



# Center for Medicare and Medicaid Innovation: Catalyzing Innovation for Health System Reform Post-2014

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# CMS Strategic Imperatives

## Strategic Outcomes

Cost  
Containment

Continuous  
Quality  
Improvement

Health Care  
System  
Efficiency  
and  
Transformation

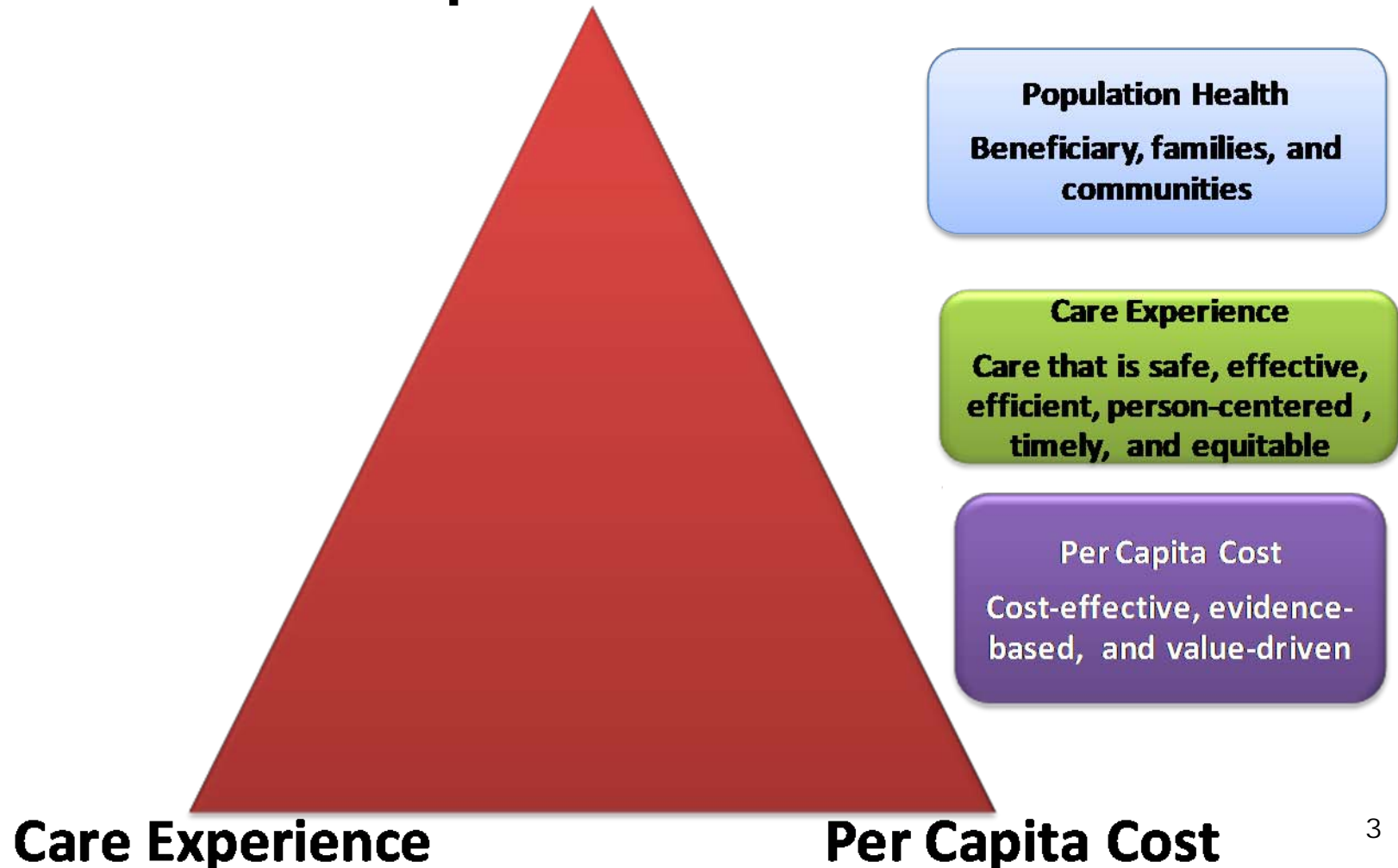
Beneficiary  
Satisfaction and  
Engagement

