

# The CMS Innovation Center's Approach to Person-Centered Care

*Commitment to Patient Partnership  
Across the Model Lifecycle*

**March 31, 2023**

Center for Medicare and Medicaid Innovation



# Housekeeping and Logistics



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**This session is being recorded.** All participants will be muted besides those providing verbal comments.



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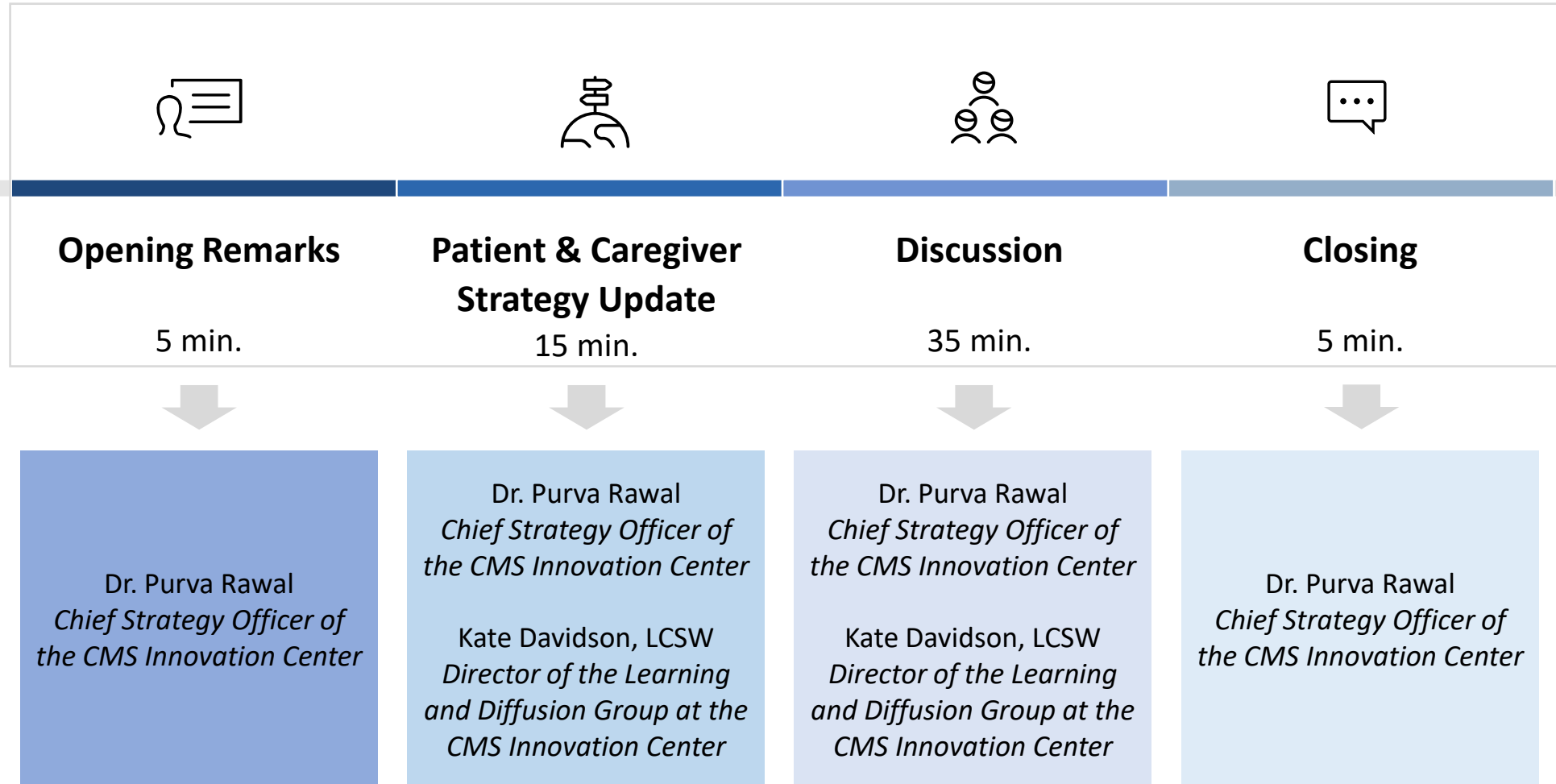
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# Agenda



