

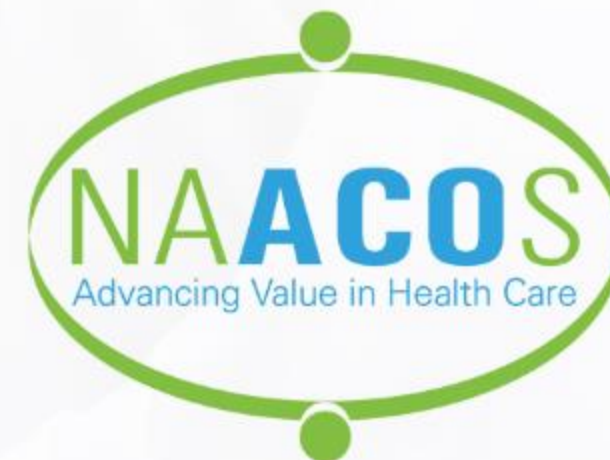


ACHIEVING VALUE THROUGH TRANSFORMATION

A Webinar Series

Reimagining Beneficiary Engagement in Accountable Care Models

July 31, 2024





Agenda

Welcome

Introduction

Recommendations:

- Communications and Education

- Engagement in Care Delivery

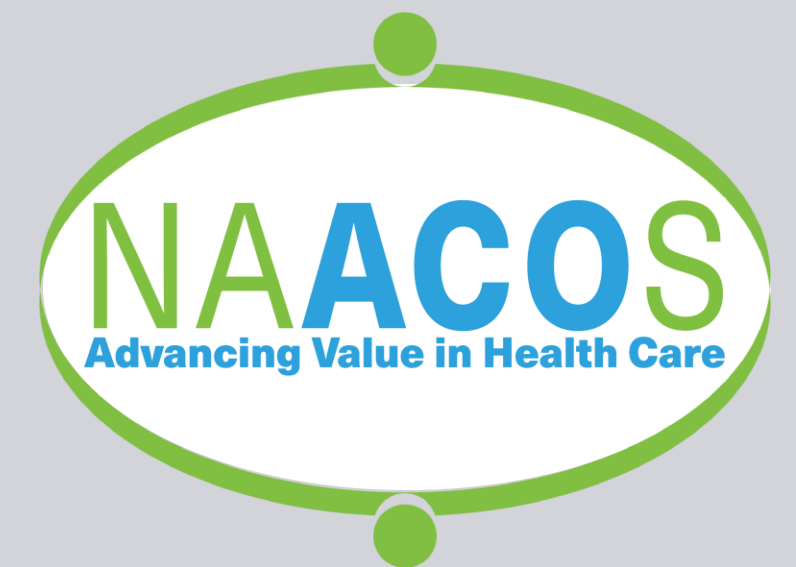
- Participation and Input in ACO Governance

Discussion

Q&A

Adjourn

Introduction



Established in 2014, the Health Care Transformation Task Force is a multi-sector industry consortium comprised of committed to advancing delivery system transformation that drives rapid, measurable change for ourselves and our country.



Providers



Payers



Purchasers



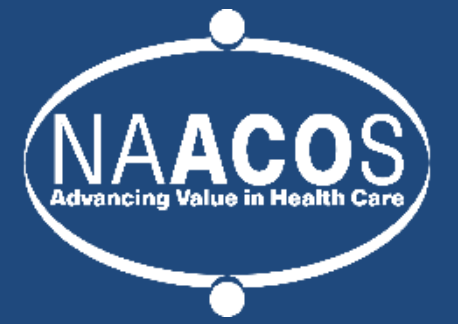
Patients



Partners



About NAACOS



470

ACO MEMBERS

9.1M

BENEFICIARY LIVES IN
MEMBER ACOS

76%

OF ACOS ARE NAACOS
MEMBERS

160

PARTNER
ORGANIZATIONS



THOUGHT LEADERSHIP

NAACOS works to advance and promote coordinated, patient-centered, value-based care through research, publications, and other forms of thought leadership.



EDUCATION

NAACOS offers a variety of educational webinars, conferences, and other events to help value-based care entities stay up-to-date on the latest developments in the field and learn from experts and peers.



ADVOCACY

NAACOS advocates through various means, such as engaging with policymakers, participating in rulemaking, collaborating with other organizations, and communicating with the public.