Provider  
Satisfaction  
and  
Participation

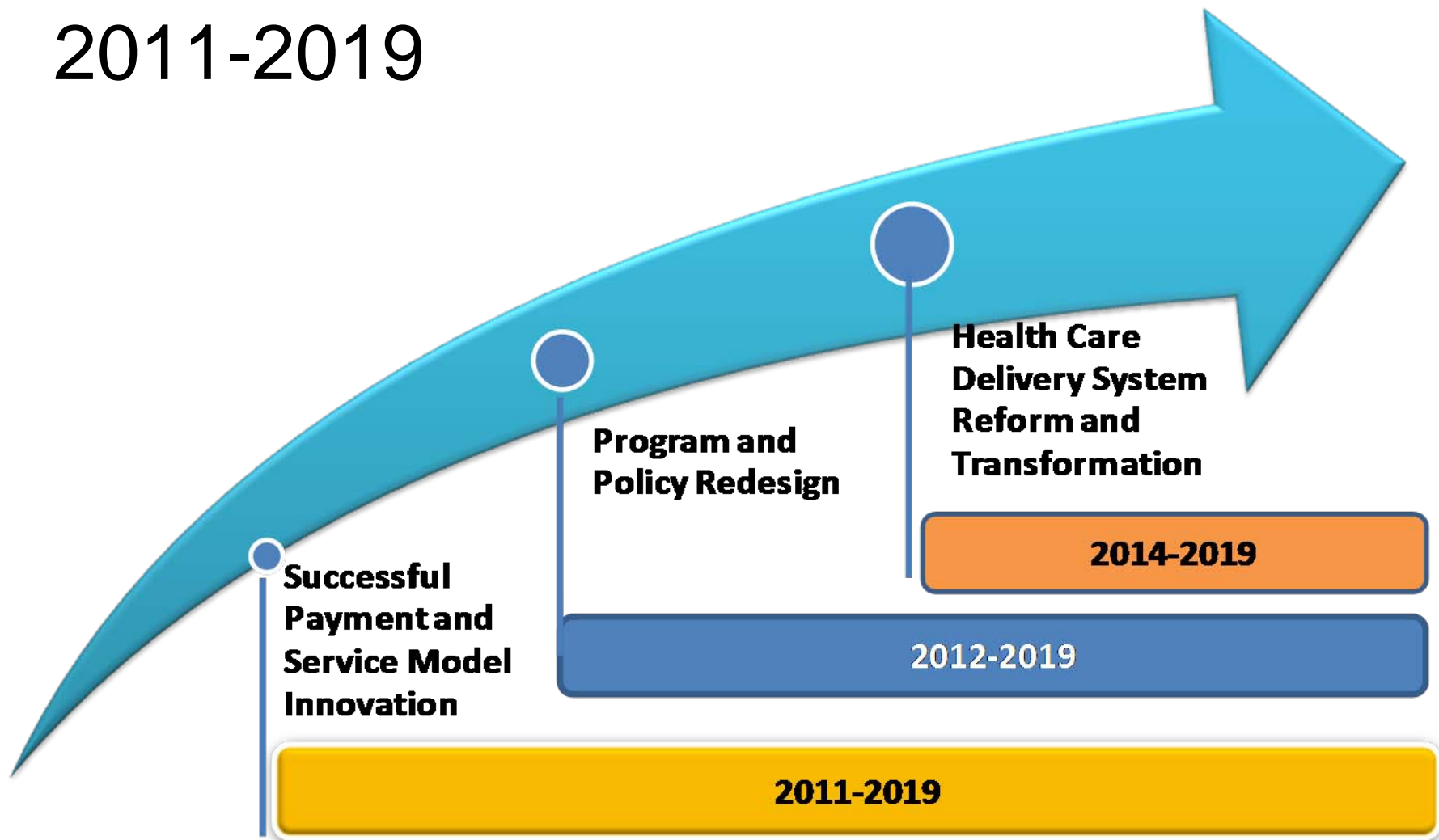
Population Health Improvement

# Focus of CMS Continuous Innovation Efforts

## Population Health



# Driving Health Care Delivery System Reform and Transformation 2011-2019





# Center for Innovation

## *Purpose and Mission*

### ***PPACA P.L. 111-148 Section 3021 Establishment of the Center for Medicare and Medicaid Innovation (CMI) within CMS***

- To test innovative payment and service delivery models that reduce program expenditures under the applicable titles.
- To preserve or enhance the quality of care.
- Preference shall be given to models that also improve coordination, quality, and efficiency of health care services furnished to Medicare and Medicaid beneficiaries.