## Opening Remarks

Patient & Caregiver Strategy Update

Discussion

Closing

# Vision: What's to Come Over the Next 10 Years



# Partner to Achieve System Transformation



- **Aim:** Align priorities and policies across CMS and aggressively engage payers, purchasers, states, and beneficiaries to improve quality, achieve equitable outcomes, and reduce health care costs
- **Impact on Beneficiaries:** Closer engagement with beneficiaries, caregivers, and patient groups across the lifecycle of models will help ensure that models are meeting people's needs
- **Measuring Progress:**
  - 100% of new models, where applicable, that make multi-payer alignment available
  - 100% of models that engaged patients/beneficiaries, caregivers, and patient groups through the model lifecycle

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# Achieving Person-Centered Care in Model Development and Testing

## AIMS

- Improve care quality for beneficiaries
- Improve experience for patients and caregivers
- Drive better health care outcomes for beneficiaries

## MECHANISMS TO ACHIEVE AIMS



**Understand Patients' Perspectives**



**Operationalize Feedback**



**Promote Transparency**



**Sustain Engagement**

## KEY 2023 FOCUS AREAS

### PATIENT AND CAREGIVER INCLUSIVITY

Ensure that we are capturing the range of patient and caregiver perspectives reflective of the healthcare ecosystem

### PATIENT PARTNERSHIP

Promote a partnership approach for understanding patient experiences for two-way communication, real world feedback, and ongoing improvement

### TRANSPARENCY

Communicate how the Center is using patient and caregiver feedback to drive future programs and Center decision-making to address unmet needs



# How the Innovation Center Integrates Patients' Perspectives Across the Model Lifecycle



## IDEATION & DEVELOPMENT

- How does the theory of action align with patients' priorities?
- How can model capture real-world patient experience?
- How does the model impact affordability for all patients?
- Will the model increase equitable access to health care across demographic and socio-economic profiles?

## RECRUITMENT & RULEMAKING

- What kind of information about a model do patients want or need to understand?
- How can CMMI communicate the intended benefits of receiving care under the model to patients?

## APPLICATION

- Does model applicant distribution provide equitable access to care for all potential patients in the applicant's area?
- Are the model applicants equitably reaching patients?
- What communication tools are best for patients?

## IMPLEMENTATION & EVALUATION

- How are patients experiencing the changes in care delivery?
- How are patients experiencing changes in their health outcomes/quality of life?
- What is the impact of the model on the patient across the different populations served?
- How are we mitigating adverse impact on patients?

## SCALABILITY

- How will scaling the model affect patients?
- How do we ensure that the benefits that patients have gained are sustained once the model period ends?

# CMMI Strategy Roadmap: Models, Initiatives, and Engagement

## Stakeholder Engagement & Learning

- **Health Care Payment Learning and Action Network (LAN):** State Transformation Collaboratives, Health Equity Advisory Team, Accountable Care Action Collaborative
- **Listening Sessions and Webinars:** Engaging Beneficiary Perspectives across Life Cycle of Models, Informing New Model Development and Cross-model Issues

2022

2023-2024

2025-2029

- Kidney Care Choices Model launched
- **Announced models:**
  - ACOs Realizing Equity, Access, & Community Health (REACH) Model
  - Enhancing Oncology Model (EOM)
  - Two-year extension of Bundled Payment for Care Improvement Advanced (BPCI Advanced) Model

- Advanced primary care model tests
- State total cost of care model tests
- Population and condition-specific accountable care models
- Bundled payment models to support population health
- Prescription drug models