Who We Convened

HCTTF and NAACOS wish to acknowledge and thank roundtable discussion participants for their significant contributions to this resource.

- Katie Boyer, agilon health
- Casey Korba, Aledade
- Karen Johnson, American Academy of Family Physicians
- Melanie Phelps, American Heart Association
- Brandon Wilson, Community Catalyst
- Staci Lofton, Families USA
- Jeff Micklos, Health Care Transformation Task Force
- Charlotte Burnett, Health Care Transformation Task Force
- Liz Adler, Integra Community Care
- Jeanne DeCosmo, MedStar Health
- Tori Bratcher, Trinity Health
- Aisha Pittman, National Association of ACOs
- Alyssa Neumann, National Association of ACOs
- Sarah Coombs, National Partnership for Women & Families
- Alan Balch, National Patient Advocate Foundation
- Melissa Medeiros, Premier Inc.
- Richard Doane, Premier Inc.

Recommendations Overview



COMMUNICATIONS
AND EDUCATION

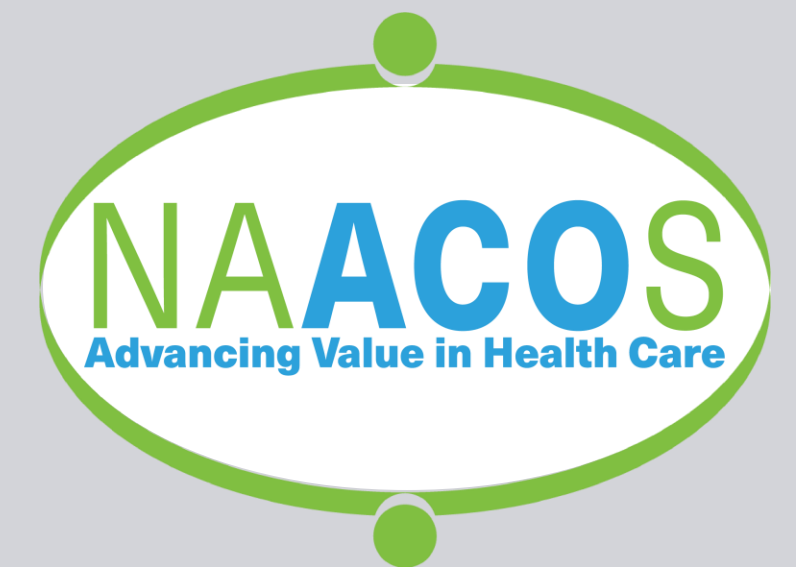


ENGAGEMENT IN CARE
DELIVERY



PARTICIPATION AND
INPUT IN ACO
GOVERNANCE

Recommendations



Recommendations



COMMUNICATIONS
AND EDUCATION



ENGAGEMENT IN CARE
DELIVERY



PARTICIPATION AND
INPUT IN ACO
GOVERNANCE

Communications and Education

BACKGROUND

- CMS' definition of communications activities as marketing materials deters ACOs from developing educational content.
- ACOs are required to use CMS template language when available.
- CMS has different requirements for ACOs based on assignment methodology.

KEY CONSIDERATIONS

- Communication and education polices should build greater engagement with beneficiaries.
- Current beneficiary notifications are passive and do not resonate with patients or encourage trust or engagement.
- Current requirements are too prescriptive and don't allow ACOs to tailor content.

Key Recommendations

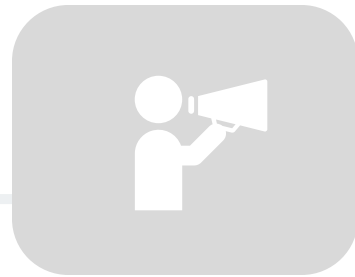
— Short-term

- ▶ Allow ACOs to edit beneficiary notification templates with input from their affected patient community to include more ACO-specific information and allow the translation of materials into different languages.
- ▶ Modify the definition of "marketing materials and activities" in MSSP to distinguish between education and communication and marketing.

— Long-term

- ▶ Shift toward a requirement for ACOs to have a beneficiary-informed education and engagement plan for CMS to track and audit.
- ▶ Make CMS communication templates optional and allow for customization. CMS should make the template language publicly available to solicit feedback from stakeholder groups.

