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RURAL POLICY RESEARCH INSTITUTE

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Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-5540-NC
https://www.regulations.gov

Response to Request for Information: Episode-Based Payment Model

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal lawmakers. The Panel is pleased to offer comments in response to this request for information (RFI), focused on sections that fall within the scope of our expertise. We structure our response using the five questions in the RFI.

This RFI supports alignment across innovations in Medicare; we believe alignment must occur within a framework encompassing all dimensions of a high performing health system. We call attention to our formulation of the high-performing rural health system, which is foundational to the health and well-being of all rural residents. The RUPRI Health Panel envisions rural health services that are affordable and accessible for all rural residents through a sustainable health system that delivers high quality, high value services. Equity is the foundation of a system of four pillars: access, affordability, community health, and quality.

Our specific comments follow, paralleling subsections of the RFI.

A. Care Delivery and Incentive Structure Alignment

Increasing specialty and primary care integration for meeting the needs of rural beneficiaries requires use of communications technologies to manage patient care across providers located miles apart. Requirements for interaction among providers and between providers and patients during the episode will need to account for distance by a combination of adjusting timelines and allowing for use of telehealth to facilitate face-to-face interactions. The Panel strongly supports person-centered care by teams of health care professionals. We encourage CMS to take advantage of this revision of episode-based payment to promote effective use of person-centered health homes grounded in primary care. Consistent with the statements in this RFI supporting alignment of Medicare innovations, we refer to our 2018 document describing a high-performing primary care system that called for an evolution from patient-centered medical homes to person-centered health homes. In visioning health homes that include mental health and behavioral health we encourage CMS to allow use of telehealth to incorporate specialists not found in many (if not most) rural communities. The RFI asks what CMS should consider to effectively incorporate health information technology standards and functionality. We recommend focused technical assistance, and one-time funding support, to facilitate significant upgrades of rural systems with clear and specific steps to enable communication across different platforms. Finally, in this section the RFI asks for input on including community-based interventions during episode care transitions. Here we call attention to the challenge of providing human services in rural communities that lack infrastructure and workforce comparable to large urban areas. We recommend CMS use the incentives of episode-based payment to create

momentum for building a sustainable rural infrastructure in human services, and that CMS coordinate initiatives with other agencies in HHS to improve human service delivery in rural communities.

B. Clinical Episodes

The Panel does not have comments on the specific questions in this subsection. We support the total cost-of-care approach being taken by CMS and strongly support recognizing the critical role of primary care in longitudinal care management. Assuring a timely hand-off from specialty care to primary care is critical; defining the episode as 30 days is an important incentive for that hand-off.

C. Participants

The RFI asks about considerations CMS should take into account about different types of participants, such as physician group practice, who may be new to financial risk. We recommend, as suggested by CMS, that there be a glide path to accepting financial risk. For more considerations related to bringing rural healthcare organizations (HCOs) into a new model, we call attention to recommendations emanating from a summit of innovative rural HCOs held in 2020. Themes particularly relevant to this RFI:

- Model and program alignment
- Upfront infrastructure investment
- Flexibility and timing
- Information technology and data.

D. Health Equity

The second question on page 45877 of the RFI focuses on providers serving higher risk patients, including disproportionate share hospitals. The Panel recommends CMS consider other special circumstances, namely providers serving beneficiaries in health professional shortage areas, and rural providers whose patient volume and other considerations may not qualify them as disproportionate share hospitals (e.g., Critical Access Hospitals) or who are primary care providers that may not otherwise meet criteria for special attention in this model (e.g., Rural Health Clinics). The RFI asks about other factors to consider. The Panel recommends these: transportation issues confronting beneficiaries during the episode and in facilitating the hand-off at the end of the episode; housing challenges unique to rural communities; and food security issues unique to rural communities. Finally, the fourth question in this subsection asks if the new model should have a larger focus on medical or surgical episodes. The Panel recommends at least a balance, and in rural communities, a great emphasis on medical episodes as more involving a higher percentage of beneficiaries and beneficiaries across population groups who are the focus of addressing equity.

E. Quality Measures

F. Payment Methodology and Structure

The Panel has no comments on these subsections.

In closing, the Panel expresses its support for the general direction of the proposed episode-based payment model. We encourage CMS to take advantage of the opportunities of a new model to address needs of rural beneficiaries and providers.

Respectfully submitted,

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