- ACO model tests that support primary care and accountability for total cost of care and outcomes
- Bundled payment models to support population health
- Population & condition-specific accountable care models
- Specialty integration models

- Health equity data collection
- Risk adjustment
- Multi-payer alignment

### Cross-Model Issues

- SDoH screening and referral
- Beneficiary engagement

- Medicaid alignment
- Benchmarking
- Data access and transparency

# Journey Mapping Strategies at the Innovation Center

# Journey Mapping Strategies to Promote Patient Partnership & Improve Beneficiary Experience



## What Does Journey Mapping Look Like at the Innovation Center?

Understanding what patients and caregivers experience along the care continuum via interviews, focus groups, and other sources of experience information to identify gaps and opportunities for addressing those pain points in our models.

### THE OPPORTUNITY

Leverage patient journey mapping strategies to promote ongoing partnership, two-way communication, real-world feedback, and continuous improvement.

1

Foster two-way communication with patients, caregivers, and their representatives

2

Gather real-world beneficiary feedback throughout the model lifecycle

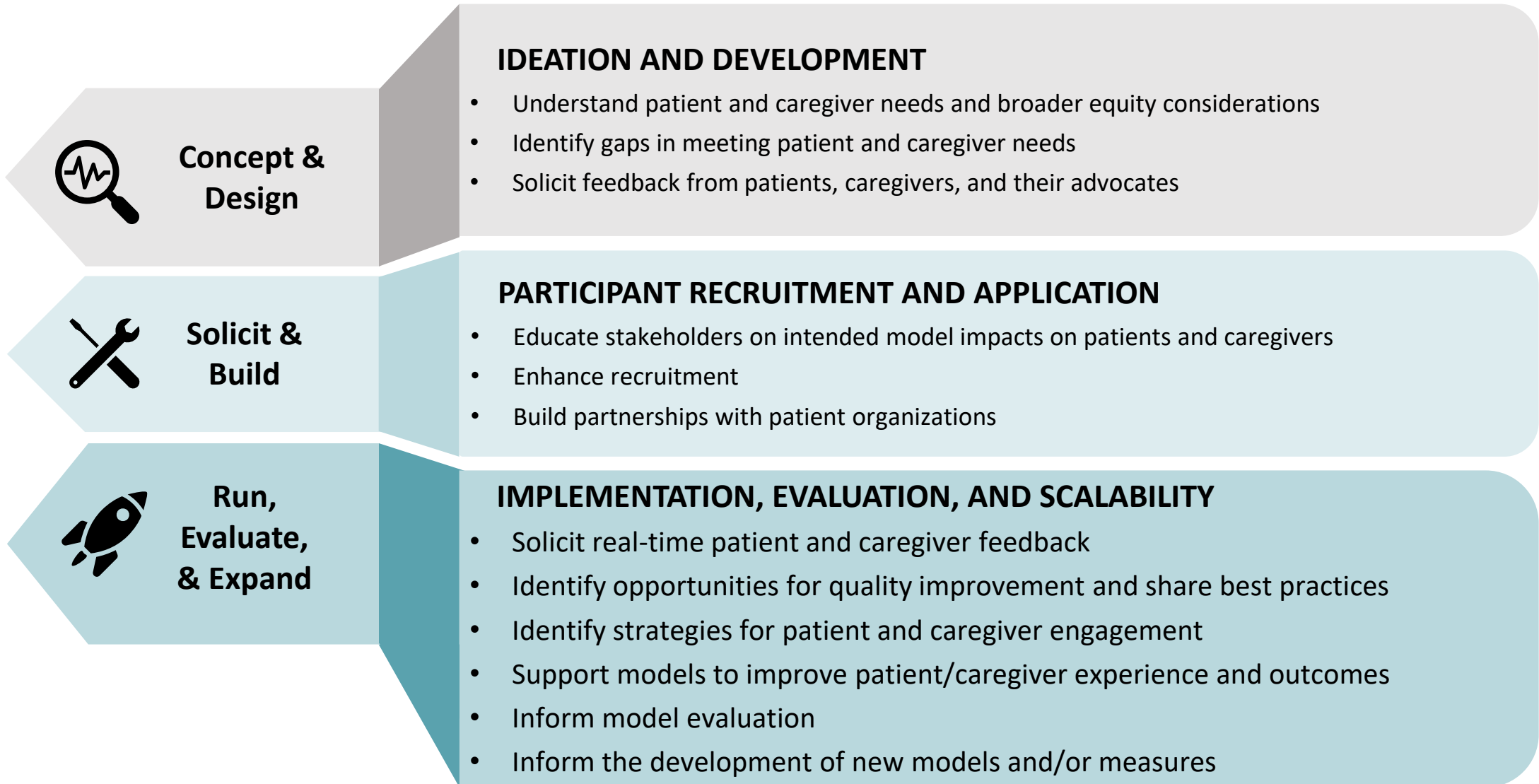
3

Understand and improve patient experience of care

4

Build innovative and effective measures with patient data

# Potential Uses for Journey Mapping Across the Model Lifecycle



# Journey Mapping In Action: Understanding the Experiences of People with Serious Illness and Their Caregivers

## OVERVIEW

The Innovation Center is using journey mapping to capture the perspectives of **patients with serious illness and their caregivers**, understand challenges/gaps and identify opportunities for improving outcomes, experience, and equity

## KEY TAKEAWAYS



### PATIENT SUPPORT

Caregivers and patients lack support (e.g., timely, comprehensive, individualized care planning) early in the serious illness care journey, creating significant, downstream effects on their experience.



### CAREGIVER SUPPORT

The caregiver's role is integral to better outcomes. However, many people living with serious illness may not have a caregiver, and often caregivers lack support.



### HEALTH EQUITY

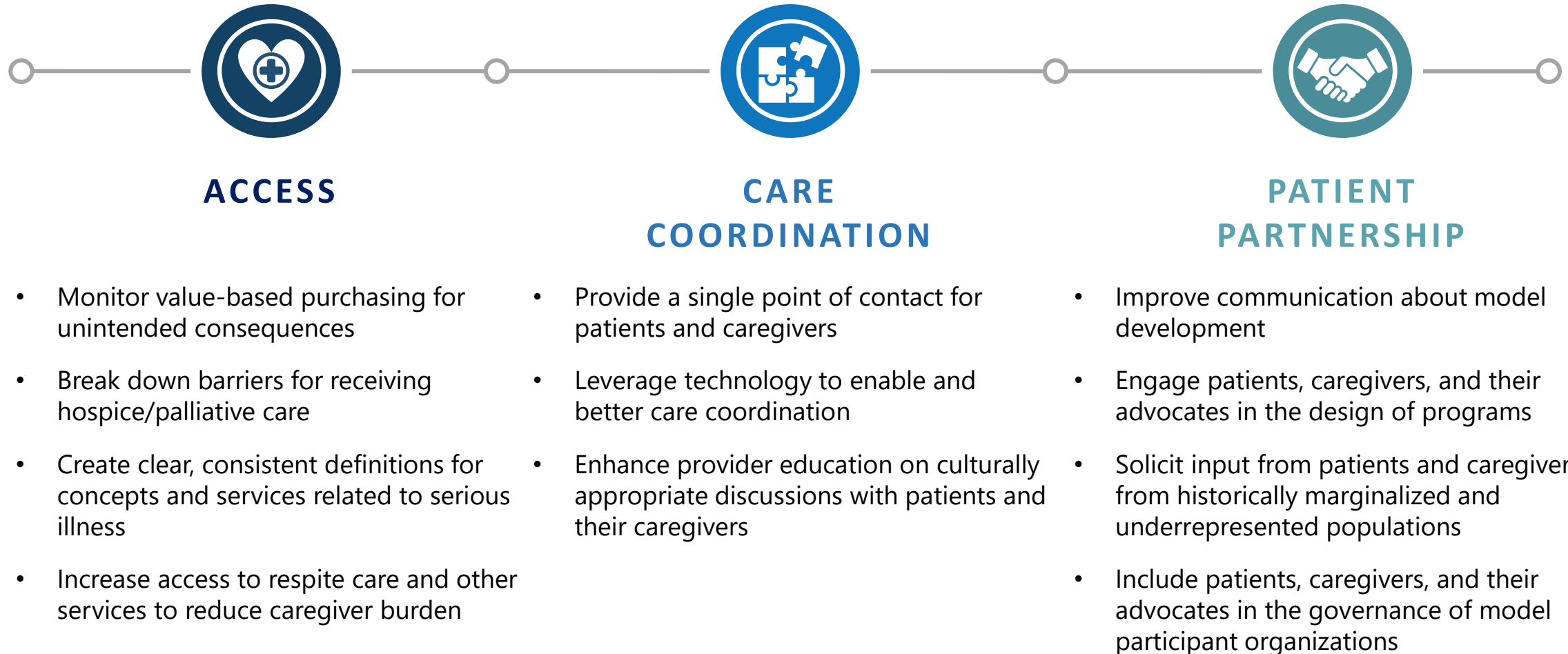
Inadequate support for family caregivers and the lack of a caregiver for some patients exacerbates health disparities.



