



Workforce Utilization in CMS's New Models of Payment and Care







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10th Annual AAMC Workforce Research Conference

Center for Medicare and Medicaid Innovation (CMMI)

- Created by section 3021 of Affordable Care Act (ACA):
 - "to test innovative payment and service delivery models to reduce program expenditures ... while preserving or enhancing the quality of care furnished to individuals"
 - "the Secretary may, through rulemaking, expand (including implementation on a nationwide basis) the duration and the scope of a model..."



CMMI Testing Models Across the U.S.

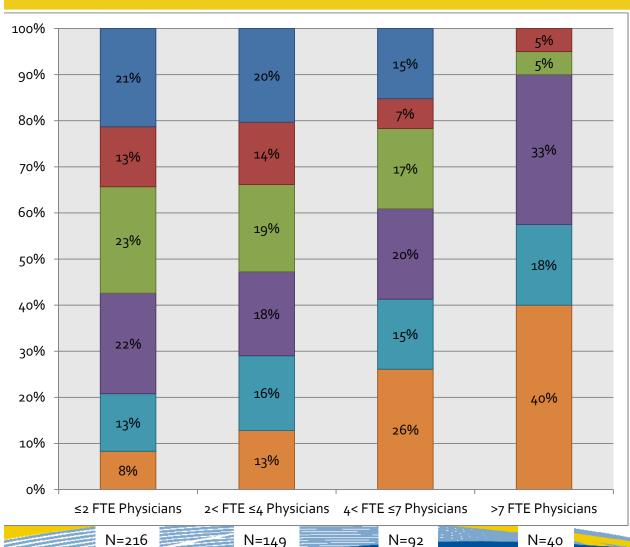


Comprehensive Primary Care (CPC) Initiative

- Multi-payer model convened by CMS
- 7 selected geographic areas
- Testing:
 - Enhanced, non-visit based payment
 - Quarterly data feedback
 - Technical assistance for practice transformation
- 502 practice sites selected primarily based on EHR capabilities and proportion of revenue coming from participating payers



CPC Staffing Mostly Traditional at Baseline



Physician + at least 1 of the following:

- Administrative Staff
- Medical Assistant

Above + NP or PA

Above + LPN/LVN

Above + RN

Above + Care Coordinator/Manager

All Other Staff

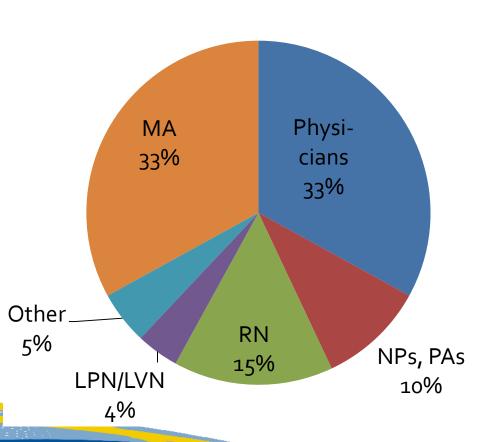
At least 1 of the following:

- Social Worker
- Pharmacist
- Health Educator
- Nutritionist
- Community Service Coordinator

Care Management in CPC

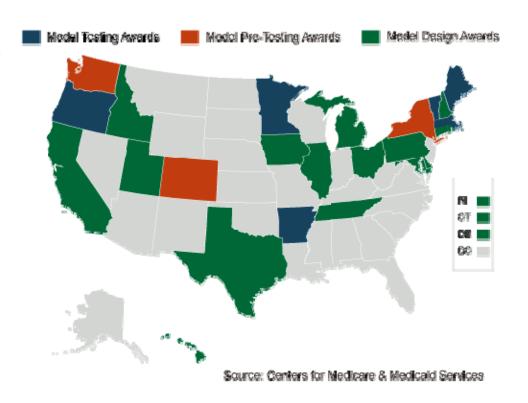
- Practices hired 1100 care managers in first year
 - Reported having ~1000 at baseline
- "Dueling" care managers





State Innovation Models (SIM)

- Partner with states to develop broad-based State Health Care Innovation Plans
- Plan, Design, Test and Support of new payment and service and delivery models
- Utilize the tools and policy levers available to states
- Engage a broad group of stakeholders in health system transformation





Workforce in SIM

- Several test states integrating new providers, especially to serve populations in remote areas
- Reviewing state health professions laws and scope of practices
- Looking at barriers for NPs and PAs as leader of and participant in primary care team
- Leveraging state licensure renewal process to identify shortages
- Interest in understanding future demand for physicians, especially in primary care shortage areas

