



Looking Back: Highlights in Value-Based Care from 2016

January

- CMMI [announces](#) the Accountable Health Communities (AHC) Model to test approaches to addressing health-related social needs by linking clinical and community services. (*ACLC brief [here](#)*)
- CMS [releases](#) the ACO participants in the first and sixth cohorts of the Next Generation ACO Model and MSSP, respectively. (*ACLC brief [here](#)*)
- The Health Care Payment Learning & Action Network (LAN) [releases](#) its final APM Framework white paper.
- CMS [releases](#) a proposed rule with MSSP modifications, including improvements to the benchmarking methodology. (*ACLC briefs [here](#) and [here](#)*)
- Leavitt Partners [releases](#) a white paper forecasting the projected growth of ACOs over the next five years.
- Andy Slavitt [lays out](#) an aggressive timeline to replace the Meaningful Use program.
- ACLC [hosts](#) a webinar with Mai Pham on the future of Medicare ACOs.
- ONC [posts](#) the State Health IT Policy Levers Compendium, a document detailing different ways states leverage HIT to support accountable care.
- Leavitt Partners [releases](#) a white paper detailing changes made to CJR.

February

- President Obama [releases](#) his FY2017 budget, proposing funding increases to promote value-based payment models.
- A Patient-Centered Primary Care Collaborative (PCPCC) report [details](#) the cost and quality impact of the PCMH model.
- HHS [issues](#) proposed revisions to Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 to encourage information sharing within new integrated care delivery models.
- Next Generation ACO participant, River Health, [announces](#) its exit from the program.
- The Core Quality Measure Collaborative, led by CMS and AHIP, [releases](#) seven sets of clinical quality measures to support multi-payer alignment. (*ACLC brief [here](#)*)
- The Center for Health Care Strategies with the Commonwealth Fund [release](#) a brief distilling lessons from early experiences of state Medicaid ACO programs.
- The Health Care Transformation Task Force (HCTTF) [issues](#) a white paper detailing various care management programs to serve high-need, high-cost populations.

March

- HHS reaches its [goal](#) of tying 30 percent of Medicare payments to APMs ahead of schedule.
- A Leavitt Partners [analysis](#) details the characteristics and financial results of renewing MSSP ACOs.
- CMS [releases](#) a proposed rule announcing the Medicare Part B Prescription Drug Models.
- CMS [posts](#) results from the second year of the Value-based Payment Modifier.
- A consortium of researchers and Partners HealthCare [find](#) that the turnover in an ACO's attributed population is substantial.
- A study in *AJMC* [analyzes](#) the evolution of ACO partnerships between providers and commercial payers.
- Rep. Tom Price [introduces](#) a bill that would delay and suspend the implementation of CJR.

April

- A Harvard Medical School study [details](#) the promising, but slow, progress of MSSP early results.

- CMMI [issues](#) an RFI seeking input on the concepts of multi-payer prospective budgets for geographical areas.
- Leavitt Partners [releases](#) a white paper outlining ten early takeaways from the MSSP.
- NQF [releases](#) guidance on measures under consideration for MACRA's Quality Payment Program and cross-cutting issues for all federal health care programs.
- An ACLC brief [analyzes](#) industry feedback made in response to the MSSP proposed rule.
- The ACLC and Leavitt Partners [publish](#) its annual ACO growth and dispersion update.
- The IRS [denies](#) tax-exempt status to commercial ACO.
- CMS [releases](#) the highly-anticipated proposed rule introducing MACRA's Quality Payment Program. (ACLC briefs [here](#) and [here](#))

May

- NAACOs survey results [suggest](#) that 56 percent of MSSP Track 1 participants may drop out of the program if it is not included as an Advanced APM under MACRA.
- A *Modern Healthcare* CEO Power Panel poll [reveals](#) the opinions of top health care leaders on presidential candidates' proposed policies.
- In response to industry pushback, CMS [decides](#) to allow up to 1,500 primary care practices to simultaneously participate in CPC+ and the MSSP.

June

- CMS issues a [final rule](#) detailing changes to the MSSP, including modifications to the benchmarking methodology to incorporate regional factors.
- A Leavitt Partners white paper [details](#) the CPC+ initiative.
- Definitive Healthcare data [sheds light on](#) the HIT vendors most commonly used by ACOs.
- CMS [reopens](#) the Comprehensive ESRD Care Model for a second round of applications, adding low-risk options.
- A Council of Accountable Physician Practices (CAPP) survey [reveals](#) accountable care is slow to benefit patients.
- MedPAC [releases](#) its annual report to Congress detailing recommended changes to the Medicare program. (ACLC brief [here](#))
- Harvard researchers [examine](#) the early performance of MSSP ACOs.
- CAPG [creates](#) a guidebook for navigating APMs.
- HCTTF [publishes](#) a white paper outlining the options and considerations of ACO financial arrangements.

July

- CMS [proposes](#) the expansion of the Medicare Diabetes Prevention Program. (ACLC brief [here](#))
- CMS [releases](#) its annual proposed rule updating the Medicare Physician Fee Schedule. (ACLC brief [here](#))
- Two more ACOs – Regal Medical Group (FKA Heritage California ACO) and WakeMed Key Community Care – [exit](#) the Next Generation ACO Model.
- The Urban Institute [forecasts](#) a decrease in national health care spending through 2019, in part due to the proliferation of value-based care.
- *AJMC* publishes a paper written by Leavitt Partners researchers that [analyzes](#) the association of hospital participation in ACOs with other value-based purchasing improvements.
- The ACO Improvement Act of 2016 is [introduced](#) in the House.
- CMS [issues](#) a proposed rule introducing new mandatory bundled payment models for cardiac and orthopedic care. (ACLC brief [here](#))

August

- CMS [selects](#) 14 regions to take part in CPC+.
- CMS [releases](#) a final rule for IPPS and LTCH, announcing changes affecting its hospital value-based purchasing programs.
- A study in *Health Affairs* [suggests](#) that ACOs are less likely to be located in areas with socially vulnerable populations.
- CMS [announces](#) changes to the MA Value-Based Insurance Design (VBID) Model.
- CMS [releases](#) Medicare ACO results from the 2015 performance year. (*ACLC brief [here](#)*)
- The HCTTF [publishes](#) a framework to ensure value-based care systems incorporate consumers' priorities.

