentivize care for specific populations.

We will be measuring our progress by collecting race and ethnicity data in all our models; ensuring models include providers and patients from historically underserved communities and we will identify areas for reducing population level inequities. >> The third objective is about supporting care innovations. We believe that accountable care models lead the foundation for delivering person centered care and equitable outcomes. But there are areas that we know providers will need additional tools to meet people where they are. So, we want to design models that give providers those tools that enable the delivery of integrated, whole person care in the settings beneficiaries prefer, such as in the home and community.

This objective includes a range of supports including some that Liz described earlier, actionable practice specific data, dissemination of best practices, peer-to-peer learning opportunities and payment and regulatory flexibilities.

We will measure our progress by understanding how our patients rate their experience and outcomes and to make sure we are keeping patient needs at the center. We will also include patient reported outcomes as part of performance measurements in our models.

Our fourth objective focuses on affordability. As cost pressures mount on individuals and families, CMS Innovation Center models will focus not only on reducing federal health expenditures, but also on how models can help lower out-of-pocket costs for Medicare and Medicaid beneficiaries. This will include models that address sources of waste, that drive up direct and indirect patient costs and have proven

challenging to address. The Innovation Center has also used and is exploring the use of other model features and incentives to increase delivery of high valued care. For instance, accountable care models with total cost of care approaches could be used to reduce waste and encourage high valued care. Progress can be measured by metrics such as how patients take care of costs. In moving forward all Innovation Center models will consider affordability of high-value care by beneficiaries.

The final objective emphasizes the need for partnerships. The CMS Innovation Center's vision for broad health system transformation is ambitious, requires collaboration with a wide range of stakeholders. Achieving this vision requires working across CMS and beyond and taking a whole of government approach in collaborating with employers, health plans and states as well as with patients and providers and community organizations.

The healthcare payment learning and action network or the LAN, is a private public collaboration funded by HHS through the Innovation Center. Its participants will be critical partners in ensuring successful implementation of the refresh strategy. In addition, we will work more closely with our Medicaid partners to drive alignment on critical payment and design components of models. Finally achieving broad health system transformation requires working across CMS, HHS, and the federal government. The CMS Innovation Center Strategy and work can be strengthened by successfully engaging federal partners for their insight and support and testing new approaches to payment and care delivery and also by incorporating lessons learned from other programs into our models. These enhanced federal partnerships will assist in facilitating the adoption of Innovation Center's lessons learned into the Medicare and Medicaid programs.

Here we will measure our progress and our alignment with other payers and by integrating the patient perspectives across the lifecycle of our models.

I just outlined for you our vision and strategy as supported by our five strategic objectives. We realize, that in order to be successful beyond these objectives we need to improve how we communicate with our stakeholders and commit to transparency in our work. As Liz alluded to earlier, we plan to use more consistent mechanisms to provide input to the Innovation Center. We are also actively working to share more data with researchers so that the benefit of our models to go beyond our work. And new learnings can be generated.

We acknowledge that success is defined by our statutory mandate, but also by how models impact patients and providers and the health system more broadly.

Where will we go from here? As we move to implementation, we want to be transparent about what we will be working on. First of all, we want to engage all of you. We are launching this white paper and then we'll be conducting listening sessions in the coming weeks and months as well as engage in with the LAN. We want this engagement to continue beyond the next few months to create ongoing engagement with our stakeholders throughout the lifecycle of our models. We will also be refining existing and developing and implementing new models aligned with the strategic refresh.

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Before starting our Q&A, we want to review some next steps. As Liz said, over the next months we will conducting listening sessions and continue to share our strategy with you all. You will see more on this framework as we launch new models to drive toward accountable care, equity, innovation, and

affordability. We will not be able to accomplish the vision alone, but look forward to partner with beneficiaries, providers and health plans, employers and states.

We really appreciate you being here and look forward to working together to achieve our vision. Next, we will move to a question and answer session. We received a number of great questions from you ahead of today's webinar. We would like to spend a few minutes today answering as many as we can. As Adam mentioned at the top of the webinar, we have a frequently asked questions document on the Innovation Center strategy. Any questions you submitted when you registered and put in the Q&A on this call, will help shape that document.

