



Value Week – January 24-28, 2021

Value Week, a series of events and social media campaigns, will be held from Monday, January 24 through Friday, January 28, 2022. Each day will feature opportunities to engage through participation in topical virtual summits featuring key industry thought leaders and government officials, coordinated social media campaigns, and conversations with federal lawmakers on Capitol Hill. We invite you and your organization to join us in celebrating all the progress and opportunity found through advancing value-based care.

Below you will find a brief overview of the themes and widely attended events for each day of Value Week. Your organization should feel free to develop additional content, events, and programming within these themes. Please share your events with us and use our hashtag for the week across social media platforms.

To have your organization listed as a supporter on the Value Week website, please contact Madeline Hodge (hodge@mcdermottplus.com) or Caroline Guiot (cGuiot@sironastrategies.com) with your organization name and logo. There is no fee associated with supporting Value Week.

Website: <https://hcvalueweek.org/>

Twitter Hashtag: #hcvalueweek

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Social Media Toolkit

Event Promotional Tweets

- Join us Jan. 24 for Health Care Value Week, celebrating the progress value-based health care models have made in providing more equitable, accessible, and affordable U.S. health care! See the lineup of programs and join the conversation at hvalueweek.org #HCValueWeek
- Value-based care models have made significant progress in addressing our greatest health care challenges. Join #HCValueWeek this January to keep advancing towards an improved system for all. Learn about key priorities & hear from industry leaders at hvalueweek.org.
- Join us 1/24 & 1/26 for a special edition of the Virtual Value-Based Payment Summit during #HCValueWeek! Hear from industry stakeholders and top Administration officials at the CMS Innovation Center. Register at <https://valuebasedpaymentsummit.com/> & share your takeaways!
- ACOs participating in the Medicare Shared Savings Program have generated a net savings for 4 consecutive years, even during the pandemic! <https://go.cms.gov/3yi354f> Hear other value-based care success stories and share your own this January: hvalueweek.org. #HCValueWeek
- If CMS is to reach its goal of moving all Medicare & most Medicaid beneficiaries into accountable care relationships by 2030, Congress must act now to extend the 5% MACRA APM bonus into 2023 and beyond. Learn more and add your voice at hvalueweek.org. #HCValueWeek

Social Images



January 24–28, 2022





Monday, January 24th – CMMI Strategy Refresh

Background:

The Centers for Medicare and Medicaid Innovation (CMMI) recently unveiled a refreshed strategy, which will inform care transformation in Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) in the coming decade.

The strategy outlines five objectives:

- Driving accountable care;
- Advancing health equity;
- Supporting care innovations;
- Improving access by addressing affordability; and
- Partnering to achieve system transformation. These objectives will guide revisions to current models and will inform the development of future models.

Participation Opportunities:

- **Virtual Event:** Attend the Special Edition of the Virtual Value-Based Payment Summit. Register [here](#) to attend this event at no cost.
 - Speakers:
 - Liz Fowler, Director, Center for Medicare and Medicaid Innovation (CMMI)
 - Chris Ritter, Acting Deputy Director, CMMI
 - Purva Rawal, Chief Strategy Officer, CMMI
 - Pauline Lapin, Director, Seamless Care Models Group, CMMI
- **Social Media:** Share your takeaways from the virtual event and your reactions to the new CMMI strategy with #hcvalueweek

Key Messages:

- Support for the CMS Innovation Center’s new strategic direction, which supports and advances accountable care and invests in primary care
- Support for the Innovation Center’s commitment to advancing health equity and models that continue to address the social determinants of health
- Share your care innovations, which may include telehealth, hospital at home, and other waiver flexibilities that have enabled your organization to succeed with value based care.
- Talk about innovative approaches to addressing affordability, including through participation in value based insurance design or other approaches that save money for patients.
- Express enthusiasm for an approach with CMMI that elevates partnership to achieve transformation.



Suggested Tweets:

- It's #hcvalueweek, highlighting value-based care as the solution for providing more equitable, accessible, and affordable health care in the U.S. Stay tuned all week as we celebrate the progress and opportunity found through embracing value-based care!
- With its newly refreshed strategy, CMMI has embraced value-based care as the future of health care. Learn more about the strategy's 5 objectives to transform Medicare, Medicaid, and CHIP within the next 10 years: <https://innovation.cms.gov/strategic-direction-whitepaper> #hcvalueweek

Resources

- [CMMI Strategy Document](#)
- [Frequently Asked Questions \(FAQs\)](#)
- [Overview of CMS Strategy](#)
- [McDermottPlus Summary of CMMI Strategy](#)



Tuesday, January 25th – Fiscal Sustainability and Affordability

Background:

Over the past several decades, value-based care models have generated health care cost savings. Many models also include design components that make health care more affordable for beneficiaries such as reduced or waived co-pays for certain services. Join value-based care supporters in highlighting the role of value-based care models in improving fiscal sustainability and affordability in health care.

