

Health Equity: A Key Theme of Health Care Value Week

BY MATT DEVINO, MPH



From January 24 to 28, ACCC co-sponsored Health Care Value Week—a series of virtual events supporting the advancement of value-based care. By highlighting the success stories of value-based payment models, the event celebrated the progress the healthcare community has made in providing more equitable, accessible, and affordable care in the United States. Programming featured roundtable discussions with prominent industry leaders, as well as participation by top administration officials from the Centers for Medicare & Medicaid Services and the Center for Medicare & Medicaid Innovation (the Innovation Center).

Many conversations throughout the week focused on the Innovation Center's strategy refresh, summarized in a white paper published in October 2021.¹ The strategic refresh identified five objectives for advancing health system transformation during the next decade, including the goal of advancing health equity. In her remarks during Health Care Value Week, the Innovation Center's Chief Medical Officer Dora Hughes, MD, MPH, highlighted the following actions as necessary to achieve this strategic objective:

- Embed health equity in the development of all new and existing Innovation Center models
- Increase safety net provider participation in value-based payment models to ensure these models serve diverse communities
- Evaluate models for their impact on health equity and apply lessons learned to new and current models
- Improve data collection to capture beneficiaries' demographic data, as well as data on their social needs and social determinants of health.

As summarized in the white paper, analyses of several of the Innovation Center's largest alternative payment models have indicated that Medicare beneficiaries aligned to these models are more likely to be White, less likely to be dual eligible for Medicaid, and less likely to live in rural areas compared to the overall Medicare population.¹ To address this disparity, the Innovation Center's goal is to ensure that 100 percent of all new models include safety net providers, such as community health centers and disproportionate share hospitals, to reach underserved and vulnerable populations. This, however, is easier said than done, considering the myriad of obstacles that make it challenging for community providers to participate in alternative payment models.

The Innovation Center is aware of the financial and operational barriers to participating in alternative payment models and is trying to identify strategies to mitigate them. The Innovation Center's Director Elizabeth Fowler, JD, PhD, stated in her opening remarks that the agency is looking closely at opportunities to provide upfront financial and technical support to new program participants, as was done in the Accountable Care Organization Investment Model for providers joining the Medicare Shared Savings Program. Other speakers astutely pointed out that healthcare providers in these underserved communities already lack sufficient resources to support comprehensive care, so financial and technical support is needed throughout the duration of a model, not just up front.

Another challenge: data collection and standardization to appropriately risk stratify and evaluate models while making strides to reduce inequities in care. According to Dr.

Hughes, business and information technology specialists within the Innovation Center are already focused on this work, as they seek to create Fast Healthcare Interoperability Resources-based questionnaires that providers can use to collect demographic and social needs information to easily share with the agency. It will also be important that the Innovation Center put appropriate incentives and sufficient reimbursement in place for these models to ensure that the additional reporting burden does not fall on community providers alone.

It is clear now that the Innovation Center has much to do to turn its strategic objectives into actionable tools and programs. As the agency works to implement its health equity initiatives, healthcare providers should take this opportunity to share their experiences with treating disadvantaged patients and their practical concerns about the implementation of new data collection requirements. Interested in contributing your thoughts on this strategy refresh? Submit feedback directly to the Innovation Center at CMMIStrategy@cms.hhs.gov. And share your concerns with ACCC by emailing mdevino@accc-cancer.org.

Matt Devino, MPH, is director of Cancer Care Delivery and Health Policy, Association of Community Cancer Centers, Rockville, Md.

Reference

1. Centers for Medicare & Medicaid Services. Innovation center strategy refresh. Published October 2021. Accessed March 7, 2022. innovation.cms.gov/strategic-direction-whitepaper