

## ACPM Responded to the Center for Medicare and Medicaid Services on Future Direction of the Innovation Center

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 Centers 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), CMS sought feedback from stakeholders on ideas and concepts on the future direction of the Innovation Center.

ACPM, in its [response](#) to the RFI, emphasized the crucial role the Innovation Center plays in catalyzing new thinking and evidence-based demonstration projects that enhance the prevention and management of chronic diseases. The statement also urges CMS to retain the Innovation Center as a vehicle to accelerate the transformation of health systems and enhance our population's health.

## ACPM Submitted Three Resolutions to the AMA to Elevate Preventive Medicine and Population Health in HST

The 2017 Interim meeting of the American Medical Association's (AMA) House of Delegates (HOD) convened in mid November, and ACPM adopted and submitted three resolutions for consideration, including two resolutions that will advance ACPM's strategic priority to elevate preventive medicine and population health in [Health Systems Transformation](#) (HST).



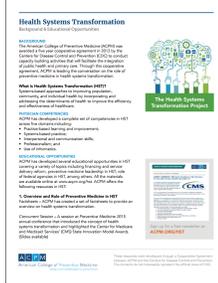
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- [Increased death rate and decreased life expectancy in the United States](#) – The resolution was adopted by the HOD without amendment and is now part of AMA policy.
- [Lifestyle Medicine Education in Medical School Training and Practice](#) – The resolution was adopted with amendments, and now reads: "Resolved, that our American Medical Association support policies and mechanisms that incentivize and/or provide funding for the inclusion of lifestyle medicine and social determinants of health in undergraduate, graduate, and continuing medical education."
- [Social Determinants of Health in Payment Models](#) – The resolution received strong support from the House, and was referred for inclusion in a current AMA study on the social determinants of health more broadly. The report from that study will be introduced at the AMA annual meeting in June 2018.

## A New Factsheet Listing Educational Opportunities in HST

ACPM has created a new [factsheet](#) compiling all our work products and ongoing efforts in Health Systems Transformation (HST) under our cooperative agreement with the Centers for Disease Control and Prevention (CDC). This factsheet includes the definition of Health

Systems Transformation, physician competencies and the educational opportunities available in HST. Share widely within your networks!

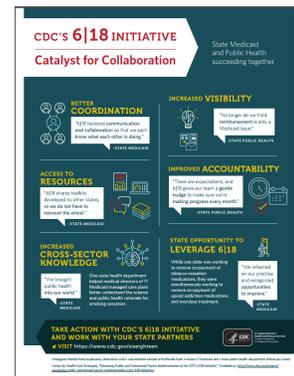


## FEDERAL GOVERNMENT UPDATES

### CDC Infographic on the 6|18 Initiative

The CDC has produced an [infographic](#) on how the 6|18 Initiative is a catalyst for collaboration between state Medicaid and public health agencies.

The infographic highlights six different themes that emerged from exploratory interviews with a total of eight officials (one Medicaid and one public health official per state) across four states. Engaging in the 6|18 Initiative leads to 1) better coordination; 2) increased visibility; 3) access to resources; 4) improved accountability; 5) increased cross-sector knowledge; and 6) the ability to use the initiative as a leverage for other opportunities.



### Antibiotic Use in the United States 2017

[Antibiotic Use in the United States 2017: Progress and Opportunities](#) provides an overview of the current state of antibiotic use in human healthcare settings including programs and resources to support healthcare providers and patients in their efforts to improve antibiotic prescribing and use. The purpose of this report is to raise awareness about the need for antibiotic stewardship. Antibiotic stewardship is the systematic effort to improve antibiotic use to improve patient outcomes in order to help patients and combat antibiotic resistance. Antibiotic resistance occurs when bacteria do not respond to the drugs that are meant to kill them. Antibiotic stewardship in agriculture and animal health is also an important topic; however, this report focuses solely on antibiotic use and stewardship in human health care.



Requiring antibiotic stewardship programs in the hospitals and nursing facilities is one of the evidence-based interventions within the [6|18 Initiative](#).

## INITIATIVES

### Integrated Health Model Initiative

The American Medical Association has launched a new collaborative initiative, the [Integrated Health Model Initiative](#) (IHMI), for improving, organizing, and sharing healthcare information.

The IHMI is a platform for bringing together the health and technology sectors around a common data model for the health system to collect, organize, exchange, and analyze critical data elements. IHMI hopes to equip clinicians with essential information to shift care plans towards achieving outcomes that are more relevant to a patient's quality of life and consistent



with the patient's lifestyle, goals, and health status. Given the high economic and societal burden of chronic diseases, IHMI will initially prioritize its resources and efforts in clinical areas such as hypertension, diabetes, and asthma.

Participation in IHMI is open to all healthcare and technology stakeholders. Early collaborators include IBM, Cerner, Intermountain Healthcare, American Heart Association, American Medical Informatics Association, among others. IHMI supports a continuous learning environment with an online platform that enables a common data model to evolve with real-world use and feedback from participants.