Recommendations



COMMUNICATIONS
AND EDUCATION



ENGAGEMENT IN CARE
DELIVERY



PARTICIPATION AND
INPUT IN ACO
GOVERNANCE

Engagement in Care Delivery

BACKGROUND

- Establishing a primary care relationship is an important step in a patient's care journey.
- ACOs can use voluntary alignment to engage beneficiaries in continuous, trusting relationships, but operational challenges make it difficult to implement.
- Annual wellness visits (AWVs) are a tool to engage beneficiaries in their care before an acute illness or concern arises, but Medicare rules prevent ACOs from conducting AWVs in a timely fashion.
- ACO waivers were created to provide additional flexibility with Medicare rules to support care delivery innovation, but waivers have been limited.

KEY CONSIDERATIONS

- Traditional Medicare beneficiaries currently have no incentive to select a PCP and may not understand why it is important.
- Current design of waivers is not person-centered.
- Operational complexity with waivers and tools limits their use and impact.
- Beneficiary cost sharing for high-value services like care management acts as a barrier to care.

Key Recommendations

- ▶ Improve voluntary alignment policies so that it is more accessible and understandable for beneficiaries and a more actionable tool for ACOs.
- ▶ Provide information on how to select a PCP and why it's important when beneficiaries enroll in Medicare.
- ▶ Establish a set of core waivers applied uniformly across all total cost of care models, with additional waiver options available for certain advanced models/tracks.
- ▶ Improve existing waivers by allowing ACOs to waive cost-sharing for key high-value services and to waive the 365+1 day rule for AWWs.
- ▶ Create a transparent process to accept public nominations for new waivers and engage patients and caregivers in the design and implementation.

Recommendations



COMMUNICATIONS
AND EDUCATION



ENGAGEMENT IN CARE
DELIVERY



PARTICIPATION AND
INPUT IN ACO
GOVERNANCE

Participation and Input in ACO Governance

BACKGROUND

- ACOs face challenges identifying and recruiting beneficiary representatives to participate on an ACO governing body.
- Beneficiary representatives are not required to have full voting rights.
- CMS also requires ACOs describe how they intend to partner with community stakeholders

KEY CONSIDERATIONS

- Beneficiary engagement on an ACO governing body is necessary but not sufficient.
- CMS should support ACO engagement with beneficiaries and CBOs such as through community care hub collaborations.

Key Recommendations

- ▶ Modify the MSSP shared governance requirement such that the beneficiary representative must have voting rights.
- ▶ Allow caregivers to serve as beneficiary representatives to ensure representation of beneficiaries with complex needs.
- ▶ Provide ACOs with guidance on engaging the broader patient community in decision-making and program development, including how to reimburse CBOs for their services.
- ▶ Provide ACOs with guidance on appropriate compensation for beneficiary board representatives.

Speakers



Sarah Coombs

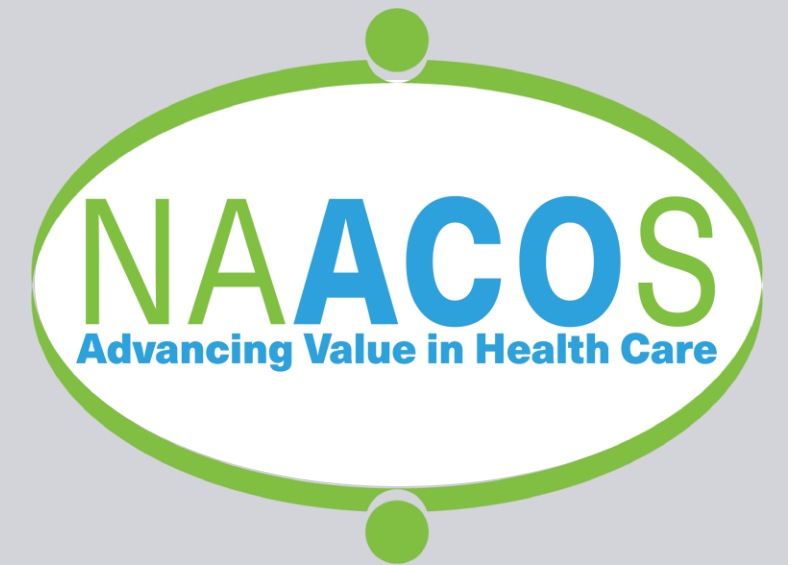
Director for Health System Transformation
at the National Partnership for Women &
Families



