



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



Better. Smarter. *Healthier.*

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 beneficiaries 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

Aggregate Absolute Risk Reduction	Fee Paid (per bene per month in panel)
<2 percentage points	\$0
2-10 percentage points	\$5
> 10 percentage points	\$10





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

Date	Activity
May 2015	Announcement
May – August 2015	LOI Period
July - August 2015	Application Period
August – November 2015	Application Review & Selection
November 2015	Awards
January 2016	Model Go Live





Thank You & Questions!

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