## Transformation to Value - A Leadership Guide

Healthcare industry leaders face incredible challenges in shifting from traditional, volume-driven fee-for-service to value-based payment and care delivery. To address this challenge, The Health Care Transformation Task Force has launched [Transformation to Value: A Leadership Guide](#). This guide will serve as a reference for business leaders to use when building and executing their transformation blueprints.



The first installment in this reference guide is a [framework](#) for the business leaders to chart their transformation agenda. The framework covers four dimensions including:

- **Strategy and Culture:** Organization, governance, executive and clinical leadership;
- **Structure and Investments:** Infrastructure, workforce, business focus areas;
- **Operations and Accountability:** Operational alignment, financial incentives, quality measurement; and
- **Performance Measurement:** Process and outcomes evaluation, financial modeling.

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### EVENT

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## National Health Care Ratings Summit

The [National Health Care Ratings Summit](#), hosted by the [Leapfrog Group](#), will bring together purchasers, providers, payers and consumer advocates to explore best practices for engaging consumers in using health care ratings effectively, as well as strategies for providers that use ratings for improvement. Speakers include leaders of the ratings agencies themselves as well as quality measurement experts, health system leaders, purchasing executives from Fortune 100 companies and disruptors driving positive change.



The summit will be on December 6-7 in Arlington, VA. [Register](#) for the summit in-person or for a live webcast.

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### ADDITIONAL READINGS

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**[MedPAC Urges Repealing MIPS](#):** The Medicare Payment Advisory Committee (MedPAC) is pushing for the immediate repeal and replacement of the Merit Based Incentive Payment System (MIPS) that aims to improve the quality of patient care. To avoid penalties under Medicare Access and CHIP Reauthorization Act (MACRA), physicians must follow one of two payment tracks: MIPS or advanced alternative payment models (APM) like accountable care organizations. MedPAC feels that it's too much of a burden for physicians and won't push them to truly improve care. The commission suggests replacing MIPS by withholding 2% of payments from all Medicare physicians not in an APM. Following this, these physicians would either be a part of a voluntary-based payment model in which they would be measured by CMS on performance-based measures or they would remain in fee-for-service and lose out on the 2% reimbursement withheld. But one MedPAC commissioner

shared that a 2% penalty will not drive change in physician behavior. MedPAC staff will draft recommendations which will be voted on by the commission in December. But if approved, this proposal will require legislation. In a related [article](#) published in *Modern Healthcare*, Dr. Kate Goodrich, Chief Medical Officer at CMS agreed with MedPAC's criticism of MIPS but did not say if it should be repealed.

**[Explaining Sluggish Savings under Accountable Care](#)**: The perspective, published in the *New England Journal of Medicine*, examines the performance of three different types of Accountable Care Organizations (ACO) in the first three years of their Medicare contracts. During the first year, 30% of all three types of ACO (integrated delivery systems, out-patient physician practices, and coalition of hospitals and practices) received bonus. While the percentage remained constant among integrated delivery systems for all three years, it increased in year 2 and year 3 for other two types of ACO. The authors provide economic and organizational reasons for the lack of robust savings under ACO. Economic reasons include weak financial incentives to encourage providers to change behavior and small proportion of patients covered by value-based payment contracts inhibiting comprehensive transformation of care delivery. Lack of awareness about new care models and complexity of provider organizations are two operational reasons that prevent ACO from achieving optimal success.

**[District of Columbia Health Systems Plan 2017](#)**: The District of Columbia Department of Health (DOH) recently released a Health Systems Plan (HSP) to strengthen the health and healthcare systems in the nation's capital. The HSP will serve as a guide for public and private investments in public health and healthcare delivery systems and will help promote the health and well-being of residents across the District. The HSP is fully aligned with the Department's five strategic priorities:

- Promote a culture of health and wellness;
- Address the social determinants of health;
- Strengthen public-private partnerships;
- Close the chasm between clinical medicine and public health; and
- Data-driven, outcome-oriented approach to program and policy development.

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## ACPM'S HEALTH SYSTEMS TRANSFORMATION PROJECT

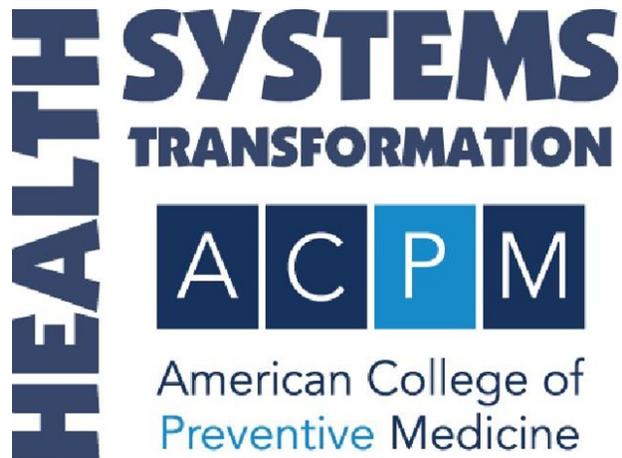
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### Learn More & Get Involved

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.



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*In addition to HST, ACPM distributes lifestyle medicine news and updates each month.  
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