The cost pressures facing the American health care system are well-documented. Health care costs represent an increasing percent of our country's GDP (17.7% of our GDP in 2019), and the Medicare Trust Fund is projected to be insolvent by 2026. Out-of-pocket costs have also become untenable with the average American spending \$5,000 on health care in 2019 – more than twice of the per person annual cost reported in the mid-1980s.

Delivery system reforms, including greater adoption of value-based care models and movement away from fee-for-service, has been the foundation of our health reform efforts since the passage of the Affordable Care Act in 2009. Value-based care models continued to be tested and scaled at the federal and state levels as a mechanism for controlling and reducing health care costs while also improving quality and reducing disparities.

Participation Opportunities:

- **Virtual Event:** Attend the NAACOS virtual event. Register [here](#) to attend this event at no cost.
- **Social Media:** Using the hashtag #hcvalueweek, please share stories and stats highlight how payment and delivery system reforms have reduced health care costs both for the broader health care system and for beneficiaries more specifically.

Key Messages:

- Value-based care continues to be the most fiscally sustainable approach to healthcare transformation.
- Value-based care models have delivered cost savings and other health system improvements.
- Value-based care models allow providers to offer important beneficiary incentives, including incentives that make care more affordable such as reduced or waived co-pays.
- As Congress and other stakeholders consider ways to make healthcare more fiscally sustainable, value-based care arrangements are a critical part of the solution.

Suggested Tweets:

- By focusing on creating value rather than revenue, APMs, ACOs, and other value-based care arrangements are proven to improve health outcomes and lower costs for patients and payers. #hcvalueweek



- ACOs participating in CMS’s Medicare Shared Savings Program have generated a net savings for Medicare for 4 consecutive years: <https://www.cms.gov/newsroom/press-releases/affordable-care-acts-shared-savings-program-continues-improve-quality-care-while-saving-medicare>
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Resources:

Medicare Trust Fund Solvency

- [Kaiser Family Foundation Report on Medicare Trust Fund Solvency](#)
- [Congressional Research Program Medicare Insolvency Projects](#)
- [CMS 2021 Medicare Trustee Report](#)
- [CMS’s MSSP Program Savings During COVID-19](#)

Medicare Shared Savings Program

- [How to Better Support Small Physician-led Accountable Care Organizations: Recent Program Updates, Challenges, and Policy Implications](#)
- [Leveraging Payment Reforms for COVID-19 and Beyond: Recommendations for Medicare ACOs and CMS’s Interim Final Rule](#)
- [The Medicare Shared Savings Program in 2022: Positive Movement \(And Uncertainty\) During a Pandemic](#)
- [Serious Illness and Accountable Care Organizations – Case Study Series](#)
- [ACO Serious Illness Care: Survey and Case Studies Depict Current Challenges and Future Opportunities](#)
- [Why Do Accountable Care Organizations Leave the Medicare Shared Savings Program?](#)

AIM and Pioneer ACO

- [CMS Background on Next Gen ACO Program](#)
- [Next Gen ACO Performance Report](#)
- [Care Transformation Toolkit](#)
- [National Association of ACOs Next Gen Savings Report](#)

Bundles

- [CMS Bundled Payments for Care Improvement \(BPCI\) Initiative](#)
- [BPCI Model Report](#)
- [BPCI Toolkit](#)



Wednesday, January 26th – Advancing Equity and Addressing Social Determinants of Health

Background

The COVID-19 pandemic has further underscored health inequities in the United States in numerous ways. Value-based care models have the potential to reduce health disparities. Flexibility in payment models provides greater opportunity to address social determinants of health. And organizations and individuals have a unique opportunity now to pursue policies that address disparities in access and quality that currently persist.

Participation Opportunities:

- **Virtual Event:** Attend the Update on CMS Medicare and Medicaid Initiatives. Register [here](#) to attend this event at no cost.
 - Speakers:
 - Dr. Meena Seshamani, Director, Center for Medicare
 - Daniel Tsai, Director, Center for Medicaid and CHIP Services (*invited*)
 - Panel discussion on the Future of Value Based Care (speakers TBD)
- **Social Media:** Share your event takeaways and your organizations' equity-themed content with #hcvalueweek

Key Messages:

- In addition to lowering costs and improving quality, value-based care emphasizes a strong focus on advancing health equity.
- Embedding health equity into every aspect of the value-based care model will increase the focus on improving care accessibility, quality, and affordability for underserved populations.
- Value-based care model participants are innovating to address social determinants of health and to connect patients to the resources they need in their communities.
- Share your examples of how value based care model participants are addressing the social determinants of health and/or caring for underserved populations.