To begin our Q&A, I am pleased to open with a question to Administrator Brooks-LaSure.

Administrator, how does the Innovation Center goals align with the CMS wide strategy?

As I said I'm just really excited about the strategy that you outlined, Purva, and Ellen and Liz. I really see the Innovation Center as just so key to so many of the things that we talked about in the strategic vision. I would say the first one, of course, with your renewed focus, and explicit focus on health equity, is going to be incredibly important. Our goal to make all of CMS programs really person centered and promoting high-value. The Innovation Center is a key part of that. And I really believe will be a critical testing ground to understand how we can be more effective in this area can work and of course with the stakeholders on the phone and I think the work of the Innovation Center will absolutely lead to better care for people and will extend beyond just the models that are under the center but really serve as a testing ground for the broader health community.

Thank you.

The next question is for Liz. How does a strategy refresh affect existing models? Does the CMS Innovation Center intend to end models early?

There is been a lot of questions about this I want to be clear, there is no decision to end models early as a result of the strategy refresh. However, the five strategic objectives of the strategy refresh will guide revisions to existing models as well as consideration in future models. Where possible, current models may be modified, for example, to better address health equity, social determinants of health, for example, include more Medicaid beneficiaries, and modify financial incentives to achieve outlined goals. Existing models might also benefit from greater innovation in payment waivers.

Liz, we have a second question coming in for you.... How will the CMS Innovation Center streamline the portfolio? Will there be fewer but larger models?

The Innovation Center renewed vision calls for a bolder approach to testing a more streamlined portfolio of models. We've learned that testing almost 50 models simultaneously, many in the same market, and with the same providers, without clear guidance on how savings can be shared, can lead to confusion and complexity. The Innovation Center will be guided by a cohesive strategy that will guide model development and evaluation. And its evolution. So yes, there will be fewer models. This will allow us to ensure that where there is model overlap, that it is rational and does not interfere with model objectives. >> We know from our participants that clarity around key design elements such as beneficiary attribution, and distribution of financial incentives is really critical. In addition, to reducing overlap, we also want our models to be simpler and easier to participate in, with less administrative

burden. Finally, while there might be fewer models, they will move towards total cost of care approaches that will require a focus on advance primary care and ACO's that coordinate with and integrate with specialty care.

Thank you, Liz. I think we have questions coming in for some of the other panelists. Dora, I think we will start with you, we received a number of questions on the health equity component of our strategy. So, the strategy refresh discusses the importance of driving the equitable outcomes for beneficiaries. How does the Innovation Center plan to increase equity?

Thank you, thank you for that important question. The CMS Innovation Center will rely on several strategies to promote health equity in our models, as you alluded to earlier in your presentation. These include, for example, addressing barriers to participation, for providers that serve a high proportion of underserved and rural beneficiaries, such as those in health profession shortage areas and medically underserved areas.

The Innovation Center's also committed to engaging a broader range of provider types. Including federally qualified health centers, rural health clinics, and other safety net providers. I will also note that data will be an important aspect of our strategy and the Innovation Center will support model participants collecting data on race, ethnicity, geography, disability, SOGI, and other demographics.

To support monitoring and informing evaluation and of course in a HIPAA compliant way. Model participants will report this data to the Innovation Center to help support provider efforts to address health inequities in the system.

As a final example, the center plans to collaborate with model participants on a number of targeted learning opportunities such as how to collaborate with community partners to address social needs.

Thank you again and this certainly is a top priority as you have heard from both Liz and our Administrator.

Thank you, Dora, that's a really helpful overview. Ellen, next question is for you. We have talked about streamlining and harmonizing the model portfolio at the Innovation Center. How are we thinking about model development moving forward? Yeah, Purva, that's a great question. I think it is covered very fully in the white paper. So, folks, when they download that, I think they will see that we have created a series of questions that help provide considerations around models. I will walk through those briefly and those are also included in the white paper.