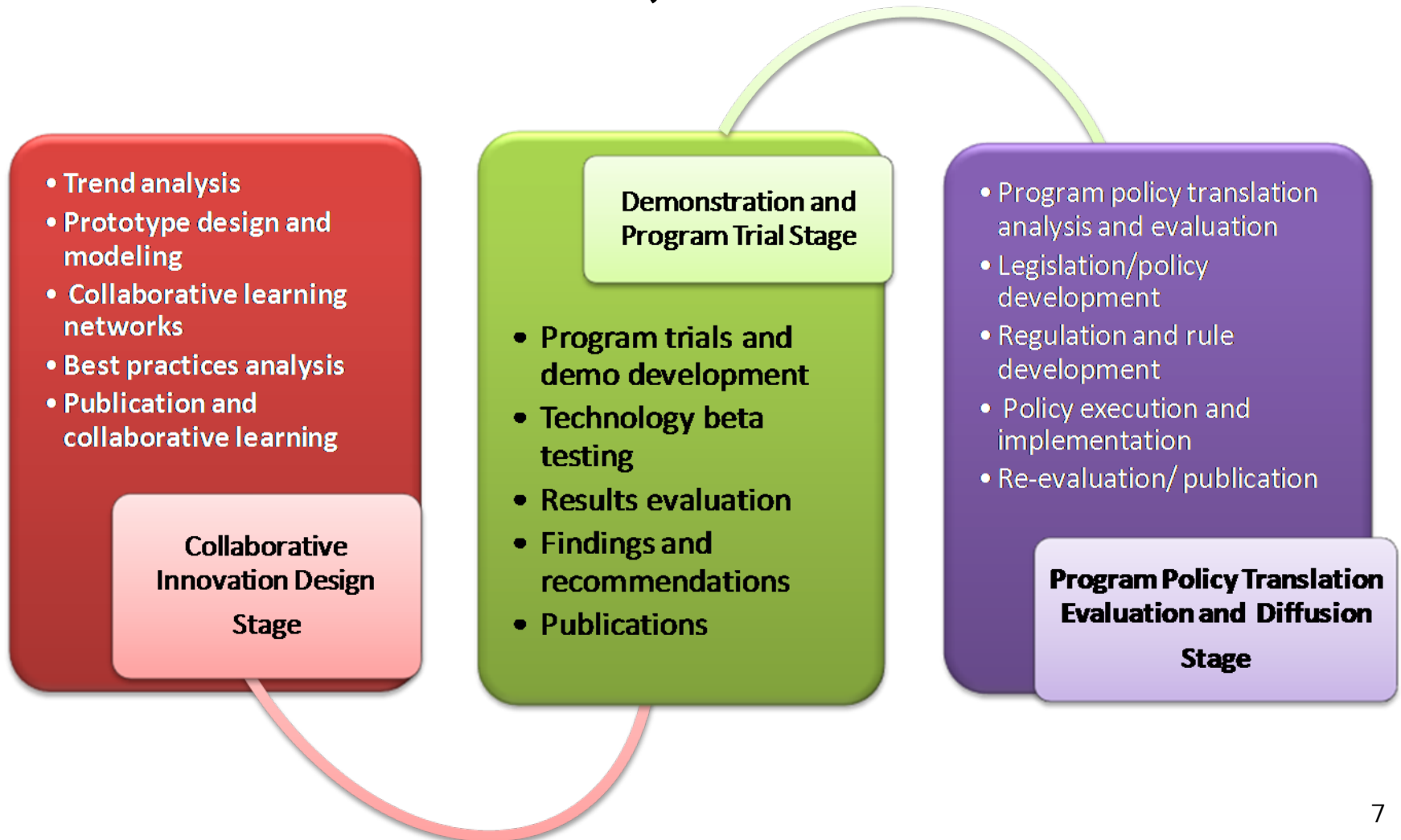
# CMI Infrastructure Design Criteria

## *From Innovation to Translation*

Key design elements for building the CMI infrastructure should include:

