

## UPDATES FROM THE FEDERAL GOVERNMENT

**SUBMIT COMMENTS: CMS Seeks Feedback on New Direction for Innovation Center; Deadline November 20**

The [Center for Medicare and Medicaid Innovation](#) (Innovation Center) was established, under the Affordable Care Act, to test innovative payment and service delivery models that improve care, lower costs and better align payment systems to support patient-centered practices.



In an [op-ed](#) published in *the Wall Street Journal*, the Center for Medicare and Medicaid Services (CMS) Administrator Seema Verma announced that the administration plans to lead the Innovation Center in a new direction.

Through an informal [Request for Information](#) (RFI), the Innovation Center is [seeking your feedback](#) on a new direction to promote patient-centered care and test market-driven reforms that empower beneficiaries as consumers, provide price transparency, increase choices and competition to drive quality, reduce costs, and improve outcomes. The Innovation Center welcomes stakeholder input on the ideas included here, on additional ideas and concepts, and on the future direction of the Innovation Center. In particular, the Innovation Center is interested in testing models in the following eight focus areas:

1. Increased participation in Advanced Alternative Payment Models (APMs);
2. Consumer-Directed Care & Market-Based Innovation Models;
3. Physician Specialty Models;
4. Prescription Drug Models;
5. Medicare Advantage (MA) Innovation Models;
6. State-Based and Local Innovation, including Medicaid-focused Models;
7. Mental and Behavioral Health Models; and
8. Program Integrity.

Submit comments [online](#) or by [email](#) through 11:59 PM EST on November 20, 2017.

**Behavioral Health Payment and Care Delivery Innovation Summit - Presentations and Recording Available**

In September 2017, the Center for Medicare and Medicaid Innovation Center (CMMI) held a [Behavioral Health Payment and Care Delivery Innovation Summit](#).



The summit convened community health organizations, medical societies, patient advocacy groups, government and non-government organizations, and other interested stakeholders to discuss behavioral health payment and delivery related to the following topics:

- Substance use disorders;
- Mental health disorders in the presence of co-occurring conditions;
- Alzheimer's disease and related dementias and
- Behavioral health workforce challenges.

Feedback provided during the Summit may be used by the Innovation Center to inform the design of potential future payment and service delivery models to improve access, quality, and cost of behavioral health care for Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) beneficiaries.

Access the [presentations](#) and the recordings from the [morning](#) and [afternoon](#) sessions.

## Medicare Accountable Care Organization Program Saved Nearly \$1 Billion Over Three Years

The [Medicare Shared Savings Program](#) (MSSP) is one of the largest alternative payment models. As part of this program, health care providers form Accountable Care Organizations (ACOs) coordinate care to reduce Medicare costs and improve quality of care.



The Office of Inspector General, within the U.S. Department of Health and Human Services, conducted a [study](#) that shows Accountable Care Organizations (ACO) tied to MSSP generated nearly a billion dollars in savings over three years. The 428 participating ACOs showed improvements in care quality and broadly outperformed fee-for-service providers in most of the quality measures. The study concluded that ACOs show promise in reducing spending and improving quality.

**Related:** A [Health Affairs blog](#) analyzed the mixed results of payment reform evaluations of several models including ACOs, Bundled Payments, Comprehensive Primary Care Initiative and Patient-Centered Medical Homes. The author concludes that improvement in care and cost performance takes time, and it is hard work for care transformation to take hold as it requires up-front resource investment and a shared commitment to data sharing and incentive realignment.

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### SPOTLIGHT ISSUES

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## Population Health: Providers Struggle to Build Community Connections

As health systems transform away from the fee-for-service payment models towards a value-based reimbursement, healthcare providers are exploring different ways to improve health of the communities they serve, such as addressing the social determinants of health.

# Modern Healthcare

*Modern Healthcare* conducted a survey among 70 healthcare leaders and executives to understand the challenges of addressing these social determinants of health. Subsequently, an [article](#) in *Modern Healthcare*, outlines some of these challenges including developing and establishing partnerships, lack of data and lack of community and patient involvement.

More than 70% of respondents screen consumers for risk factors associated with the social determinants of health, such as food insecurity, homelessness, unemployment and violence. Homelessness and lack of employment were rated as two pressing concerns in terms of impact on patient health. 72% of respondents use electronic health records to screen for social determinants; similarly 72% use claims data to screen for the social determinants and plan effective interventions.

**Related:** [Working Together Towards Better Health Outcomes](#), a report produced by the [Partnership for Healthy Outcomes](#). This report, informed by a survey of more than 200 healthcare-related partnerships serving one or more of all 50 U.S. states, explores the many ways that healthcare organizations and community-based organizations are successfully partnering in shared pursuit of better health outcomes. It provides important lessons to inform partnerships that seek to improve access to care, address health inequities, and make progress on social issues like food, education, and housing. This report was funded by Robert Wood Johnson Foundation.

# Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century

Public health is what we do together as a society to ensure the conditions in which everyone can be healthy. Although many sectors play key roles, governmental public health is an essential component. Recent stressors on public health are driving many local governments to pioneer a new Public Health 3.0 model in which leaders serve as Chief Health Strategists, partnering across multiple sectors and leveraging data and resources to address social, environmental, and economic conditions that affect health and health equity.



In 2016, the US Department of Health and Human Services launched the [Public Health 3.0 initiative](#) and hosted listening sessions across the country. Local leaders and community members shared successes and provided insight on actions that would ensure a more supportive policy and resource environment to spread and scale this model. Recently, an [article](#), a joint publication initiative between *Preventing Chronic Disease* and *National Academy of Medicine Perspectives*, summarizes the key findings from these listening sessions and recommendations to achieve Public Health 3.0.

**Related:** Read the full [white paper](#) on Public Health 3.0

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## OPPORTUNITY

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### Apply Now: The Leapfrog Group Bruce Bradley Fellowship

The Bruce Bradley Fellowship is a year-long education and training program for corporate health professionals who want to take an active role in steering employees and their families to safer, higher-quality hospitals and health systems.

Fellows will gain expertise in measurement of and advocacy for hospital quality and safety, as well as effective methods of steering. After training, Leapfrog expects that fellows will become recognized leaders, facilitating and promoting employers' selection of higher-quality, safer hospitals, and health systems locally, regionally, and nationally.



**Applications** for the 2018 Bruce Bradley Fellowship are open now through October 13, 2017.

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## WHAT WE ARE READING

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- [2016 National Healthcare Quality Disparities Report](#): Mandated by Congress and produced by the Agency for Healthcare Research and Quality, this annual report provides a comprehensive overview of the quality of health care received by the general U.S. population and disparities in care experienced by different racial and socioeconomic groups. The report assesses the performance of our health care system and identifies areas of strengths and weaknesses, as well as disparities, for access to health care and quality of health care.

- **Building Skills for a More Strategic Public Health Workforce: A Call to Action:** The National Consortium for Public Health Workforce Development, established by the [de Beaumont Foundation](#), convened public health leaders from more than 30 national public health membership associations, federal agencies, and public health workforce peer networks to identify areas of alignment among their priorities. Based on a strong consensus among Consortium members, this Call to Action urges prioritization of the development of eight strategic skills that complement the specialized skills and knowledge present in the governmental public health workforce. The strategic skills include: systems thinking, change management, persuasive communication, data analytics, problem solving, diversity and inclusion, resource management and policy engagement. **ACPM Board member Dr. Wendy Braund** was a part of this National Consortium.

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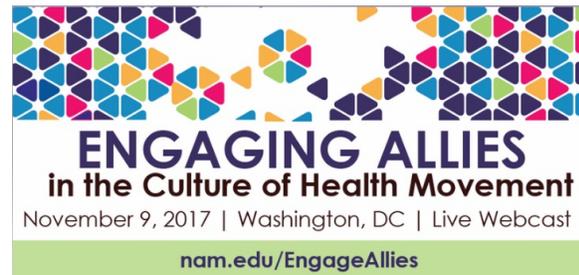
## EVENT

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### Register: Engaging Allies in the Culture of Health Movement

On **November 9, 2017**, the National Academy of Medicine (NAM) will host the second public meeting of its ongoing [Culture of Health program](#). The NAM's Culture of Health program is a multiyear collaborative effort funded by the [Robert Wood Johnson Foundation](#). Objectives of this meeting are to:

- Visualize health through the lens of art and communities;
- Illustrate links across social determinants of health via the science and lived community experience;
- Highlight recent movements that have resulted in positive change;
- Identify challenges and solutions in creating a culture of health.



**Register** now for the live webcast.

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## ABOUT ACPM HEALTH SYSTEMS TRANSFORMATION PROJECT

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### Learn More & Get Involved

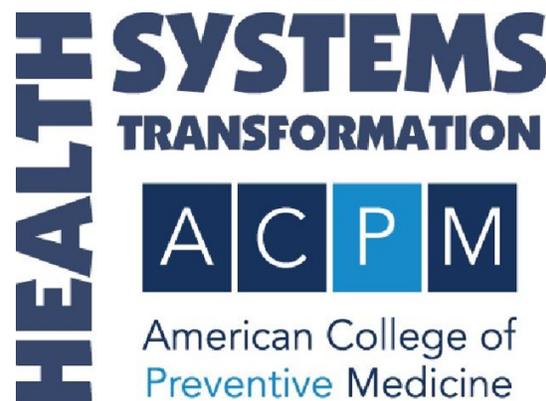
ACPM defines Health Systems Transformation (HST) as a systems-based approach to improving population, community and individual health by incorporating the determinants of health and increasing the efficiency and effectiveness of healthcare.

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](#) slides and recordings from the 6|18 webinar (June 2017), and [slides](#) from the 6|18



concurrent session held at the Preventive Medicine 2017 annual conference (May 2017).

[Access](#) recordings from the HST institute (February 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.

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Preventive Medicine



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