September

- CMS [updates](#) MACRA timeline with flexible "Pick Your Pace" options. (*ACLC brief [here](#)*)
- Leavitt Partners [analyzes](#) the latest Medicare ACO results on the *Health Affairs Blog*.
- Patrick Conway [touts](#) the early successes of the first round of State Innovation Model (SIM) Test Awards.
- Hospital Readmission Reduction Program results [show](#) an 8 percent national reduction in readmissions from 2010-2015.
- Leavitt Partners [publishes](#) a white paper on state approaches and key components of effective community health worker programs.
- CMS [publishes](#) a report evaluating first year performance of BPCI Phase 2 participants. (*ACLC brief [here](#)*)
- A Physicians Foundation survey of 17,000 physicians [shows](#) trends in ACO participation and other physician beliefs and behaviors.
- UnitedHealthcare and the University of California Health system [create](#) a novel ACO option for large, self-funded employers statewide.
- PwC [issues](#) Annual Bundles Survey outlining challenges facing bundle adoption.
- Leavitt Partners researchers [publish](#) a paper analyzing rapid physician consolidation in the U.S.
- [AHA](#) and [AMA](#) unveil MACRA guidance tools for providers subject to the QPP.
- House Republicans – including Tom Price – send a [letter](#) to CMS calling for an immediate end to CMMI's mandatory payment models.
- The ACLC [releases](#) a series of seven white papers detailing the ACLC Competencies and [solicits](#) industry feedback with a call to collaborative action.

October

- CMS [announces](#) a new initiative to improve physician experience in Medicare's programs. (*ACLC brief [here](#)*)
- HHS [issues](#) a rule finalizing MACRA's Quality Payment Program. (*ACLC brief [here](#)*)
- Leavitt Partners, with support from the Robert Wood Johnson Foundation, [releases](#) a series of issue briefs detailing the characteristics of high-value providers for ACO partnerships.
- CMS [releases](#) results from the second round of the Comprehensive Primary Care (CPC) Initiative.
- A *Health Affairs* study [compares](#) structures and outcomes of commercial vs non-commercial ACOs.
- A HHS report [shows](#) rural hospitals receive less penalties than urban hospitals under the Hospital Value-Based Purchasing Program and Hospital-Acquired Condition Reduction Program.
- CMS [unveils](#) new Advanced APMs for the 2018 performance year – ACO Track 1+, a new voluntary bundled payment model not yet described, CJR, and new cardiac and orthopedic EPMs. CMS also announces plans to open applications for CPC+ and NGACO.
- CMS [approves](#) Vermont All-Payer ACO Model.

- Premier Research Institute and Robert Wood Johnson Foundation [release](#) a report analyzing what's working in ACOs.
- Leavitt Partners and AMA [share](#) a paper on role of preventive services in value-based care.
- LAN [releases](#) a report measuring progress in the adoption of APMs in commercial, MA, and Medicaid programs. (*ACLC brief [here](#)*)

November

- CMS [releases](#) the final 2017 Medicare Physician Fee Schedule, updating the MSSP quality measure set and finalizing the expansion of the Medicare Diabetes Prevention Program. (*ACLC briefs [here](#) and [here](#)*)
- The ACLC and Leavitt Partners [share](#) an in-depth summary of the MACRA final rule.
- Senate Finance Committee [introduces](#) draft legislation with a number of measures that would expand or create Medicare programs to reduce the cost and improve the coordination of chronic care services.
- CMS [issues](#) final Measures Under Consideration (MUC), a list of 97 quality and efficiency measures CMS may want to adopt in various value-based purchasing programs.
- OIG [releases](#) its 2017 Work Plan.
- A Leavitt Partners white paper [analyzes](#) the patterns in risk assumption among ACOs based on organizational, leadership, and service structures.

December

- MassHealth [launches](#) new Medicaid ACO program with six pilot organizations.
- The Physician-Focused Payment Model Technical Advisory Committee (PTAC) begins [accepting](#) proposals for APMs to recommend to HHS for adoption.
- President-elect Trump announces his intent to nominate Tom Price (R-GA) to serve as Secretary of HHS. (*ACLC brief [here](#)*)
- CMMI [announces](#) two new Beneficiary Engagement and Incentives (BEI) Models – the Shared Decision Making (SDM) Model and the Direct Decision Support (DDS) Model. (*ACLC brief [here](#)*)
- GAO report [details](#) challenges for small and rural practices participating in Medicare value-based payment models.
- [UnitedHealthcare](#) and [Aetna](#) both announce national ACO products available in select geographies in 2017.
- CMMI [announces](#) the Medicare-Medicaid ACO Model (MMACO) for dual eligible beneficiaries in up to six states. (*ACLC brief [here](#)*)
- OIG [reports](#) on CMS' progress toward MACRA implementation.
- CMS [finalizes](#) five new CMMI payment models, including mandatory bundled payment models for cardiac and orthopedic care, a cardiac incentive model, and ACO Track 1+. (*ACLC brief [here](#)*)
- A study published in *Health Services Research* [identifies](#) factors that distinguish high- from low- performing MSSP ACOs.

The ACLC's [brief](#) with 2015 highlights can be found here.