CMS Innovation Center

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Vision: What’s to Come Over the Next 10 Years

A HEALTH SYSTEM THAT ACHIEVES EQUITABLE OUTCOMES THROUGH HIGH QUALITY, AFFORDABLE, PERSON-CENTERED CARE

To read the white paper, visit innovation.cms.gov
Five Strategic Objectives

- **Drive Accountable Care**: Increase the number of people in a care relationship with accountability for quality and total cost of care.

- **Advance Health Equity**: Embed health equity in every aspect of CMS Innovation Center models and increase focus on underserved populations.

- **Support Innovation**: Leverage a range of supports that enable integrated, person-centered care such as actionable, practice-specific data, technology, dissemination of best practices, peer-to-peer learning collaboratives, and payment flexibilities.
Five Strategic Objectives

- **Address Affordability**: Pursue strategies to address health care prices, affordability, and reduce unnecessary or duplicative care.

- **Partner to Achieve System Transformation**: Align priorities and policies across CMS and aggressively engage payers, purchasers, providers, states and beneficiaries to improve quality, to achieve equitable outcomes, and to reduce health care costs.
# Commitment to Transparency & Communication

<table>
<thead>
<tr>
<th>STAKEHOLDER OUTREACH</th>
<th>DATA TRANSPARENCY</th>
<th>DEFINING SUCCESS</th>
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<td><strong>The Innovation Center commits to strengthening communication with stakeholders, starting with beneficiaries and advocates.</strong></td>
<td><strong>The Innovation Center is piloting efforts to share research identifiable files via the CMS Virtual Research Data Center (VRDC)</strong></td>
<td><strong>The Innovation Center remains committed to its statutory mandate.</strong></td>
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<td><em>New and more consistent mechanisms for outreach will include regular listening sessions and other events with existing and new partners.</em></td>
<td>*<em>Efforts will allow researchers to link claims data with model participant lists.</em></td>
<td><strong>Model success will be also considered for impacts on health equity, person-centered care, and health system transformation</strong> – efforts which are aligned with CMS-wide goals.</td>
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*In a manner that safeguards PHI and is consistent with HIPAA and other applicable laws*
Patient Experience

Shared by a Safety Net Provider Participant

• **Beneficiary:**
  - 69-year-old African American Male with multiple chronic conditions (e.g., diabetes, heart failure), multiple ED visits

• **Care Strategy:**
  - Monthly in-home visits with a dedicated Nurse Practitioner and Social Worker;
  - Given scale to monitor weight
  - Education on appropriate use of ED

• **Outcome:**
  - Better follow up with primary care provider
  - Improved management of chronic condition
  - Decrease in ED visits

“Having this program has helped save my life”
Shared by a “Standard” Participant

- **Beneficiary:**
  - Homebound, chronically ill, with daughters making decisions due to mental health status

- **Care Strategy:**
  - Monthly nurse care management calls with daughters on behalf of patient;
  - Daughter contacted nurse because father had abscessed tooth and could not find a dentist; nurse assisted and found a dentist to come to the home

- **Outcome:**
  - Beneficiary had procedure at home and recovered

Daughter expressed how much this program has helped her dad and her family and wants the nurse to keep calling.
Shared by a “New Entrant” Participant

- **Beneficiary:**
  - 90-year-old, homebound, with multiple chronic conditions and requires assistance for activities of daily living; increasingly more depressed and anxious, with insomnia, poor appetite and shortness of breath

- **Care Strategy:**
  - In-person home visits, telemedicine visits, and quick phone visits conducted by two providers and a community health worker;
  - Addressed reluctance to depression medication and therapy, including helping him find a language concordant therapist, as well as hearing aid batteries and help with SSI benefits

- **Outcome:**
  - Avoided an ED visit by providing more intensive monitoring and support and building trust with patient to address his underlying condition

**Fostered stronger relationship with patient and his family to work together to address his health and well being.**
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 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.

*CMS cannot connect innovators directly with participants