June 12, 2024

The Honorable Brett Guthrie
Chair
House Committee on Energy and Commerce
Subcommittee on Health
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Anna Eshoo
Ranking Member
House Committee on Energy and Commerce
Subcommittee on Health
2322A Rayburn House Office Building
Washington, DC 20515

Re: Value-Based Care Stakeholder Recommendations to Improve CMMI

Dear Chairman Guthrie and Ranking Member Eshoo:

The undersigned organizations appreciate the opportunity to submit comments to the House Energy and Commerce Subcommittee on Health in response to the hearing, "Checking-In on CMMI: Assessing the Transition to Value-Based Care."

Over the past decade, the Centers for Medicare and Medicaid Innovation (CMMI) has advanced multiple successful models focused on improving care for patients, while addressing Medicare costs. For example, the Next Generation Accountable Care Organization (ACO) Model produced nearly $1.7 billion in gross Medicare savings over six years, while also reducing hospitalizations and increasing annual wellness visits. CMS is continuing to evaluate the ACO REACH Model (formerly Direct Contracting Model), which includes 173,000 physicians and other health care providers collectively furnishing care to 2.6 million beneficiaries. Preliminary results from the Direct Contracting Model found reductions in high-cost care and reduced emergency department (ED) visits.

The Comprehensive Primary Care Plus (CPC+) Model tested moving physician practices from fee-for-service to population-based payments. The model resulted in greater investment in behavioral health integration and reduced outpatient ED visits, acute hospitalizations, and ambulatory specialist visits through increased focus on population health. Additionally, CMMI tested two approaches for specialty focused models, including the Bundled Payments for Care Improvements (BPCI) Model, which produced savings and improved outcomes for care following procedures or hospitalizations.

Despite the successful elements of these models, none have been permanently expanded. The models also present uncertainty for participants as they conclude without a pathway for a new model (i.e. Next Generation ACO Model) or there are significant model changes that make model participation untenable (i.e. BPCI-Advanced Model). We believe there are opportunities to provide a broader, more predictable pathway for more types of clinicians to engage in APMs. To date, there has been insufficient model development for all types of physicians and other clinicians. Only a few of the models tested have subsequently been expanded or extended, a reality that can create significant uncertainty for participants and make them hesitant to invest in new payment models.

Congress should work with CMMI to ensure that promising models have a more predictable pathway – both for initial implementation and for permanent adoption into Medicare – rather than being cut short due to overly stringent criteria. To accomplish these goals, Congress should do the following:

- Direct CMS and CMMI to focus on filling the current gaps in APM opportunities for medical specialties, safety net, rural, small, and other practices that, to date, have struggled to join APMs due to high entry barriers or simply because there is no clinically relevant model available.
- Broaden the criteria by which CMMI models qualify for expansion based on enhancing the quality of patient care or access to care, rather than making expansion contingent on achieving the short-term cost savings. For example, CMMI should be instructed to consider whether a model effectively expands participation to more physician and other health care provider types or offers enhanced benefits and services to beneficiaries.
- Direct CMMI to engage stakeholder perspectives during APM development. For example, CMMI could ask the Physician-Focused Payment Model Technical Advisory Committee (PTAC) to review models under development by the Center and set priorities for model development. Additionally, CMMI should make more data available so that stakeholders can develop models that have a higher likelihood of producing actuarial savings. CMS should also engage stakeholders early on and throughout its own development of models. This will improve the clinical relevance of models and cut down on the near constant churn of model re-designs, which hinders participation.
- Direct CMS to improve its evaluation strategies by providing more data on the effectiveness of specific innovations and waivers and better controlling for other variables such as complications due to model overlap.

We thank the subcommittee for holding this important hearing. Our organizations look forward to working with you to improve CMMI to continue improving and advancing value-based care model development.

Sincerely,

American Medical Association
America's Physician Groups
Health Care Transformation Task Force
National Association of ACOs
Premier Inc.

Cc:
Chairwoman Cathy McMorris Rodgers
Ranking Member Frank Pallone