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.