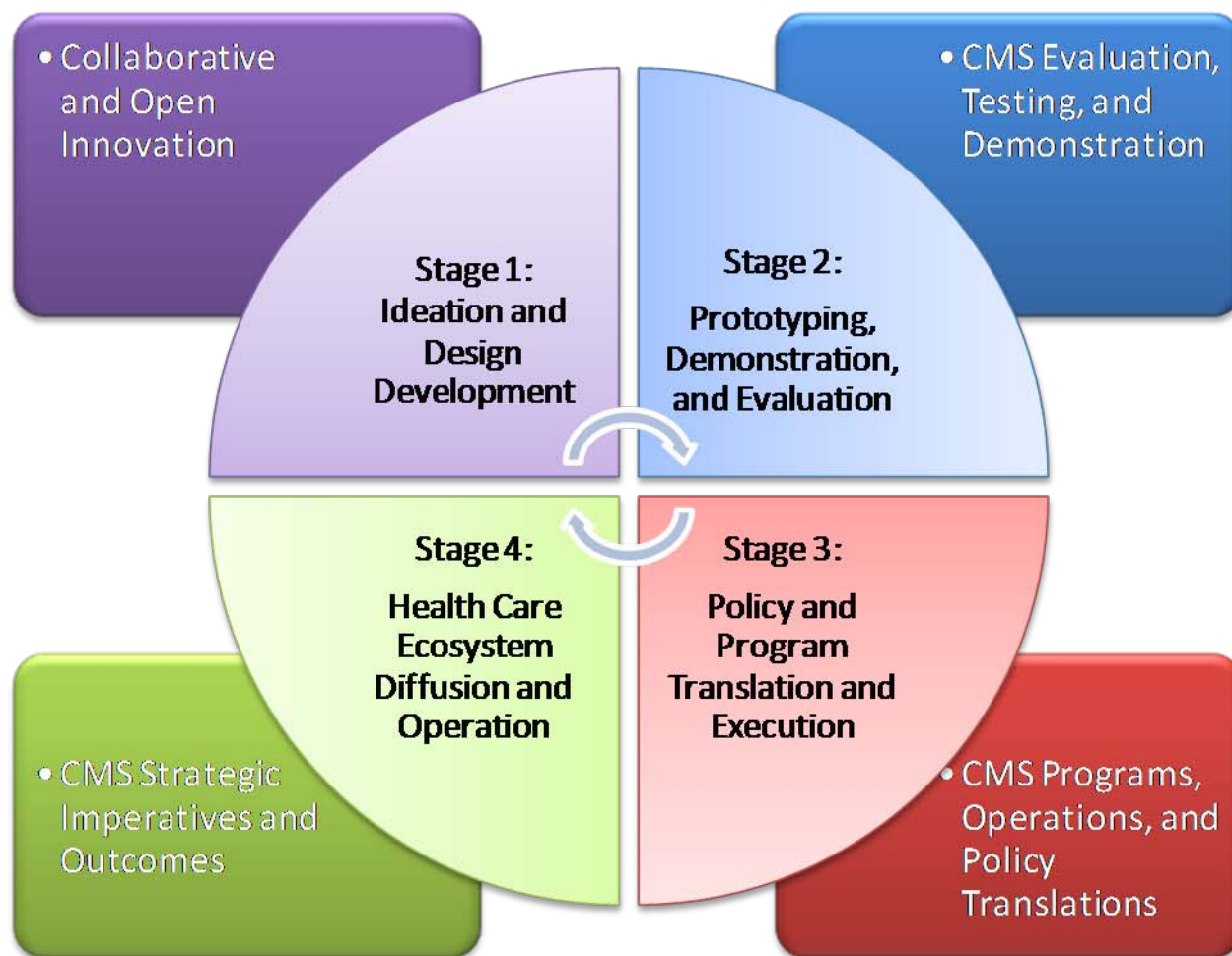
- Involving the system stakeholders in innovation design and development.
- Building an organized process for continuous health care innovation.
- Reducing the cycle time from validation of the most advantageous innovation to translation into program design and policy.
- Creating organized channels for rapid health delivery systemwide innovation diffusion.

