

ACPM and CDC Show Providers How the 6|18 Initiative Can Be Utilized to Address High Blood Pressure

[Access the slides and the recording](#)

ACPM and the Centers for Disease Control and Prevention (CDC) jointly presented a webinar to address the role of providers in implementing the [6|18 Initiative](#). The webinar was very well attended by physicians, clinicians, public health professionals and healthcare leaders. **Dr. Tisha Johnson**, a member of the [ACPM Health Systems Transformation \(HST\) Task Force](#), moderated the webinar and provided an overview of ACPM's efforts and current learning opportunities in HST.



The webinar included two speakers from the CDC – **Dr. Christa Singleton**, who introduced the audience to the 6|18 Initiative, and **Dr. Derrick Gervin**, who spoke about the CDC's efforts to control hypertension using initiative.

Finally, ACPM member **Dr. Mike Parkinson**, also a member of the ACPM HST Task Force, spoke about the role of a preventive medicine physician in implementing the 6|18 Initiative. He also talked about systems-level changes needed for providers to successfully adopt the initiative. [Access](#) the slides and the recording of the webinar.

UPDATE FROM ACPM THE FEDERAL GOVERNMENT

CMS Proposes Updates to Quality Payment Program

The Centers for Medicare & Medicaid Services (CMS) issued a [proposed rule](#) that would make changes in the second year of the [Quality Payment Program](#) (QPP) as required by the [Medicare Access and CHIP Reauthorization Act of 2015 \(MACRA\)](#).



The rule is intended to simplify the program, especially for small, independent, and rural practices, while ensuring fiscal sustainability and high-quality care within Medicare. Doctors had complained that the bar for qualifying as an alternative payment model was too high. The proposed rule allows doctors who report a limited amount of quality data to be exempted from Medicare's penalties. In addition, it allows doctors to pool their information on how they care for patients and be subjected to Medicare's quality payment scheme. The rule provides more flexibility for doctors who see limited numbers of patients face-to-face or in a hospital. Clinicians may qualify to earn a 5% bonus, within an alternative payment model, by counting traditional Medicare patients, Medicare Advantage patients or those covered through non-Medicare alternative payment models.

The proposed rule is open for comments till August 21, 2017. [Submit your comment!](#)

RELATED: American Medical Association (AMA) recently released a [survey](#) that found that majority (51%) of the doctors are somewhat knowledgeable about MACRA and the QPP. In

RESOURCES AND TOOLS

American Medical Association's STEPS Forward™

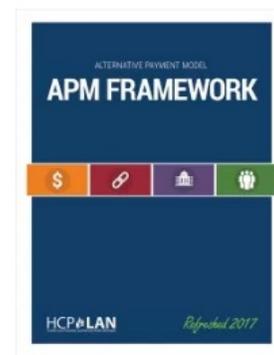
The American Medical Association has launched a new practice-based initiative called [STEPS Forward™](#). Their goal is to provide physicians with strategies for improving practice efficiency to achieve the Quadruple Aim - better patient experience, better population health, lower overall costs and improved professional satisfaction. About 50 learning modules are already available, covering strategies related to patient care, workflow and process, leading change, professional well-being, and technology and finance.



Alternative Payment Model (APM) Framework Refresh

[Health Care Payment Learning & Action Network](#) (LAN) originally released an Alternative Payment Model (APM) framework in January 2016. This month, LAN released an updated [APM Framework White Paper](#) to reflect experience and developments in APMs over the past year and a half.

The white paper puts forward a framework that can be used to track progress on payment reform along a path that supports person-centered care. The framework establishes a common nomenclature for defining, implementing, and sharing successful payment models and has been widely adopted across the health care ecosystem. The 2017 update makes changes to framework subcategories, clarifies payment reform goals, and identifies ways to increase APM adoption among small, rural, and safety-net providers.



HST IN PRACTICE

Medicaid and Public Health Collaboration in Oregon

Oregon is one of the leading states engaged in innovative health care delivery system reform that includes population health as a central component. With a grant from the Robert Wood Johnson Foundation, the Nemours Foundation published this [case study](#) in the National Academy of Medicine. This case study is part of a practical resource to show how states have successfully created sustainable financing through Medicaid and the Children's Health Insurance Program for preventing chronic diseases at both the individual and population levels.



WHAT WE ARE READING

[Health Affairs](#), in conjunction with the [Bipartisan Policy Center](#), published a five-part series examining **current issues and care models in the delivery system reform effort**. Each post is jointly authored by Democratic and Republican leaders in health policy.

Health Affairs

- [Preserving The Bipartisan Commitment To Health Care Delivery System Reform](#): Improving and reforming our health care delivery system is not a partisan

issue. It is important for Congress, the Trump administration, and the health care industry to continue bipartisan efforts to shift our health care delivery system and provider payment models toward value-based care.

