Looking Back: Highlights in Value-Based Care from 2015

January

- HHS announces goal to move Medicare payments away from FFS by tying 30 percent of traditional Medicare payments to quality or value through alternative payment models by the end of 2016, and 50 percent by the end of 2018.
- The Health Care Transformation Task Force releases nine principles for accountable care.

February

- CMMI announces the Oncology Care Model to support better care and care coordination for cancer treatment.
- Robert Wood Johnson Foundation releases interim report of its ongoing national program studying the impact of ACOs on health care delivery.

March

- The ACA turns five.
- CMMI announces the Next Generation ACO Model, which has a more predictable benchmark than other models, flexible payment options, and additional tools for improved beneficiary engagement.
- President Obama and HHS Secretary Burwell launch the Health Care Payment Learning and Action Network.
- CMMI shares third-party report detailing findings from an evaluation of the Pioneer program on Medicare spending, utilization, and quality in its first two performance years.
- The Brookings Institute releases policy brief detailing major challenges with existing health IT policy and offers recommendations to address these issues.
- Leavitt Partners publishes update on the growth and dispersion of ACOs.

April

- Congress passes Medicare Access and CHIP Reauthorization Act, which replaces the SGR with alternative physician payment reform options effective in 2019.
- ONC sends report to Congress on health information blocking.
- Mark McClellan writes about the changes needed to fulfill the potential of the MSSP.
- Harvard researchers share results on analysis of performance in Year 1 of the Pioneer program.

May

- CMS Office of the Actuary certifies the expansion of the Pioneer program.
- CMS releases proposed rule which makes biggest changes to Medicaid Managed Care since 2002.
- Leavitt Partners releases a series of issue briefs on the impact of accountable care on various stakeholders.
- Patrick Conway publishes a CMMI self-assessment summarizing the agency’s impact after 5 years.
- The American Society of Clinical Oncology unveils new model for value-based oncology.

June

- CMS releases final rule for the MSSP, finalizing the option to extend under Track 1, the addition of Track 3, and streamlined data sharing between CMS and ACOs.
• CMS announces changes to the ACO Investment Model that will help rural ACOs gain broader access to capital for investments.
• Brookings Institute publishes paper on implementing value-based insurance products.
• The Commonwealth Fund releases issue brief on Medicare payment reform after 50 years of the program.

July
• CMMI announces Home Health Value-Based Purchasing Model.
• CMMI announces Comprehensive Care for Joint Replacement Model.
• CMS issues proposed rule updating the Medicare Physician Fee Schedule (PFS) for 2016.
• Medicare Trustees report shows continued slow cost growth.

August
• The Commonwealth Fund and Kaiser Family Foundation share findings from 2015 Survey of PCPs on health reform.
• CMS releases 2014 quality and financial performance results for Pioneer and MSSP.
• CMMI announces the Million Hearts: Cardiovascular Disease Risk Reduction Model, a five-year demonstration project designed to identify and test scalable models of care delivery that reduce cardiovascular risk.

September
• CMMI announces Part D Enhanced Medication Therapy Management (MTM) Model.
• CMMI announces Value-Based Insurance Design (VBID) demo for Medicare Advantage.
• KHN reports that Medicare has yet to save money from ACO programs.
• AHA releases 2016 Environmental Scan.
• Leavitt Partners releases report, “The Rise and Future of Medicaid ACOs.”

October
• ICD-10 goes live.
• CMS issues RFI for MACRA seeking comment on the implementation of the Merit-Based Incentive Payment System (MIPS) and promotion of Alternative Payment Models (APMs).
• GAO releases underwhelming report on CMS’ Hospital Value-Based Purchasing (HVBP) program.
• CMMI announces participants for the Comprehensive ESRD Care (CEC) Model.
• The Health Care Transformation Task Force shares “Key Elements to Consider in ACO Agreements.”
• Dartmouth-Hitchcock announces its transition from the Pioneer to the Next Generation ACO Model. Here’s why.
• CMS and OIG issue final rule in connection with fraud and abuse waivers for the MSSP.
• CMS issues final rule updating the Medicare Physician Fee Schedule for 2016.

November
• CMS issues final rule for the Comprehensive Care for Joint Replacement (CJR) model, which contains several major changes, including a new start date, reduced number of participants and a new payment policy.
• Steward and Mount Auburn announce their transition from the Pioneer to the Next Generation ACO Model.
• HITPC Advanced Health Models and Meaningful Use workgroup outlines which technologies would need to be certified as part of the HIT infrastructure for APMs under MACRA.
• Harvard researchers report Pioneer ACOs perform fewer low-value services.

December
• CMS updates and expands quality performance data on the Physician Compare and Hospital Compare websites.