ISSUE SPOTLIGHT

Supporting Traditionally Underserved Populations through Better Safety Net and Home-based Care

Safety net providers remain underrepresented in value-based payment (VBP) models due to design limitations and insufficient resources, despite the potential benefits of these models to support more coordinated, comprehensive care. Efforts to close this gap are critical to the CMS strategic vision for transitioning Medicare and Medicaid patients into accountable care relationships by 2030.

Policy Opportunities to Improve Care in the Safety Net through Accountable, Value-Based Payment Reform

Another key underserved population are people who are homebound with complex health and social needs and would benefit from receiving care in the home or community settings. The COVID-19 pandemic accelerated the shift to home settings as providers rapidly pivoted to delivering care outside of traditional clinical and institutional settings. Despite this temporary expansion, the home setting remains unevenly used and underutilized.

Duke-Margolis work to advance health policy for these underserved communities provides practical, evidence-based guidance for designing value-based payment models that can inform federal and state initiatives to better support safety net institutions and improve care for historically underserved and under-resourced communities—initiatives that exist at the intersection of health care, public health, and social services. The Duke-Margolis report, "Policy Opportunities to Improve Care in the Safety Net through Accountable, Value-Based Payment Reform," with support from The Commonwealth Fund and Arnold Ventures, examines the opportunities—and the challenges—with advancing safety net providers in VBP models.

For the homebound population, Duke-Margolis is working to develop evidence-based policy recommendations, translate policy considerations to providers, and share practical guidance to policymakers to advance better home-based care. Nearly 2 million Medicare beneficiaries are completely homebound and another 5 million struggle to access health care in traditional clinic or facility-based settings. The predominant fee-for-service payment model does not adequately support home-based primary care providers in addressing this gap. Yet, existing alternative payment models are not designed to account for the unique needs of home-based primary care practices. Duke-Margolis has a project supported by The John A. Hartford Foundation, Moving and Scaling Home-Based Primary Care Phase III: Leveraging Policy Reforms to Scale Home-Based Primary Care, that explores policy opportunities to scale access to home-based primary care for older adults and homebound individuals.