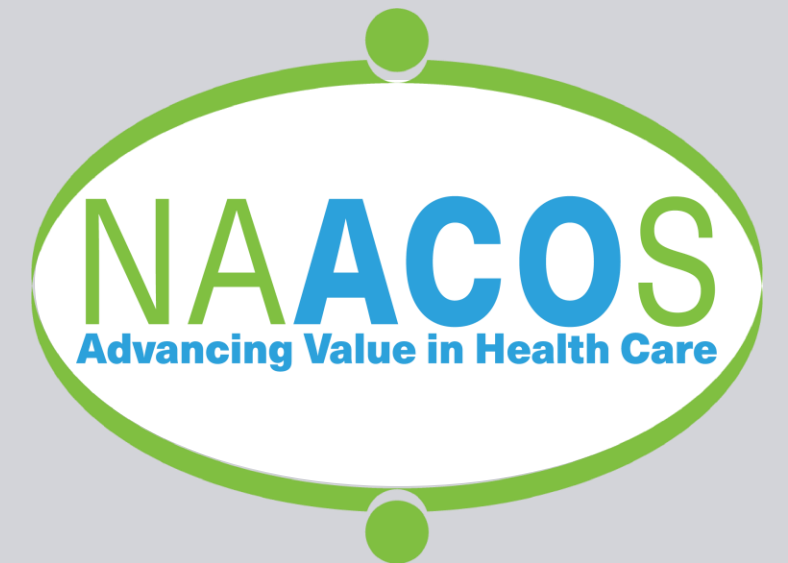
Tori Bratcher

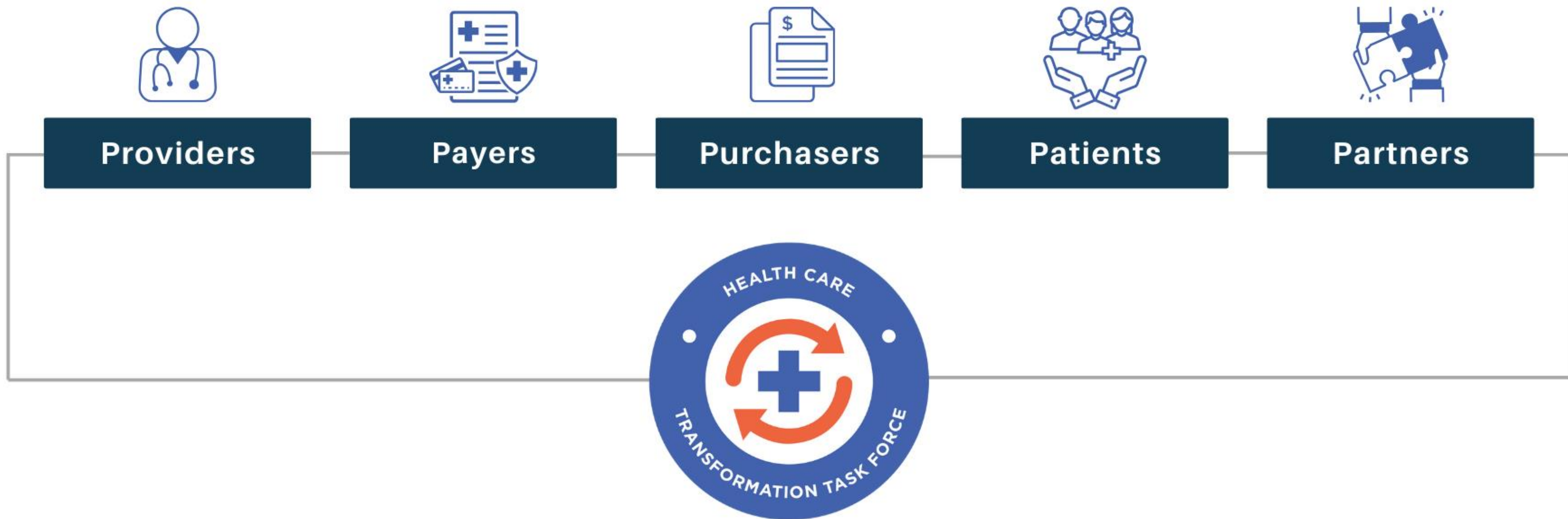
President of Trinity Health Integrated
Care Accountable Care Organization

Discussion



Q&A





A special thank you to the National Association of ACOs

For more information on our recent releases, please visit hcttf.org

Follow us on Social Media:

