



CMS Innovation Center Strategy and Model Updates

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Agenda

- 1** | CMS Innovation Center Background & Strategy
- 2** | AHEAD Model Overview
- 3** | Specialty Strategy Overview and TEAM Model
- 4** | IOTA Model Overview

CMS Innovation Center Statute

“The purpose of the [Center] is to test innovative payment and service delivery models to reduce program expenditures...while preserving or enhancing the quality of care furnished to individuals under such titles”

Three scenarios for success from Statute:

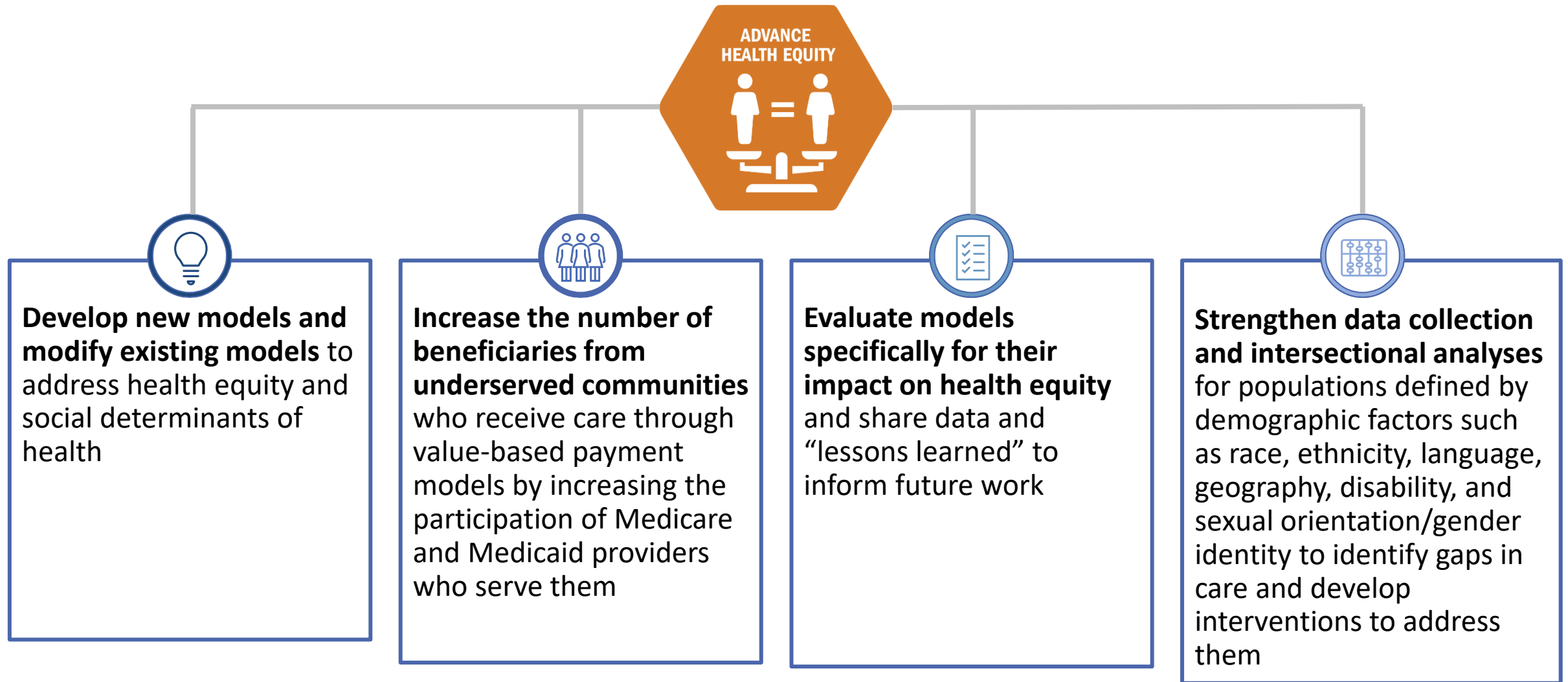
- 1. Quality improves; cost neutral**
- 2. Quality neutral; cost reduced**
- 3. Quality improves; cost reduced (best case)**

If a model meets one of these three criteria and other statutory prerequisites, the statute allows the Secretary to expand the duration and scope of a model through rulemaking

CMS Innovation Center's Strategy: A Vision for the Next Decade



Advancing Health Equity



Innovation Center Specialty Care Strategy Goals

Focused on accomplishing short-term goals in 2024-2026; long-term goals are expected to require extended design and implementation through 2026 and beyond.

Key	Short-term
	Long-term

1

Enhance Specialty Care Performance Data Transparency:
Shadow Bundles Data and Specialist Performance Profiles

ACO Shadow Bundles:
Early 2024

Specialist Performance
Profiles in MCP: 2025-2026+

2

Maintain Momentum on Acute Episode Payment Models and
Condition-Based Models:
BPCI Advanced, CJR, TEAM, EOM, GUIDE

EOM launch: 2023
GUIDE launch: 2024

Applying RFI feedback to
TEAM: 2026+

3

Create Financial Incentives within Primary Care for Specialist
Engagement: **MCP and Ambulatory Specialty model (ASM)**

