



HEALTHCARE LEADERS FOR **ACCOUNTABLE INNOVATION IN MEDICARE**

As our healthcare system evolves toward value-based care, it is essential to test new ideas that have the potential to make healthcare more quality-driven, cost-efficient, and patient-focused. Fortunately, the Center for Medicare and Medicaid Innovation (CMMI) provides such a robust research and development platform to experiment and evaluate new payment and delivery approaches and determine what works and why. Because of the potential impact, however, on patients, healthcare providers, and other health system stakeholders, it is essential that such experimentation comply with the original intent of CMMI and be limited in scope and fully transparent. Concerns over both the scale and scope of CMMI's recent demonstrations and its claim of authority to expand demonstrations nationwide and, in effect, enact permanent policy changes should be addressed. Congress should have the ability to intervene in these matters, but its ability to do so is hampered by Congressional Budget Office scoring rules that assume theoretical savings from CMMI initiatives. Clearly establishing CMMI's role to verify "proof of concept" and Congress's role to act on that proof would help build the trust and confidence needed to ensure CMMI's success.

Principles

- **Foster strong scientifically valid testing prior to expansion.** Initial CMMI experiments of new payment and delivery models should have comprehensive, methodologically sound, transparent evaluation plans and occur via appropriately scaled, time-limited tests in order to protect beneficiaries and participants from unintended or adverse consequences. Participation in model tests must be voluntary and should be structured in such a way to ensure valid results.
- **Respect Congress's role in making health policy changes.** The legislative branch has a responsibility to oversee CMMI and must approve model expansions and related changes to Medicare and Medicaid. CMMI's important work in testing new models that improve quality or reduce costs without harming beneficiary access or healthcare outcomes should inform congressional decisions on national health policy.
- **Consistently provide transparency and meaningful stakeholder engagement.** CMMI's process for developing, testing, and expanding models must be more open, transparent, and predictable to provide meaningful opportunities for stakeholder input, ensure safeguards for patients and providers, and improve accountability. This includes: developing new models in close consultation with affected stakeholders, maintaining complete transparency in decision-making and program procedures, and fully evaluating data and seeking patient and stakeholder input prior to model expansions.
- **Improve sharing of data from CMMI testing.** Data from CMMI model tests should be made public on an ongoing basis to facilitate assessments of their impact on care quality and spending and to inform parallel efforts in the private sector.
- **Strengthen beneficiary safeguards.** Beneficiaries must not be compelled to participate in a demonstration project and must be adequately educated about the project as well as protected by safeguards to ensure continued access and care quality.
- **Collaborate with the private sector.** For CMMI to have an optimal impact on improving healthcare quality and cost-efficiency, it must work collaboratively with the private sector and harness market competition and innovation. In selecting demonstration projects, priority should be given to partnerships involving providers, payers, and other private sector entities throughout the healthcare continuum. CMMI models should support private sector organization efforts to advance healthcare value, rather than impeding such efforts by picking winners and losers in the market.