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Advancing High Performance Health

Preview of AMGA MACRA and Value-Based Care Task Force Recommendations

The AMGA MACRA and Value-Based Care Task Force comprises leading healthcare providers and experts dedicated to transforming healthcare by investigating and advocating for effective value-based care practices. By focusing on Medicare's significant influence on healthcare, the task force aims to optimize patient outcomes and provider efficiency across the healthcare spectrum. It produced the six recommendations found on the following pages.

Enhance Patient Engagement in Value-Based Care

Issue

Patient engagement is increasingly recognized as a foundational element in transitioning healthcare systems toward value-based care. Despite the Centers for Medicare & Medicaid Services (CMS) emphasizing patient engagement in its strategic initiatives, many barriers—including patient preferences for high-cost forms of care, cost-quality trade-offs, cost sharing, financial influences, health literacy, and information system shortcomings—remain.

It is imperative to confront each of these barriers with a comprehensive, strategic plan to advance patients' involvement in their care.

Recommendation

Incentivize and empower patients to make informed decisions about their healthcare needs and preferences by structuring care delivery and financing systems that eliminate access barriers and promote preventive care.

Patient Engagement Strategies

- **Active Involvement Strategies:** Develop mechanisms to actively involve patients in decision-making processes and care plans, such as integrating patient feedback into service design.
- **Incentivizing Patient Participation:** Introduce incentives that encourage patients to engage in their healthcare, such as financial benefits or recognition programs.
- **Empowerment through Education:** Prioritize education of patients to promote preventative care and early detection of health issues.
- **Enhancing Tools and Resources:** Improve the availability and accessibility of tools—digital health platforms, portals, and records—that assist patients in understanding and managing their health.
- **Regulatory and Policy Support:** Advocate for changes in healthcare policies and regulations that support patient engagement.

Implementing these recommendations requires a collaborative effort among all stakeholders, including healthcare providers, patients, policymakers, and the community at large. Enhancements to patient engagement practices are critical to the strategic effort to align healthcare delivery with the evolving needs of patients and the imperatives of value-based care frameworks.

Improve Health Equity in Value-Based Care

Issue

CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain optimal health regardless of identity or status.[1] Health inequities are often reflected in health outcomes, such as length of life, quality of life, rates of disease, access to care, and death.[2] These outcomes are influenced by social drivers of health (SDOH), or non-medical factors impacting care. CMS is committed to advancing health equity by designing, implementing, and operationalizing federal policies and programs that improve health for more than 170 million people.[3]

AMGA supports the fair and just attainment of the highest level of health for all people. Reforming healthcare payment systems is essential to create a better environment for addressing health disparities.

Recommendation

Improving health equity requires a multifaceted approach that empowers patients, eliminates access barriers, promotes coordinated and patient-centric care, and supports value-based care models. Reforms must include an emphasis on health equity as an integral aspect of systematic improvements, rather than a separate and distinct effort.

Value-based care models can help address health inequities as they are based on a multifaceted, systematic approach that allows for the following:

- Financial incentives for improved patient outcomes
- Flexibility in treatment
- Holistic and accountable care delivery
- Person-centered treatment
- Deliberate emphasis on serving underserved populations

Value-based care offers a promising framework for addressing health inequity, but it is important to address existing gaps to improve the health equity space.

Improving health equity requires a collaborative effort among all stakeholders, including providers, payers, patients, policymakers, and the community. Integrating health equity into all aspects of systematic and care improvements provides a cohesive effort toward equitable delivery and care, but it will be important not to add to providers' administrative burden.

1. www.cms.gov/pillar/health-equity
2. www.amga.org/focus-areas/health-equity/
3. www.cms.gov/pillar/health-equity

Respect Patients' Wishes for End-of-Life Care

Issue

The Centers for Medicare & Medicaid Services (CMS) has taken recent strides to incorporate end-of-life care into value-based care models to align with a broader commitment to delivering patient-centered care across the lifespan. However, the integration of value-based care into end-of-life care presents a challenge, as it requires adaptation to the unique nature of end-of-life outcomes.

Recommendation

Safeguard the dignity and wishes of patients by facilitating open conversations about desired end-of-life medical care and goals and ensuring that benefit designs and models of care enable patients to receive this care in a manner that respects their wishes.

Broader Community Engagement

- Engage community and non-healthcare stakeholders in conversations about end-of-life care.
- Strategies could include potential partnerships with other stakeholder organizations.

Outreach and Education Programs

- Develop outreach programs that involve healthcare providers, community leaders, organizations, and advocates to develop a supportive environment for end-of-life care discussions.
- Prioritize education and awareness initiatives to help patients and their families make informed decisions.

Enhance Medicare Coverage for End-of-Life Care

- Enhance fee-for-service to account for advanced illness planning and care coordination services.
- Expand the PACE model to those who do not need nursing home-level care.

