Disclaimers

This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

This presentation is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference.

The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.
CMS Quality Strategy

**Better. Smarter. Healthier**

We continue to work across sectors including commercial and Medicaid to achieve the goals we share: *better care, smarter spending, and healthier people.*

**CMS Quality Strategy Goals**

- Make care safer by reducing harm caused in the delivery of care
- Strengthen persons and their families as partners in their care
- Promote effective communication and coordination of care
- Promote effective prevention and treatment of disease
- Work with communities to promote healthy living
- Make care affordable
Improving the way providers are incentivized, the way care is delivered, and the way information is distributed will help provide better care at lower cost across the health care system.

Focus Areas

- Pay Providers
- Deliver Care
- Distribute Information

Evolution of Pioneer ACO Model

Concept of ACOs Prior to Pioneer ACOs

Where are we currently with Pioneer ACOs?

Source: Burwell SM. Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care. NEJM 2015 Jan 26; published online first.
Pioneer ACO Model

- Pioneer ACOs were designed for organizations with experience in coordinated care and ACO-like contracts.

- Pioneer ACOs generated savings for four years in a row:
  - Total savings of $92 million in PY1, $96 million in PY2, $120 million in PY3, and $37 million in PY4.
  - Average savings per ACO increased from $2.88 million in PY1 to $4.17 million in PY2 to $5.98 million in PY3 to $3.09 million in PY4.

- Pioneer ACOs showed improved quality outcomes:
  - Mean quality score increased from 72% to 85% to 87% to 92% from PY1 to PY4.
  - Between PY1 and PY4, average performance improved on 23 of the 25 (92%) quality measures, by over 22%.

- Met Requirement for expansion after TWO years and continued to generate savings.

- Elements of the Pioneer ACO have been incorporated into track 3 of the MSSP ACO.

---

Learning through Pioneer ACO Model

<table>
<thead>
<tr>
<th>How did We adapt?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Benefit Enhancement-SNF</td>
</tr>
<tr>
<td>• Beneficiary notification</td>
</tr>
<tr>
<td>• Data Transparency—Total cost of care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What did We LEARN from the Pioneers?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How to invest in transformation</td>
</tr>
<tr>
<td>• CMS as an active and accessible partner</td>
</tr>
<tr>
<td>• TRUST &amp; CREDIBILITY</td>
</tr>
<tr>
<td>• Engaged marketplace</td>
</tr>
<tr>
<td>• Next Generation ACO built on Pioneer lessons learned</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Where are the Opportunities for Improvement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prove and establish a long term business case</td>
</tr>
<tr>
<td>• Maintain the momentum- Private sector &amp; Medicaid joining ACO concept</td>
</tr>
<tr>
<td>• Benchmarking</td>
</tr>
</tbody>
</table>

1 Results from actuarial analysis.
How Did We Select, Update & Retire Quality Measures for Pioneer ACOs?

**Selection:**
- Identify gaps in existing measures
- Outcome-based measure preferred to clinical process measures.
- Patient safety and adverse events.
- Appropriate use of diagnosis and therapeutics.
- Care coordination, patient experience and communication.
- Patient-reported outcomes.
- Community and Population Health
- Efficiency, cost reduction and resource use.

**Update:**
- Highlights known measurement and performance gaps
- Recommends prioritized approaches to close those gaps through the development, adoption, and refinement of quality measures
- Promotes harmonization and alignment across programs, settings, and payers
- Solicit input from stakeholders through the ongoing Call for Measures
- Rulemaking process to finalize an initial set of measures

**Retirement:** "Topped Out" measures
- Population Based measures
- Measures to assess care in the frail elderly population
- Public health measures
- Caregiver experience of care

**Future for Quality Measures:**
- Population Based measures
- Measures to assess care in the frail elderly population
- Public health measures
- Caregiver experience of care

Pioneer Quality Measure Domains

- **Patient & Caregiver Experience**
  - CAHPS Survey of Beneficiaries paid for by ACOs. Scores based on report of beneficiary experience with ACO providers

- **Care Coordination/ Patient Safety**
  - How well ACOs coordinate care to prevent acute hospitalizations, and readmissions, utilize EHRs, manage beneficiary medications upon discharges from hospitals, screen for fall risk, etc.

- **Preventive Health**
  - Flu, Pneumococcal vaccines; High Blood Pressure, Depression screening and follow up, BMI, Tobacco Use, Screening for Colorectal & Breast Cancer, Statin Therapy

- **At Risk Population**
  - Beneficiaries at risk with diagnosis of Depression Remission, Diabetes, Heart Failure, Cardiac Conditions