



USofCare Lays Out Vision For Innovation Center to Achieve Equity

By [Michelle M. Stein](#) / May 5, 2021 at 2:22 PM

The United States of Care is recommending the Center for Medicare and Medicaid Innovation branch out into more Medicaid-focused models, test Medicare Advantage care options within traditional Medicare and test virtual care in the wake of the COVID-19 pandemic in order to boost health equity.

In a recently released analysis of how the innovation center could be better used, the U.S. of Care calls for CMMI to tackle issues around health equity. Shortly before the brief was released, [innovation center chief Liz Fowler said CMMI will focus on advancing health equity](#) in every stage of CMMI's models. She also said the center needs to do more on multi-payer models, including working with Medicaid, as well as refresh CMMI strategy to transform the health system.

“Addressing the root causes behind disparate health care experiences and outcomes requires structural solutions, but it also mandates a rigorous dedication to considering and assessing exactly which attempts at moving toward equity actually work and which ones do not.

We believe a commitment to equity in everything CMMI tests--in a deliberate, structured way--is essential,” according to the brief by the nonpartisan group, which focuses on ways to promote equal access to care.

The U.S. of Care also says that CMMI needs to include feedback -- including from people whose lives are affected by the demonstrations -- when setting policy. Health plans and providers that participate in models should be required to have focus groups of those affected, and CMMI should hold a request for feedback to solicit ideas for demos that can help with equitable distribution of care, the group says.

“CMMI is well positioned to be a convener of collaboration across the federal government with a goal of sharing data to improve health outcomes for people,” the brief says.

The innovation center should look to build off data-sharing collaborations with the U.S. Census Bureau and the Health Resources and Services Administration, as well as prescription drug data sharing with FDA, U.S. of Care says.

“As data for certain populations are not disaggregated, CMMI should design models that collect robust data sets for these populations and/or existing data collection practices should be augmented to allow for such parsing within aggregate data,” the brief says.

CMMI could use Medicaid demos to help improve health equity in areas such as maternal mortality, according to U.S. of Care. The innovation center could also test whether paying providers at higher, Medicare rates “results in a meaningful percentage increase in providers joining a network and whether patient outcomes improve,” the group says.

The innovation center also could test providing routine care in a disabled Medicare or Medicaid beneficiary’s home, like blood draws, blood pressure screenings, follow-up appointments and drug refill appointments. “For many people with disabilities, travelling to and from appointments can be mentally taxing, physically exhausting and logistically challenging; this model would help clarify if any adverse or unintended consequences occur--or if beneficiaries experience improved outcomes--when these services are conducted at home or virtually as appropriate,” U.S. of Care says.

CMMI also could test allowing Medicaid beneficiaries with complex conditions to see-out-of-state specialists, test which social determinants are tied to duals’ mental health and substance abuse hospitalizations and look into how to prevent those hospitalizations.

“CMMI should design a model to test funding the mental health crisis care continuum and testing expanded Medicaid coverage for crisis contact centers, mobile crisis, and crisis stabilization centers to encourage crosssector partnerships including among health care providers, community organizations and law enforcement,” U.S. of Care says. “Along with this, CMMI could design a model that includes Medicare, private payers and Medicaid, to design a demonstration to fund a continuum of mental health crisis services.”

The nonpartisan group also recommends other ways to test integrating mental health services and mental health providers into the continuum of care.

U.S. of Care suggests a demo that would allow employers to pay a portion of Medicaid premium costs to see whether quality and cost of care improves and whether the employment market expands, as well.

The group also suggests CMMI find ways to incentivize Medicare Advantage plans to put their providers in alternative pay models, and test care management techniques already used in MA in the fee-for-service population. Plus, the brief lays out ways CMMI could build on the expanded telehealth that has been available during the pandemic. For example, the innovation center could test virtual care for certain conditions like hip-and-knee replacement after-care or physical and occupation therapy and try to get “a more clear understanding of the optimal virtual care reimbursement levels for both payor-provider negotiated reimbursements in fee-for-service (FFS) and value-based reimbursement.”

The group also suggests removing most telehealth and virtual care boundaries to see whether that would improve quality and outcomes. -- Michelle M. Stein (mstein@iwppnews.com)