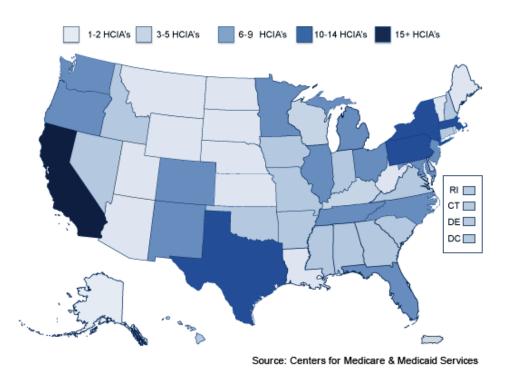
Workforce in SIM

- Planned expansion of telehealth to reach rural and remote areas (ECHO)
- Expand HIE and electronic health record utilization
- Expand primary care physician training sites focused on PCMH model/team practice
- Focus on distribution of workforce



Health Care Innovation Awards (HCIA)

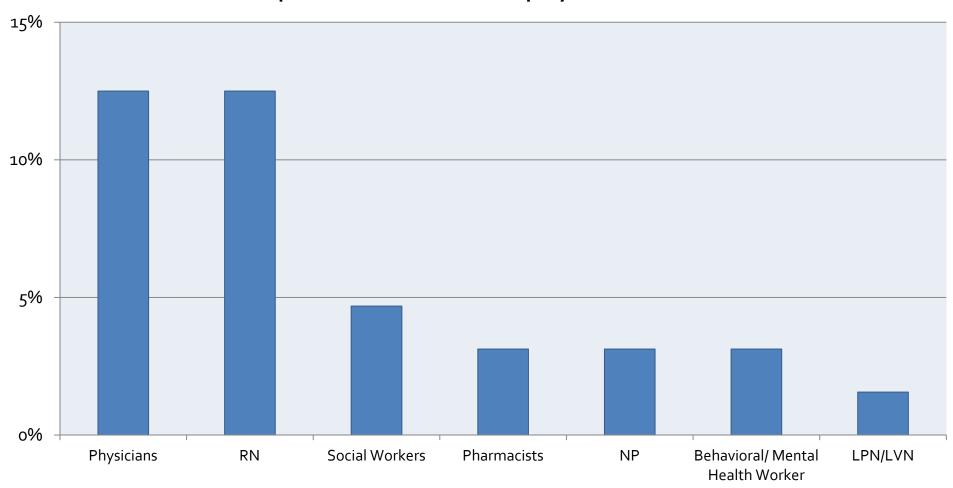
- Awarded 108 projects to broad range of innovators
- Goal: Identify models that produce better care, better health, and reduced cost through improvement 3 year test period
- Awards range \$1m to \$30m
- Seeks to identify new models of workforce development and deployment and related training





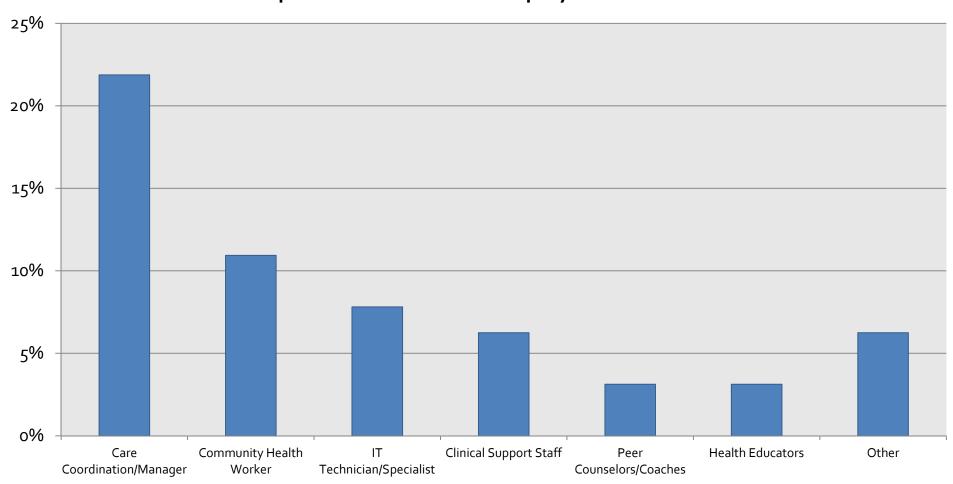
Retraining and Redeploying Workforce to Date in HCIA

Proportion of Workforce Deployed under HCIA



Training and Adding New Workforce to Date in HCIA

Proportion of Workforce Deployed under HCIA



Elements Most Linked to Cost Outcomes

- Access and communication
- Referral tracking
- Care management
- Patient self-management support



Conclusions

- Need more time to assess which models work and why, but...
 - Already learning lessons about healthcare workforce
- New payment and care models drive innovation in workforce



Thank You!

Questions?

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