MCP Launch: 2024

ASM Model Concept
exploration: 2024+

4

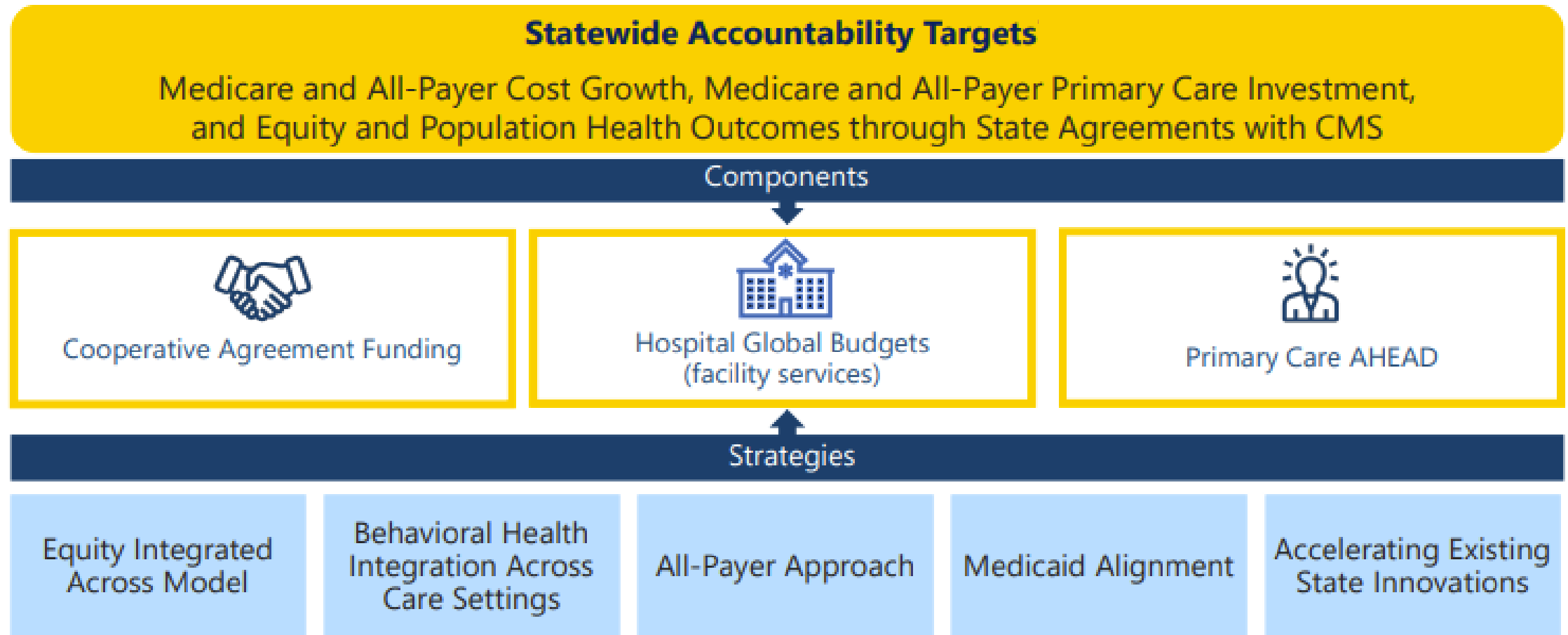
Create Financial Incentives for Specialists to Affiliate with
Population-based Models and Move to Value-Based Care

Stakeholder Engagement
and embedding options
into population-based
models: 2024+

Acronym Key: ACO: Accountable Care Organization; BPCI-A: Bundled Payments for Care Improvement-Advanced; CJR: Comprehensive Care for Joint Replacement; EOM: Enhancing Oncology Model; GUIDE: Guiding an Improved Dementia Experience; MCP: Making Care Primary

CMS Innovation Center Portfolio | States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model

CMS's goal in the AHEAD Model is to collaborate with states to curb health care cost growth; improve population health; and advance health equity by reducing disparities in health outcomes. The model is designed to be a flexible framework that can be adapted across multiple states.



Transforming Episode Accountability Model (TEAM)

- TEAM is a 5-year mandatory episode-based payment model that, if finalized as proposed, would begin in January 2026.
- Hospitals that are required to participate would be based on selected geographic regions.
- Hospitals would be accountable for cost and quality of care from surgery through the first 30 days after the Medicare beneficiary leaves the hospital.
- Proposed episodes include the following procedures: Lower Extremity Joint Replacement; Surgical Hip Femur Fracture Treatment; Spinal Fusion; Coronary Artery Bypass Graft; and Major Bowel Procedure.
- Comments, questions, and feedback on the proposed rule were due by **5 pm EDT on June 10, 2024.**

Increasing Organ Transplant Access (IOTA) Model

The kidney transplant process involves silos of care, gaps in accountability, disparities, and misaligned financial incentives that value-based care incentives are well positioned to target.

The IOTA Model would be a mandatory model testing whether payment incentives for selected transplant hospitals can increase the total number of kidney transplants.



Transplant hospitals would focus on:

- Working with other clinicians and providers to overcome barriers to transplant
- Better utilizing the current supply of deceased donor organs
- Assisting more potential donors through the living donor transplant process
- Improving the equity of the transplant process



Participation will be mandatory for 50% of donation service areas (DSAs) within the United States. All eligible transplant hospitals with active kidney programs within a chosen DSA will be required to participate. Eligible transplant hospitals perform more than 11 kidney transplants annually and are non-pediatric facilities.



Where can innovators go for more information?

- [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 [CMS Innovation Center Models](#) webpage to see current participant information* and which models are currently [enrolling](#).
- To learn more about ACOs, visit the [Medicare Shared Savings Program](#) site.
- [Follow us](#) @CMSinnovates on Twitter.

Questions?