Million Hearts® Cardiovascular Disease Risk Reduction Model

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Background & Rationale

• Heart attack and stroke (ASCVD) are leading causes of death and disability

• In the past
  – Risk reduction focused on specific process measure targets, i.e. LDL cholesterol level and blood pressure, with the same targets applied to all patients
  – Currently, risk factors are discussed as independent conditions rather than risk factors contributing to ASCVD
  – Patients have little idea of their actual risks of heart attack and stroke

• What the model will change
  – Uses data-driven, widely accepted predictive algorithm to give individualized 10-year risk score for ASCVD to each beneficiary
  – Providers get value-based payment depending on absolute risk drop across entire panel, necessitating population health management
So we will continue to work across sectors and across the aisle for the goals we share: better care, smarter spending, and healthier people.
Important Features of This Model

• First CMS model to incentivize reduction in a predicted future risk, paving way for future innovative approaches to value-based prevention (e.g. reduction in other preventable conditions)
• Focus on meaningful, patient-centered risk score
• Transparent, easily understood provider financial incentive
• Rigorous design, with clustering at practice level, at large scale (360 intervention and 360 control practices, enrolling almost 300,000 Medicare FFS beneficiaries)
• Path towards nationwide scaling if model test is successful
Model Overview

Aim
Offer provider incentives for risk stratification, shared decision-making and enhanced accountability across a provider’s entire Medicare FFS patient panel—reduce predicted 10-year ASCVD risk, reduce the incidence of heart attacks & strokes, and add no net costs?

Practice Eligibility
– At least 1 practitioner: As defined by the PQRS definition
– Enrolled and eligible to bill for Medicare Part B
– Using an Office of the National Coordinator (ONC) certified Electronic Health Record
– Have met the criteria for the Medicare EHR Incentive Program in performance year 2015
Model Design Framework

- 5 year Model Test
- Randomized Evaluation Design
  - Planned 360 control and 360 intervention practices, with built in 20 percent attrition anticipated
  - Roughly 150,000 Medicare FFS benes in each arm
- Programmatic Elements
  - Risk Stratified Care
  - Population Health Management
  - Shared Decision Making
  - Individual Risk Modification Planning
  - Team-Based Care
  - Quality and Clinical Data Reporting
Target Population

- Initial risk stratification (intervention practices)
  - Performed on all Medicare FFS beneficiaries 18-79 years of age.
  - Exclusion criteria: prior heart attack and/or stroke, in hospice, 80 years or older, or Medicare Advantage or other health plan coverage as primary payer

- Ongoing Treatment of High Risk Beneficiaries
  - Model will follow claims based outcomes of all patients
  - Additionally, for high-risk (10-year ASCVD risk score greater than or equal to 30%; highest risk decile), provider will regularly reporting on longitudinal risk required over life of model
Evaluation Design

• Randomized Controlled Trial
  – Randomization 1:1 (Treatment : Control)

• Model powered to demonstrate improvements in quality, specifically, lower incidence in heart attacks & stroke
  – Primary Outcome – Reduction in heart attack and stroke, Absolute risk reduction
  – Secondary Outcome(s) – Reduction in total cost of care and improvement in mandatory PQRS measures from baseline
Payment Model

• $10 per beneficiary one-time Cardiovascular Risk Assessment payment for: Population Level Risk Stratification, Shared Decision Making, and Enhanced Provider Accountability

• For high risk bene panel: Additional $10/bene/month cardiovascular care management fee, value-based, depending on high-risk PANEL WIDE risk reduction
  • Year 1: Reporting only
  • Year 2-5: Performance-based

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<thead>
<tr>
<th>Aggregate Absolute Risk Reduction</th>
<th>Fee Paid (per bene per month in panel)</th>
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<tbody>
<tr>
<td>&lt;2 percentage points</td>
<td>$0</td>
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<tr>
<td>2-10 percentage points</td>
<td>$5</td>
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<tr>
<td>&gt; 10 percentage points</td>
<td>$10</td>
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Measurement Framework

• Data Registry
  – Provided to participating practices for free
  – Web-based tool that:
    • Allows providers to calculate risks
    • Provide shared decision making tools
    • Report results to CMS and PQRS program
    • Potential ability to integrate with practice’s existing EHRs

• Reporting of clinical variables & PQRS measures
• Treatment Benefit Equation
## Upcoming Milestones

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<tr>
<th>Date</th>
<th>Activity</th>
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<tr>
<td>May 2015</td>
<td>Announcement</td>
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<tr>
<td>May – August 2015</td>
<td>LOI Period</td>
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<td>July - August 2015</td>
<td>Application Period</td>
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<td>August – November 2015</td>
<td>Application Review &amp; Selection</td>
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<td>November 2015</td>
<td>Awards</td>
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<td>January 2016</td>
<td>Model Go Live</td>
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Thank You & Questions!

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