The future of end-of-life care should prioritize patient-centered principles within value-based care models, ensuring care that truly honors the wishes and dignity of patients.

Remove Regulatory and Legislative Barriers to Value-Based Care

Issue

The core tenet of value-based care is to improve patient outcomes by emphasizing quality over quantity in healthcare delivery. However, regulatory and legislative barriers often hinder the effective implementation of these models.

Recommendation

Ensure patients receive coordinated, patient-centric care in the most appropriate settings by removing regulatory and legislative obstacles to care delivery and provider operations.

Issue	Barriers	Examples	Recommendations
Telehealth	Regulatory hurdles, such as restrictive reimbursement rates and coverage for telehealth, and lack of broadband internet	Expiring telehealth prescription of controlled medication, face-to-face requirements for medical equipment prescriptions, lack of internet	**Enact legislation to ensure telehealth is reimbursed at comparable rates to in-person visits. Extend telehealth flexibility. Continue to build tech infrastructure.**
Licensing	Restrictions in the ability to practice across state lines	Licensing barriers for prescribing durable medical equipment across state lines, prior authorization issues	**Establish a national licensing framework.**
Administrative Burdens	Regulatory changes result in significant administrative burdens, such as substantial man-hours for compliance, retraining, etc.	Prior authorization denials, home health services timeframe requirements, redundant Dual-Eligible Special Needs Plan education requirements, 3-day Skilled Nursing Facility rule	**Streamline regulatory changes and provide adequate support for compliance.**
Minimum Size Requirements	Value-based care models can impose size requirements for participation, limiting certain groups from benefitting	Patient-threshold requirements for VBC models, MIPS low-volume threshold	**Lower or eliminate minimum size requirements.**

Patient care should be driven by clinical needs rather than regulatory constraints.

Support Practices Serving Rural and Underserved Populations in Value-Based Care

Issue

While often-small practices that serve rural and underserved populations are well positioned to benefit from value-based care, there are several barriers that have prevented these practices from making the transition to value.

All patients deserve to reap the benefits of value-based care. Mitigating these barriers with strong policy is critical, as value-based care is well suited to address many of the problems facing underserved populations.

Recommendation

Develop tailored support and incentives for practices serving rural and underserved populations to participate in value-based care models.

AMGA recommends considering the following to increase participation:

- Consider a **phased approach** for practices serving rural and underserved populations to enter value-based care models. Approaches may include providing practices with a ramp-up period during which they are not exposed to downside risk and/or they receive financial assistance in covering upfront costs.
- **Establish a mechanism for collaboration with CMS**, such as a regional hub. A support system can address the unique challenges faced by small practices and facilitate knowledge sharing, resource allocation, and direct program feedback.
- Find **scalable models and strategies** to align with the need for sustainable and adaptable solutions that can be implemented across diverse healthcare settings.

Providing often-small practices serving rural and underserved populations with the necessary resources and incentives to participate in value-based care aligns with CMS' mission and enhances access to and quality of care for the populations these practices serve.

Ensure Sustainability for Medicare and Value-Based Care

Issue

The long-term positive outcomes that will result from transitioning to value require up-front investment from providers, who must devote staff time to understanding value-based programs and forecasting their performance under these programs, implement new initiatives required for participation, and make all changes necessary to provide patients with team-based care. Holding providers accountable for the quality and cost of beneficiary care also necessitates that providers take on risk, and taking on risk requires payment stability to ensure patient access to quality care.

Currently, providers lack both the reimbursement to cover this up-front investment and the stability to take on risk.

Recommendation

Increase and support participation in value-based care by ensuring Medicare reimbursement through consideration of the total and ongoing cost of provider expenses in Medicare's reimbursement system.

To ensure that the transition to value is successful, AMGA recommends the following:

- Use a calculation similar to the Medicare economic index (MEI) as a baseline for annual physician payment updates, aligning with practices in other healthcare sectors. This provides a standardized metric for assessing the economic aspects of healthcare, ensuring consistency in performance evaluation.
- Identify and address disincentives to ensure that the payment system aligns with the goals of healthcare providers and encourages participation in value-based care initiatives.
- Allow sufficient lead time when implementing system changes to allow healthcare providers to adapt their budgeting and financial planning without interruption.
- Rename the Medicare Physician Fee Schedule to the Medicare Ambulatory Services Fee Schedule (MASFS). Doing so would better reflect the purpose of the fee schedule, which is intended to cover both practice expenses and the work of a wide range of clinicians, and would dispel the harmful misconception that payment under the schedule is linked to physician salaries.

Establishing a predictable payment system that adequately covers the cost of providing care will enable the U.S. healthcare system to reap the long-term health and savings benefits of transitioning to value.

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