Essentially we have a list of considerations that we will walk through every time we think about developing a model and getting that process we will challenge ourselves to think about how would a model support or advance one or more of the five strategic objectives. So Liz and Purva laid out those five strategic perspectives and you obviously you saw those on the slides and also see those in the white paper but really focusing our models to make sure that we are moving toward one of those strategic objectives. The second one is, what are the potential impacts of a model on health system transformation? For beneficiaries and patients, providers, payers, states and the Medicare and Medicaid programs. So again we are really driving towards transformation and so if we can challenge ourselves to say does this model really help us move forward in that area? That would be extremely helpful as well.

What is the likelihood of successful execution of a model and this is really a feasibility question. Do we think this is something we can either legally or from technical perspective, execute on?

The fourth one, is what is the potential for adoption and scaling by other payers and providers? One thing we have observed is that in some cases we implement models and participants, providers, or beneficiaries outside of models actually experience changes due to the model even though that specific provider may not be participating, and that is something we find really exciting, where changes that work for providers and beneficiaries may sort of organically spread so that is another thing we want to consider. Then, the final one is what is the potential for a model to support innovation in the Medicare and Medicaid programs more broadly? As I've seen some the questions come in and around Medicare Advantage or Medicaid managed care and the fee-for-service programs, we agree there could be innovation in all of those programs as well and that is part of our mandate and saying we will continue to strive towards.

Thank you, Ellen.

Accountable care is a critical piece of our strategy and we are getting a number of ACO related questions, so Pauline, how will the Innovation Center increase in number of beneficiaries in accountable care relationships?

Thanks for asking that question.

I think as we heard today, accountable care is a cornerstone of the strategy and we are committed to increasing the number of healthcare providers and beneficiaries that have the benefit of coordinated care relationships. We will be offering more opportunities for healthcare providers to join ACO's, and for primary care practices to participate in advance primary care models. We are also interested in fostering greater collaboration between primary care providers and specialists in both ACO and advance primary care models to better meet the needs of beneficiaries and to take on level of risk that are appropriate for them. We also note that accepting downside risk can be challenging and that sometimes upfront investments need to be made in order for participants to be able to participate. The Innovation Center wants to do a better job supporting healthcare providers and practices by providing more actionable data, increasing payment flexibilities available to participants, and especially those caring for the underserved so they could make the investments needed. Allow for more financial risk when providers want it and creating learning collaboratives to disseminate best practices. We also know we need to send strong and consistent signals around Medicare's and Medicaid's commitment to value-based care so participants can more predictably make the necessary investments to deliver accountable and person-centered care for all people they serve.

And, we really look forward to working with all providers in this effort. Thank you.

Thank you, Pauline. I know that will be a continuing conversation. Another area of great interest we see a lot of questions that were submitted and are coming in now, is the role of specialty care. So Chris, if you could talk a little bit and given the emphasis on accountable care, what does this mean for specialty care and episode-based specialty care models?

Yeah, thanks Purva for that, that's a really good question. Specialty care is a critical part of delivering on the promise of accountable care and driving better care for beneficiaries and the Innovation Center definitely recognizes that accountable care requires high-quality care delivery from both primary care

and specialty care and certainly looking at how those can be integrated. We are engaging right now in extensive stakeholder outreach on how best to integrate value-based specialty care with population accountable care. And how best to support primary and specialty care collaboration and coordination and how to best align the financial incentives and/or moving barriers to current specialist's participation in ACO's and other total cost of care models. The Innovation Center is also considering models for special populations and we tend to think of kidney care and oncology in that space. Episode base models and care will be a part of the path forward for greater care coordination and management of quality and total cost of care. We've been talking about accountable care here but affordability is also a strategic objective of the Innovation Center and we will continue to think through how we can reduce overall spending and out-of-pocket cost for beneficiaries. This may include innovative episode base models to better manage Medicare direct spending for models that will reduce disparities and settings of care.

Thanks so much, Purva.

Thank you, Chris.

Liz, we have another question that somebody touched on a little bit earlier in terms of the LAN. How does the strategic refresh intersect with the learning and action network or the LAN?

