

## **CMS Regional Listening Sessions - Health Care Delivery System Reform ANA Resources and Talking Points for CMAs – December 2010**

These programs were established by the Affordable Care Act (ACA), available at: <http://democrats.senate.gov/reform/patient-protection-affordable-care-act-as-passed.pdf>. Detailed rules/regulations are still pending. ANA's Issue Brief on "New Care Delivery Models in Health System Reform: Opportunities for Nurses & their Patients" is available at: <http://www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/HealthSystemReform/HealthCareReformResources/Care-Delivery-Models.aspx>.

### **The Accountable Care Organization (ACO) Shared Savings Program**

- ACA Section 3022 calls for a "shared savings" program (by Jan. 2012) to reward ACOs – which include Medicare providers (in individual & group practices) and hospitals – for managing and coordinating care for Medicare fee-for-service (FFS) beneficiaries assigned to them. ACOs will be accountable for quality, cost, and overall care; include primary care providers; cover at least 5,000 beneficiaries; promote evidence-based medicine; and meet "patient-centeredness" and quality performance and reporting standards. (Section 2706 also establishes a Pediatric ACO Demonstration Project.)
- ANA submitted comments, available at <http://www.nursingworld.org/comments>, to CMS' request for general input, supporting: RNs as leaders in care coordination, which needs further definition and adequate compensation; quality measurement encompassing care coordination and nursing-sensitive indicators; ACO leadership and participation by APRNs and other healthcare professionals; small and solo practices; and patient choice.
- CMS plans to issue a proposed rule in early January.

### **The Center for Medicare and Medicaid Innovation (CMI)**

- Section 3021 of the ACA. Budget: \$5 Billion start-up + \$10 Billion over 10 years.
- ANA President Karen Daley spoke at CMS press conference announcing CMI.
- "[T]o test innovative payment and service delivery models to reduce program expenditures . . . while preserving or enhancing the quality of care" especially models that "improve the coordination, quality and efficiency of health care services." Specific examples include:
  - patient-centered medical home models for high-need patients & women, and community-based health teams to support small-practice medical homes
  - comprehensive/salary payment models (versus "fee-for-service") to, e.g. "Healthcare Innovation Zones" delivering coordinated, comprehensive care
- Key elements: Supporting care coordination, including for chronic care, home health care, and medication management; "best practices"; and HIT (health information technology).
- States: Can evaluate "fully integrating care for dual eligible individuals" and "systems of all-payer payment reform".

### **The Federal Coordinated Health Care Office (FCHCO)**

- Section 2602 of ACA – to improve coordination of care for dual-eligible beneficiaries (Medicare and Medicaid – mostly the disabled) especially between the Federal government and the States.
- Calls for annual reports to Congress, and priorities include education and tools; aligning acute and long-term care; contracting and oversight; drug coverage; and monitoring total expenditures, health outcomes and access to benefits.
- CMS named Melanie Bella to head the FCHCO, formerly senior VP at the Center for Health Care Strategies, a quality improvement organization in Hamilton, N.J., and former director of Indiana's state Medicaid program.