# Staging Innovation Design, Demonstration, and Translation



# CMS Innovation Center

## *Innovation to Translation Process Cycle*







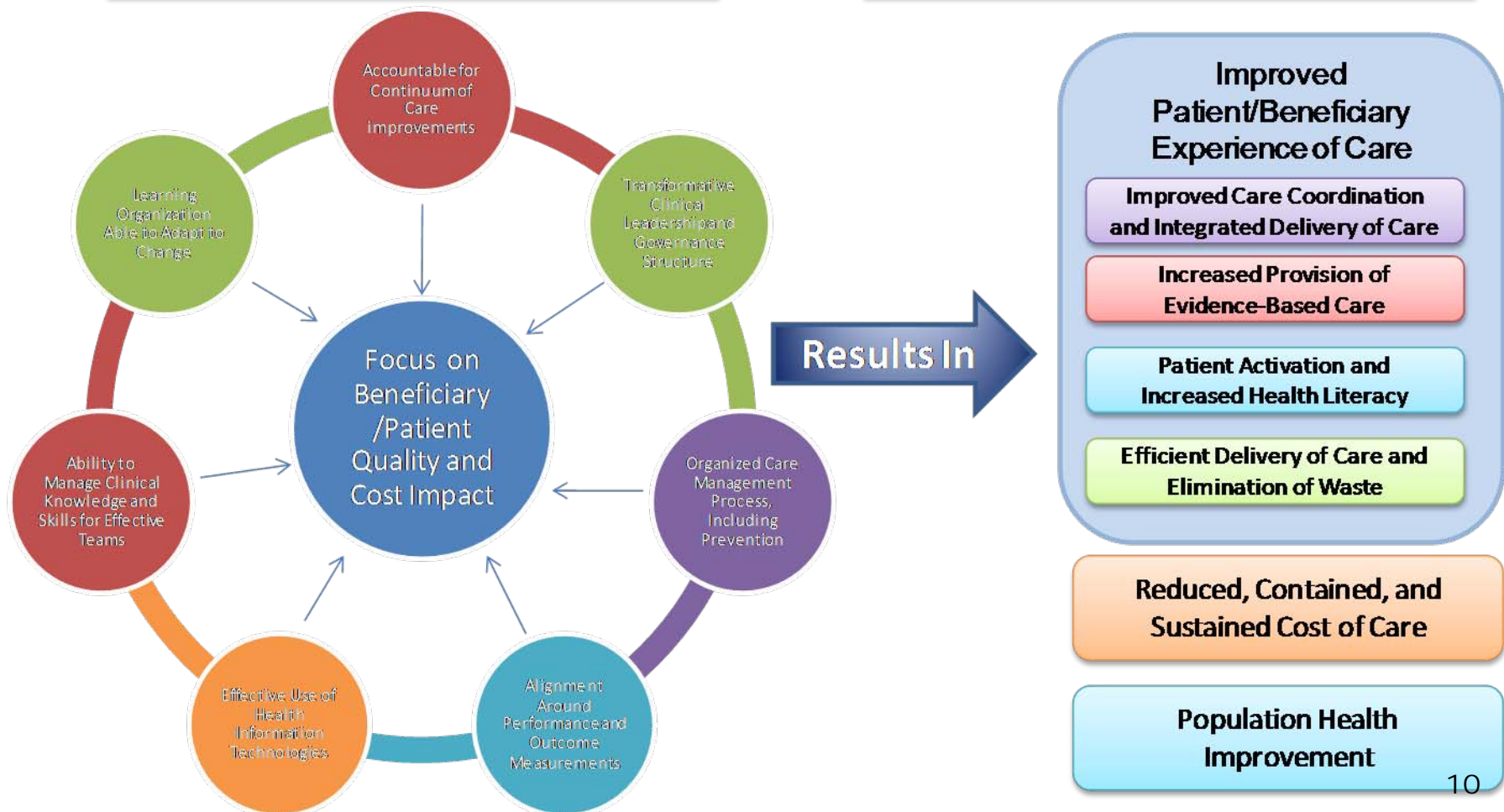
# CMS Initial Priorities Areas

- Nationwide initiative to invest in the development of accountable care systems to provide the foundation for (1) better care, (2) improved population health, and (3) reduced per capita cost of care.
- Specific area of focus will include, but not be limited to, reducing health care-acquired conditions and readmissions.

# An Accountable System for Beneficiary-Centered Care (ACO)

## Accountable Care Design Elements

## Expected Outcomes – Triple Aim



# Possible ACO Organizational Structures



## Hospital-Organized ACO

- Staff model
- Independent provider network



## Physician Group Practice ACO

- Staff model
- Independent provider network



## Loosely Affiliated Practice Network ACO

- Independent provider network
- Affiliated hospital



# How Can We Work Together to...

- Support the creation of an accountable health care system that effectively serves the populations we cover?
- Identify and diffuse best practices and lessons learned for reducing readmissions and preventing health care-acquired conditions?
- Promote innovation in the health care delivery system to achieve the goals of improved population health, better care, and reduced costs per capita?