Thanks, Purva. The healthcare payment and learning and action network, or the LAN is a public-private partnership that serves an integral role in accelerating health system transformation, sharing best practices, and promoting private-sector alignment with alternative payment models. The LAN will continue to be a really key mechanism for the Innovation Center's engagement with stakeholders. In addition the LAN recently established the health equity action team, which is identifying model design principles that will advance health equity across the CMS Innovation Center and the healthcare system at large. >> The Innovation Center will continue to work closely with the LAN to identify opportunities to strengthen the engagement of patients and consumer organizations, in APM design and implementation, which is a key component of the strategy refresh. So, we continue to rely on the LAN and for those of you listening if you're interested in getting involved, please join.

Thanks, Liz.

It looks like we have time for a few more questions. Ellen, I think the next one is for you. Will CMMI's methods for evaluating models change under the new strategy and does a new strategy change how the Innovation Center decides whether to expand the scope or duration of a model?

Yeah, that's a really good question. Just to say up front, the first thing is that CMMI as you know performs rigorous evaluations of its models and that won't change. But there will be more included in that evaluation. So a critical component of the Innovation Center's health equity strategy is assessing the individual and collective impact of models on underserved populations. In efforts to do so, will be aligned with efforts that Administrator LaSure mentioned across the CMS. So, we will be conducting standardized hypothesis driven evaluations that measure health impact where possible and in consideration of that, will go into the model design process.

The Innovation Center will also determine how to share site-specific data and evaluation findings with participants and partners during and at the completion of models, as feasible. Decisions to modify the

scope and/or duration of a model will continue to be made on a model by model basis and that will be informed by the overall strategy.

Thanks, Ellen. I think we can squeeze one more in before we wrap up. Liz, I'm going to ask the last question to you. What is CMMI thinking in terms of drug pricing models?

Another great question and something I get asked about a lot.

What we are thinking on drug pricing if you want to really understand our perspective I would refer you back to the HHS drug pricing plan that was submitted to the White House last month, in September. Our principles are simple: first make prices more affordable and equitable for consumers and throughout the health system, by supporting negotiations with manufacturers, and really try to stop unreasonable price increases. Second, improve and promote competition throughout the prescription drug industry through market changes, strengthening the supply chains, and promoting biosimilars and generics. And, third, foster scientific innovation to better promote health care and improved health. In terms of CMMI models, the drug pricing plan also indicates areas of interest for us, Part B models we are considering small-scale mandatory models that link payment for drugs and Biologics to improved outcomes, reductions in health disparities, patient affordability and lower overall costs. These models could include outcome-based arrangements with manufacturers. Shared savings: we are also interested in models where savings could be generated and shared between providers and the government. And then bundled payments for treatment episodes: we are also considering models focused on episodes of care that include drugs and spending for other services like drug administration, devices, and related services that are provided over a period of time. I think you can find more about that in the report and I would refer folks back to the report. More to come, but of course, Congress is still debating these issues. We are watching that debate very closely as well.

Thanks, Liz. I think were almost at time, but there are a number of questions about availability of slides and the listening session, so Ellen, do you want to jump in?

Sure. Just to be clear, the slides will be posted publicly to our website and we think that they will appear either later today or early tomorrow morning but definitely by tomorrow morning you should see them. Also saw some questions about the listening sessions. Listening sessions will be open to the public in the slides and I think someone also will put it in the chat, a link to how you could sign up for the Listserv. We do encourage you to sign up for that Listserv because that is some of the ways we will be distributing information, and will certainly be publicizing our listening sessions on our Listserv.

Please look out for those documents. The white paper is already posted, so you can access it there.

Thank you. We hope you found the information shared today beneficial. We look forward to working with you throughout the implementation of the CMS Innovation Center strategy and really appreciate the time that everybody took to join us today. If you have additional questions as you read through the white paper on the Innovation Center strategy, you could send those to CMMIStrategy@cms.hhs.gov. The email address can also be found on the CMMI strategy webpage.

And, on behalf of the Innovation Center, Administrator Brooks-LaSure, thank you for joining us today.

Recording stopped.
[Event concluded]