

October 2016

Health Systems Transformation Monthly Newsletter

Complete an ACPM Survey on Preventive Services

The Centers for Disease Control and Prevention (CDC) is partnering with health care purchasers, payers, and providers to improve health, promote high quality medical care, and control health care costs. Through the [6|18 Initiative](#),

CDC is targeting six common health conditions using 18 evidence-based interventions. The priority conditions include tobacco use, high blood pressure, healthcare-associated infections, asthma, unintended pregnancies, and diabetes.

As health professionals working in prevention, many of you may be engaged in addressing one or more of the six conditions on either an individual or population level. ACPM has developed a survey to learn more about the evidence-based interventions that you use, promote or research to address these conditions. **Please tell us about your experience by completing a [survey](#) which should take about 10-15 minutes.** You do not have to be an ACPM member or subscriber to participate. Thank you for your time and input. **The deadline for completing the survey is Monday, October 10, 2016.** [Learn more](#) about ACPM's efforts to address the 6|18 initiative.



State Innovation Models show Promise in Care Coordination and Population Health



A Center for Medicare and Medicaid Services (CMS) [evaluation of the second year of the State Innovation Model \(SIM\) Initiative](#) shows that the healthcare reform program may be starting to bear fruit in the areas of care coordination, value-based reimbursement, and overall population health management. The independent evaluation looked at six states participating in the [Round One Model Test Awards](#) including Arkansas, Massachusetts, Maine, Minnesota, Oregon, and Vermont.

These six states received a total of more than \$250 million and have [made progress](#) with payment reform, health IT, data analytics infrastructure development, and patient-centered care. In Maine and Vermont, half of the overall population are now receiving care under an alternative payment model, while in Oregon and Vermont providers serving about 80 percent of Medicaid patients are now participating in a value-based payment environment.

CMS has released a [Request for Information \(RFI\)](#) to obtain input on the design and future direction of the SIM Initiative. **Submit comments by October 28, 2016**



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GET INVOLVED

HEALTH SYSTEMS TRANSFORMATION



American College of Preventive Medicine

ACPM defines Health Systems Transformation (HST) as a systems-based approach to improving population, community and individual health by incorporating the determinants of health and increasing the efficiency and effectiveness of healthcare.

The Health Systems Transformation Project is from a cooperative agreement that ACPM has with the Centers for Disease Control and Prevention. Visit www.acpm.org/hst to learn about our past and current efforts in HST.

UPDATED WEBSITE : Take a look at our HST [fact sheets](#) , [resources](#) and [Regional meetings](#); our pages on [HST Learning Institute](#) and [HST webinar](#) and Learn more about HST Task Force members from their [bios](#); access past [newsletters](#).

GOOGLE GROUP: Ask your friends and colleagues to join the [HST Google Group](#).

Coming Soon: Access recordings from the HST institute (Feb 2016) and HST webinar (June 2016) . [Check back](#) in late October on how to obtain CME/MOC for these activities.

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Bundled Payment Initiative - A Mixed Bag

The first year of the [Bundled Payment Care Improvement \(BPCI\) initiative](#) has yielded a mixed bag of results according to a [recent evaluation report](#). Some of the [key highlights](#):



- Out of 15 clinical episode groups, 11 showed savings for Medicare.
- BPCI hospitals that provided orthopedic surgery saved an average of \$864 per episode while improving quality of care as noted by the surveys from beneficiaries. Meanwhile, cost for spinal surgery rose by \$3,477 for BPCI hospitals
- Cardiovascular surgery episodes did not show any savings yet for BPCI hospitals but quality of care was preserved. Additional data is needed to estimate effect of cost and quality.

The survey analyzed nearly 60,000 episodes of care initiated between October 2013 and September 2014 by 130 hospitals, 63 skilled-nursing facilities, 28 home health agencies and four physician group practices participating in BPCI's [Model 2](#), [Model 3](#) and [Model 4](#). CMS is moving forward to achieve the Administration's [goal](#) to have 50% of traditional Medicare payments tied to alternative payment models by 2018.

CMS recently [proposed](#) expansion of bundled payments to cardiac care and cardiac rehabilitation that will begin in July 2017. Concerned about the unreasonable expectations and burden it places on the delivery system and payment structure, hospitals and providers are [asking CMS to slow](#) the pace of release of new payment models. Additionally, [Congressional leaders have asked CMS to delay](#) the new payment models saying more time is needed to review the proposals. To learn more:

- JAMA has published an [original research article](#), an [editorial](#) and a [viewpoint](#) on the effect of cost and quality of bundled payment for joint and knee replacement.
- *Modern Healthcare's* [rapid adoption of bundled payment remains an act of faith](#).

FOA: Accountable Health Communities Model



The [Accountable Health Communities Model](#) is based on emerging evidence that addressing health-related social needs through enhanced clinical-community linkages can improve health outcomes and reduce costs. Unmet health-related social needs, such as food insecurity and inadequate or unstable housing, may increase the risk of developing chronic conditions, reduce an individual's ability to manage these conditions, increase health care costs, and lead to avoidable health care utilization. CMS has reissued a [funding opportunity announcement](#) to apply for Track 1 of this model.

Applications are due by Thursday, November 3, 2016 .

Learn more about this model through a [webinar recording](#) from Dialogue4Health.

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Event

Aligning for Action



The [2016 LAN Fall Summit](#) will take place on **October 25, 2016** at the Washington Marriott Wardman Park Hotel in Washington, DC. The Fall Summit is an opportunity for members of the health care community to:

- Share their experiences with developing and adopting alternative payment models (APMs)
- Get expert answers to questions about how to successfully implement APMs
- Help accelerate the nation's transformation to APMs

There is no cost to attend the summit but registration is required.

What we're reading

- [According to a recent survey](#), 45% of employers are setting up value-based reimbursements with health insurers and providers to encourage better employee health outcomes and reduce costs
- The Health care Transformation Task Force has released a [new framework](#) that systems can use to ensure consumers priorities remain front and center during all phases of the transformation to a value-based care system.
- [For Medicare's New Approach to Physician Payment, Big Questions Remain](#): A viewpoint in *Health Affairs* that traces the contemporary history of the Medicare physician payment system and efforts to change it.