

Summary of CMS Innovation Center Initiatives

<http://innovations.cms.gov/initiatives>

The CMS Innovation Center has a number of initiatives and demonstrations underway that encourage better care and better health at lower costs through continuous improvement. Read a summary document of our efforts thus far: [One Year of Innovation: Taking Action to Improve Care and Reduce Costs \(PDF\)](#)

Accountable Care Organizations (ACOs)

ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to the Medicare patients they serve.

Coordinated care helps ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds in both delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program. Medicare offers several ACO programs, including Shared Savings, Pioneer ACO, and Advance Payment.

ACO: Advance Payment Model

An initiative for those ACOs entering the Medicare Shared Savings Program to test whether and how pre-paying a portion of future shared saving could increase participation in the Medicare Shared Savings Program.

Some providers have expressed a concern about their lack of ready access to the capital needed to invest in infrastructure and staff for care coordination. Under the proposed initiative, eligible organizations could receive an advance on the shared savings they are expected to earn as a monthly payment for each aligned Medicare beneficiary.

ACO: Pioneer ACO Model

Testing a new payment and care delivery model for health care organizations and providers that are already experienced in coordinating care for patients across care settings.

This model allows these provider groups to move more rapidly from a shared savings payment model to a population-based payment model on a track consistent with, but separate from, the Medicare Shared Savings Program. The model is designed to work in coordination with private payers by aligning provider incentives, which will improve quality and health outcomes for patients across the ACO, and achieve cost savings for Medicare, employers and patients.

Bundled Payments for Care Improvement

Improving patient care through four models of payment innovation that foster improved coordination and quality through a patient-centered approach.

The CMS Innovation Center is seeking applications for four broadly defined models of care. Three models involve a retrospective bundled payment arrangement, and one model would pay providers prospectively. Through the Bundled Payments initiative, providers have great flexibility in selecting conditions to bundle, developing the health care delivery structure, and determining how payments will be allocated among participating providers.

Comprehensive Primary Care Initiative

A multi-payer initiative fostering collaboration between public and private health care payers to strengthen primary care for all Americans.

Primary care is critical to promoting health, improving care, and reducing overall system costs, but it has been historically under-funded and under-valued in the US. Without a significant enough investment across multiple payers, independent health plans-- covering only their own members and offering support only for their segment of the total practice population-- cannot provide enough resources to transform entire primary care practices and make expanded services available to all patients served by those practices. The Comprehensive Primary Care initiative offers a way to break through this historical impasse by inviting payers to partner with Medicare investing in primary care among 5-7 selected localities across the country.

Federally Qualified Health Center (FQHC) Advanced Primary Care Practice Demonstration

Testing the PCMH as a model to improve quality of care, promote better health, and lower costs.

This demonstration project, operated by CMS in partnership with HRSA, will test the effectiveness of doctors and other health professionals working in teams to coordinate and improve care for up to 195,000 Medicare patients. Participating FQHCs are expected to achieve Level 3 patient-centered medical home recognition, help patients manage chronic conditions, as well as actively coordinate care for patients. To help participating FQHCs make these investments in patient care and infrastructure, they will be paid a monthly care management fee for each eligible Medicare beneficiary receiving primary care services. In return, FQHCs agree to adopt care coordination practices that are recognized by the National Committee for Quality Assurance (NCQA). CMS and HRSA will provide TA to help FQHCs achieve these goals.

[Health Care Innovation Challenge](#)

Under this Challenge, up to \$1 billion dollars will be awarded to innovative projects across the country that test creative ways to deliver high-quality health care services and lower costs. Priority will be given to projects that rapidly hire, train and deploy new types of health care workers.

The Health Care Innovation Challenge will support public and private organizations including clinicians, health systems, private and public payers, faith-based institutions, community-based organizations and local governments. Innovative approaches from these organizations that can begin within six months of award and demonstrate a model for sustainability post-award will also be given priority.

[Innovation Advisors Program](#)

A network of experts trained, supported, and charged by CMS to improve the delivery system for Medicare, Medicaid and CHIP beneficiaries.

The Innovation Advisors Program will inspire dedicated, skilled individuals in the health care system to deepen several key skill sets, including: Health care economics and finance, Population health, Systems analysis, and Operations research.

[Partnership for Patients](#)

A public-private partnership that offers support to physicians, nurses and other clinicians working in and out of hospitals to make patient care safer and to support effective transitions of patients from hospitals to other settings. The Community-based Care Transitions Program tests models for improving care transitions in order to reduce hospital readmissions.

The Partnership is an important part of the Center's work to improve the quality of care available to CMS beneficiaries. Thousands of providers across the country have already joined the partnership. The 2 goals of this new partnership are to:

- 1. Keep patients from getting injured or sicker.** By the end of 2013, preventable hospital-acquired conditions would decrease by 40% compared to 2010.

- 2. Test models for reducing hospital readmissions.** The Community-based Care Transitions Program, for community-based organizations tests models for improving care transitions from the hospital to other settings and reducing readmissions for high-risk Medicare beneficiaries. By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be reduced by 20% compared to 2010.

[State Demonstrations](#)

The Innovation Center is partnering with states to help them achieve better health, better care and lower costs for Medicaid beneficiaries and Medicaid-Medicare beneficiaries by testing new payment and delivery system models.

These innovative models will be designed to reduce state and federal costs while improving the quality of care for Medicaid patients. The Innovation Center, in coordination with the Center for Medicaid, CHIP and Survey and Certification (CMCS), the Medicare-Medicaid Coordination Office and other CMS working groups, will seek to foster opportunities for states to promote these efforts.

[Strong Start for Mothers and Newborns](#)

An initiative to improve health outcomes for mothers and infants across the country. The Strong Start initiative includes 2 strategies:

- 1. Reduce Early Elective Deliveries-** A test of a nationwide public-private partnership and awareness campaign to spread the adoption of best practices that can reduce the rate of early elective deliveries before 39 weeks for all populations.

- 2. Delivering Enhanced Prenatal Care-** A funding opportunity for providers, States, and other applicants to test the effectiveness of specific enhanced prenatal care approaches to reduce pre-term births in women covered by Medicaid.