SESSION: Looking Ahead for Value-Based Care: What's Working, What's Not, What's Next?

The Medicare Accountable Care Transformation portfolio is focusing on three major areas: developing the next generation of risk adjustment models, accelerating specialty care engagement with population-based payment models, and aligning payer accountable care reforms. Our risk adjustment efforts build on our previous work by defining concrete steps around improving data in the models, opportunities to use third party auditing to improve accuracy of coding, and technical model reforms like reweighting. The goal is to empirically simulate our reform recommendations. Specialty care engagement teams are focused on two primary areas: developing longitudinal specialty care models for high-cost conditions in collaboration with specialty societies and other external stakeholders, and how to operationalize these models in accountable health entities to better engage specialist in transformational efforts. Finally, we remain actively engaged with the Health Care Payment Learning and Action Network (HCP-LAN), working to align payers, especially national payers and payers with large market shares in states in the Transformation Collaborative, and other stakeholders on key accountable care capabilities (payment reform, quality measures, data and infrastructure, and health equity), as guided by our previous multipayer framework.
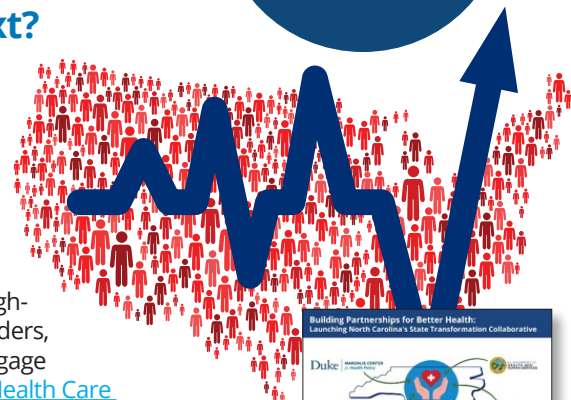
Duke-Margolis Spotlights

Implementing Value-Based Care Reforms

- **North Carolina State Transformation Collaborative:** an effort to improve population health, enhance patient experience, reduce health care costs, and decrease administrative demands on health care providers, while simultaneously advancing health equity across the state.

Integrating Specialty and Primary Care

- **Strengthening Specialist Participation in Comprehensive Care Through Condition-Based Payment Reforms:** outlines Specialty Condition-Based Payment Models (SCMs), condition-level payments for specialized care that could be "nested" within population-based payment models such as accountable care organizations (ACOs). Payments would be designed to support longitudinal condition management, coordination, and services to prevent costly complications.

- **Value-Based Care And A Path To Achieve Comprehensive Care In The Safety-Net:** demonstrates how safety-net providers can and do succeed in VBP models with the support of multi-stakeholder alignment and conducive policy environments.

- **Policy Opportunities to Improve Care in the Safety Net through Accountable, Value-Based Payment Reform:** describes policy reforms and technical design considerations for policymakers and payers to advance safety net participation in accountable care models.
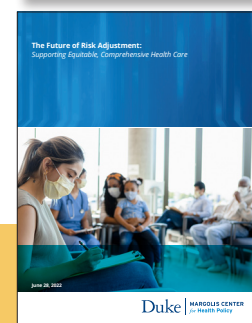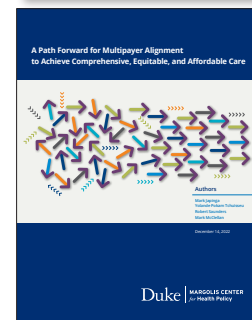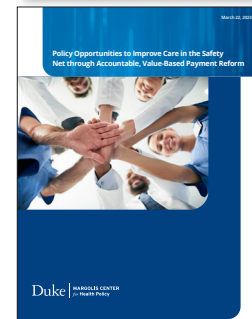
Advancing Strategies for Multipayer Alignment

- **A Path Forward for Multipayer Alignment to Achieve Comprehensive, Equitable, and Affordable Care:** outlines actions for improving multi-payer alignment across key features of value-based payment models, widely recognized as critical for reducing administrative burden and achieving common goals such as improving population health and affordability.

Reforming Risk Adjustment

Duke-Margolis aims to ensure that its health policy research and leadership contribute significantly to dismantling health inequities. A cross-cutting effort across the Center, recent health equity work includes:

- **The Next Generation of Risk Adjustment: Policy Opportunities to Advance Reform:** presents an overview of the current risk adjustment system, including how it works and the challenges it presents, and provides an analytical review of the recently proposed and finalized version of CMS policy reforms to risk adjustment.

- **The Future of Risk Adjustment: Supporting Equitable, Comprehensive Health Care:** provides an outlook on financial incentives for plans and providers to attract and retain individuals with high levels of need, support fair benchmarks for assessing performance across providers and plans accountable for differing populations, and ensure that accountable organizations have appropriate resources to deliver high-quality and effective care for the populations they serve.