Strengthening Whole-Person Specialty Care Through Accountable Care Innovation

April 4, 2024
Agenda

• Welcome & Opening Remarks
• Fireside Chat with CMMI: Updates on CMS’ Specialty Care Agenda
• Moderated Discussion: Complementary Initiatives to Advance Core Specialty Model Components
• Wrap up and Key Synthesis

This webinar is part of a five-year, collaborative initiative between the Duke-Margolis Institute for Health Policy and West Health to advance and accelerate value-based payment reform in the U.S. health care system.
 Specialty Reforms Must Account for Each Major Type of Specialized Care

**Whole-Person Care**
Specialists that manage the full range of patient care for a specialized population
- Care for people with advanced chronic kidney disease, complex geriatric conditions
- May particularly benefit from participating in accountable care models for specific populations
- *Example: A nephrologist providing specialty and primary care services to dialysis patients*

**Acute Episodic Specialty Care**
Specialists that focus on a specific intervention or episode
- Typically manage specialized care for a defined time period
- Most general surgery procedures, specialized elective services, major acute events
- *Example: A surgeon managing discrete surgical or intensive conditions, such as appendicitis*

**Longitudinal and Chronic Specialty Care**
Specialists that co-manage care with PCPs or other providers
- Care for chronic conditions involving specialized management in collaboration with primary care. Includes major chronic disease areas such as CV, MSK, diabetes, dementia, chronic lung diseases, IBD, etc.
- *Example: A cardiologist and a PCP working together to coordinate care for a patient with cardiovascular disease*
How Do the Solutions Fit Together?

1. Increase Transparency Through Enhanced Data Sharing and Specialist Performance Measures

2. BPCI Advanced Extension
   Mandatory Episode Payment Model

3. Specialist Engagement with Advanced Primary Care

4. ACO Condition and Procedure Management

Patient pathway figure adapted from Comprehensive Specialized Care: The Missing Piece in Value-Based Care Reform [PowerPoint slides]. Duke-Margolis Center for Health Policy, UT Health-Dell Medical Musculoskeletal Institute, Signify Health (2022).
Complementary Approaches to Support Progress

**CMS focused on variety of infrastructure development initiatives**

- Primary care and specialty collaboration through data transparency, and for specialist value-based care readiness through MVP performance
- BPCI-A initiative, whole-person care models, alignment through CMMI models

**Commercial payers focused on longitudinal care management in model design**

- Primary care and specialty collaboration and overall condition management, sub-capitation, and improving integration within ACOs

**Accountable providers are also leveraging internal data to reduce specialty costs and improve co-management**

- Exploring high-cost drugs and reducing variation in practice patterns