- [CMS Should Continue Innovating Health Care Payment And Delivery](#): It will be vital for the federal government to maintain its commitment to ongoing investment in new payment and delivery models for federal health insurance programs, while sending clearer signals to other payers and health care providers.
- [For Patients With Multiple Chronic Conditions, Improving Care Will Be A Bipartisan Effort](#): As the CHRONIC Care Act and other health care delivery and payment reforms are considered, policy makers must recognize system shortcomings and consider how to better integrate care and improve health outcomes for our sickest and most vulnerable Americans.
- [The Private Sector Can Lead In Delivery System And Payment Reform](#): The private sector has the ability to move quickly to test new approaches because it faces fewer political constraints than the federal government. However, employers as a whole have not maximized their role due to current federal policies and overall risk-aversion.
- [Finding Common Ground On Medicaid Reform For Dual Eligibles](#): Bipartisan agreement on Medicaid is rarely achieved. There is consensus, however, on the need and the opportunity to contain spending growth and improve care delivery for the nearly 11 million Medicare beneficiaries who are also eligible for Medicaid.

EVENTS

WEBINAR: State Innovation Spotlight - Implementing Multipayer Bundled Payment Models

Three states – Arkansas, Tennessee, and Ohio – have implemented bundled payments for the Medicaid population to better control episode cost and quality, while aligning incentives across commercial payers to promote efficiency for participating providers. While there are common episode design parameters, each state took a unique approach to engage providers and payers in the transformation.

[Register](#) for the webinar, scheduled for July 24th at 2:00 PM EDT, for an in-depth case study of the experience in Arkansas, including lessons learned from the process of designing a multi-payer bundled payment program, and integration with other value-based payment models. The webinar, organized by the [Health Care Transformation Task Force](#), will feature payer perspective on participating in the design of bundled payment models in Ohio.



WEBINAR: AHRQ- EvidenceNOW: Advancing Heart Health in Primary Care

The webinar, hosted by the Agency for Healthcare Research and Quality (AHRQ), will explore how practice facilitators can help primary care practices become learning health care systems—organizations that systematically collect, analyze, and use evidence to improve care. The webinar will feature practice facilitation leaders from [EvidenceNOW](#) as they share experiences and insights about how to foster a culture of learning and quality improvement in small- and medium-sized primary care practices.

EvidenceNOW is an AHRQ grant initiative dedicated to helping small- and medium-sized primary care practices across the country use the latest evidence to improve the heart health



of millions of Americans. This initiative aligns with the [U.S. Department of Health and Human Services Million Hearts®](#), a national effort to prevent 1 million heart attacks and strokes by 2017. [Register](#) for this webinar scheduled for August 2, 2017 at noon EDT.

ABOUT ACPM HEALTH SYSTEMS TRANSFORMATION PROJECT

Learn More & Get Involved

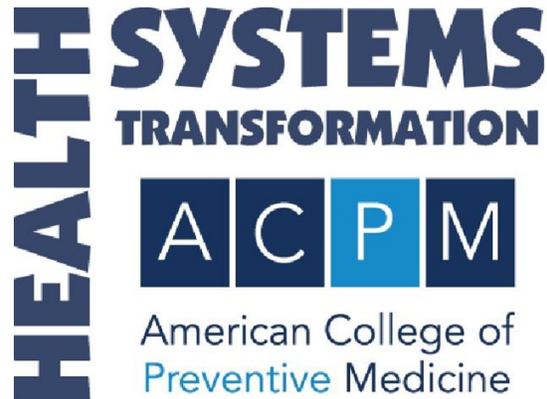
ACPM defines Health Systems Transformation (HST) as a systems-based approach to improving population, community and individual health by incorporating the determinants of health and increasing the efficiency and effectiveness of healthcare.

The Health Systems Transformation Project is from a cooperative agreement that ACPM has with the Centers for Disease Control and Prevention.

[Learn more](#) about our past and current efforts in HST.

Access our HST [fact sheets](#), [resources](#) and [regional meetings](#); pages on [HST Learning Institute](#) and [HST webinar](#); HST Task Force member [bios](#); and past [newsletters](#).

[Access](#) recordings from the HST institute (Feb 2016) and HST webinar (June 2016). You will have to login with your ACPM account or create a guest account to access the recordings. You can also obtain CME/MOC credits for these learning modules.



American College of
Preventive Medicine



*ACPM distributes lifestyle medicine news and updates each month.
[Subscribe to stay current with this growing field »](#)*

*If this email was forwarded to you, do not unsubscribe below.
Only current subscribers can unsubscribe.*