### CONSISTENT GUIDANCE

Clinical guidance for serious illness care, including definitions of various care programs and providers, lack clarity.

# What We Are Hearing from Patients with Serious Illness, Their Caregivers, and Their Advocates



Opening Remarks

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Closing



# Our Guest Speakers

## **Edith Clifton**

Board Member and Chair of  
SEMATAAC Steering Committee,  
Coalition to Transform Advanced  
Care (C-TAC)

## **Aza Nedhari**

Co-Founder & Executive Director,  
Mamatoto Village

## **Erin Mackay**

Managing Director for Health Justice,  
National Partnership for Women &  
Families

## **Libby Hoy**

Founder & CEO,  
Patient & Family Centered Care  
Partners (PFCCpartners)

## **Dennis Heaphy**

Health Justice Advocate and  
Researcher,  
Disability Policy Consortium

# Discussion Questions

In relation to the following areas including...

- **Serious Illness**
- **Primary and Specialty Care Coordination**
- **Maternal Health**

- 1) What are patient and caregiver **needs and goals** around access, coordination, care experience, partnership, and communication?
- 2) What recommendations do you have for **building engagement and partnership** at the patient and community level? What are the best ways to identify and engage the trusted partners/organizations at the community level?
- 3) What kinds of **CMS supports** would accelerate your work?

# Poll

## QUESTION

**What are the top two priorities that you would like to see addressed by the Innovation Center?**

- A. Equitable access to care and support services
- B. Overall coordination of care by a primary care provider/team member
- C. Better two-way communication between providers and patients/caregivers
- D. Better coordination and communication between primary care providers and specialists
- E. More collaborative care planning and decision-making with patients and caregivers
- F. Other (write in your answer using the Q&A function)

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# Where Can Innovators Go For More Information?

## Resources for the CMS Innovation Center's

- [Sign up to receive regular email updates](#) about the CMS Innovation Center, including opportunities to engage with, provide input on and potentially participate in model tests.
- Visit the [CMS Innovation Center](#) website and [Strategic Direction](#) webpage.
- Visit the [CMS Innovation Center Models](#) webpage (and [Medicare Shared Savings Program](#) site) to see current participant geographic and contact information\*. You can also see which models are currently [enrolling](#).
- [Follow us](#) @CMSinnovates on Twitter.