Suggested Tweets:

- The pandemic has magnified how much work still needs to be done to advance equity in U.S. health care. But it has also proved value-based care models can improve care accessibility, quality, and affordability for underserved populations. #hcvalueweek
- Medicaid and CHIP provide essential health care coverage for 80+ million U.S. individuals and families. Read the strategic vision for strengthening these programs through value-based approaches: <https://www.healthaffairs.org/doi/10.1377/hblog20211115.537685/full/> #hcvalueweek



Resources:

- [A Strategic Vision for Medicaid And the Children's Health Insurance Program \(CHIP\)](#)
- [CMMI Strategy Document](#)
- [Value Based Care Coalition Case Studies](#)
- [How Are Payment Reforms Addressing Social Determinants of Health? Policy Implications and Next Steps](#)



Thursday, January 27th – Congressional Priorities: Extending the MACRA AAPM Bonus

Join Premier and other Value Week sponsoring organizations in calling on Congress to pass legislation supporting adoption of value-based care models, including extending the 5% MACRA bonus for provider participation in advanced alternative payment models (AAPMs).

Background:

Innovative healthcare providers are successfully delivering improved patient care at lower costs through value-based payment initiatives, such as accountable care organizations (ACOs) and bundled payment arrangements. For example, in 2020 alone Medicare Shared Savings Program (MSSP) ACOs generated \$1.9 billion in net Medicare savings, with an average quality score of 98%.

Congress and the Administration have highlighted value-based care as a key strategy for lowering healthcare spending and improving population health. However, adoption of value-based models has been slower than expected, due to limited options for participation and the ongoing COVID-19 pandemic.

Additional policy levers are needed to further strengthen the movement to value. For example, the 5% MACRA bonus has been a critical tool for clinicians – helping to cover the investment costs of moving to new payment models and offsetting losses associated with transitioning away from fee-for-service. However, these bonuses are set to expire in 2024 payment year, which is based on 2022 performance. The health care industry is united in calling upon Congress to immediately act to extend this critical financial tool to encourage providers to make the investments needed to move away from utilization-based reimbursement models.

During this session you will hear directly from some of the nation’s leading providers and health systems on the barriers they’ve overcome transitioning to alternative payment models and key actions Congress can take to ensure the success value-based payment initiatives.

Participation Opportunities:

- **Virtual Event:** Attend the virtual briefing “Incentivizing Value: How Congress Can Accelerate Health Care Innovation”. Register [here](#) to attend this event at no cost.
- **Social Media:** Using the hashtag #hcvalueweek, please highlight the key messages below encouraging Congress to advance value-based care through legislation extending the MACRA AAPM bonus.

Key Messages:

- Healthcare providers are successfully delivering improved patient care at lower costs through value-based care models.
- To solve the problems in our healthcare system, we need to continue to move in this direction.
- The 5% MACRA bonus provides a valuable tool for incentivizing providers to participate in value-based care models.



- Letting the MACRA bonus expire will make it even more difficult for CMS to achieve its goal of moving all Medicare and most Medicaid beneficiaries into accountable care relationships by 2030.
- MACRA bonuses must be extended by Congress to drive greater participation in value-based care models, moving the system toward lower costs and higher quality.
- Congress must act urgently to ensure that the MACRA bonuses continue to encourage providers to adopt value-based care models beyond 2023.

Suggested Tweets:

- The 5% bonus established by MACRA in 2015 has been a significant incentive for providers to join the value-based care movement, but its job isn't yet done. Learn why the AMA is in favor of the Value Act and extending the bonus beyond 2024: <https://www.ama-assn.org/practice-management/payment-delivery-models/bipartisan-bill-would-extend-5-bonus-advanced-apms> #hcvalueweek
- If CMS is to achieve its goal of moving all Medicare and most Medicaid beneficiaries into accountable care relationships by 2030, it is vital to extend the MACRA 5% bonus. Read the Health Care Transformation Task Force's recommendations to Congress: <https://hcttf.org/the-task-force-offers-recs-to-medpac-on-apms/> #hcvalueweek

Resources:

- [CMS Overview of MACRA](#)
- [AAFP Overview of MACRA](#)
- [Overview of the Value in Healthcare Act](#)
- [Health Care Transformation Task Force Recommendations for Advancing the Adoption of Alternative Payment Models](#)
- [APM Fast Facts](#)
- [Improving Waiver and Program Flexibilities for Advanced Payment Models](#)
- Duke-Margolis and American Heart Association Value in Healthcare Initiative
 - [Advancing Value-Based Models for Heart Failure: A Call to Action from the Value in Healthcare Initiative's Value-Based Models Learning Collaborative](#)
 - [Streamlining and Reimaging Prior Authorization Under Value-Based Contracts](#)