

# Is Value Based Access Care Finally Ready For Prime Time?

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Chair - SVS Quality and Performance Measures Committee (QPMC)

## CMS Definition

“Designing care so that it focuses on quality, provider performance and the patient experience”

“Value” refers to what an individual values most

Rewards positive patient outcomes rather than volume of services

## VALUE-BASED PROGRAMS

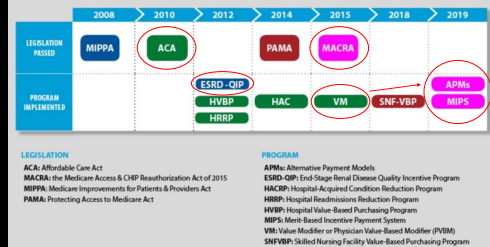
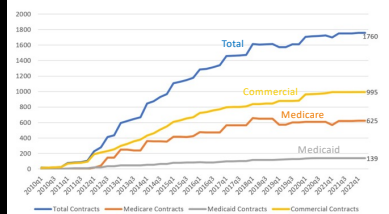


Exhibit 3: ACO contract growth by payer type over time, 2010 to Q1 2022




<https://www.healthaffairs.org/content/forefront/growth-value-based-care-and-accountable-care-organizations-2022>

## VBC in Kidney Care

- Already in place - ahead of the curve
  - ✓ Expensive - “Many many monies”
  - ✓ Defined population & payers (claims data)
- CMS Innovation Center
  - ✓ Runs pilot programs - “models”
  - ✓ Determine the most effective approaches to VBC
  - ✓ Evaluated on quality of care & individual health outcomes
  - ✓ Support delivery of high-quality, coordinated, efficient care

### CMS Kidney Care Choices (KCC) Model

- Based on existing Comprehensive End Stage Renal Disease (ESRD) Care
- Dialysis facilities, nephrologists, other providers form focused ACOs
- Manage care for patients with CKD 4, CKD 5, and ESRD
- Patients may remain enrolled to 3 years post-transplant or if transplant fails
- Seek to delay onset of dialysis and incentivize kidney transplantation
- Functions closer to primary care than specialty care model



<https://www.cms.gov/priorities/innovation/innovation-models/kidney-care-choices-kcc-model>

### CMS Kidney Care Choices (KCC) Model

Four payment options

- Kidney Care First (KCF) Option**
  - practices receive capitation payments
  - adjusted by outcomes, utilization, participants' experience, and quality measure performance
  - bonus payment for beneficiaries receiving a kidney transplant
- Comprehensive Kidney Care Contracting (CKCC) Options**
  - CKCC Graduated Option**
    - lower-reward one-sided risk track
    - incrementally phase in greater risk / potential reward
  - CKCC Professional Option**
    - opportunity to earn / be liable for 50% of shared savings / losses (Part A and B)
  - CKCC Global Option**
    - opportunity to earn / be liable for 100% of shared savings / losses (Part A and B)

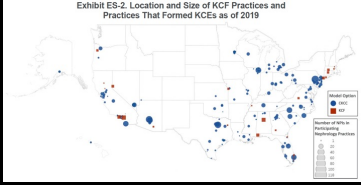
<https://www.cms.gov/priorities/innovation/innovation-models/kidney-care-choices-kcc-model>

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**Lewin Group**  
**Kidney Care Choices (KCC) Model**  
 First Annual Evaluation Report:  
 Performance Year 2022

**KCC Participants treated 30% of patients eligible for the model nationwide**

Exhibit ES-2. Location and Size of KCF Practices and Practices That Formed KCEs as of 2019



Participants in Performance Year 2022 spanned 33 states and the District of Columbia. The Midwest and West were underrepresented in the model.

- 291 nephrology professionals in KCF
- 2,565 nephrology professionals in CKCC
- 133 transplant providers in CKCC
- 2,217 dialysis facilities in CKCC

### Value Based Care for HD Access

- Access creation is a small, albeit important, part of CKD care
- VBC for access procedures will be reported through MVPs
- MVPs are the bridge from MIPS to APMs and VBC

Vascular MVP in development:

- AAA
- Carotid
- Chronic LE Ischemia
- HD Access Creation
- Venous

### MACRA- Quality Payment Program (2015)

Choose payment pathway (Earn bonus & Avoid penalties)

**Merit-based Incentive Payment System (MIPS)**

80→70%

Score:  
Quality 30%  
Cost 30%  
Improvement Activities 15%  
Interoperability 25%

**Alternative Payment Models (APMs)**

20→30%

Examples:  
Accountable Care Organizations (ACOs)  
Bundled Payment Models  
Medical Homes  
Other Models

MVPs

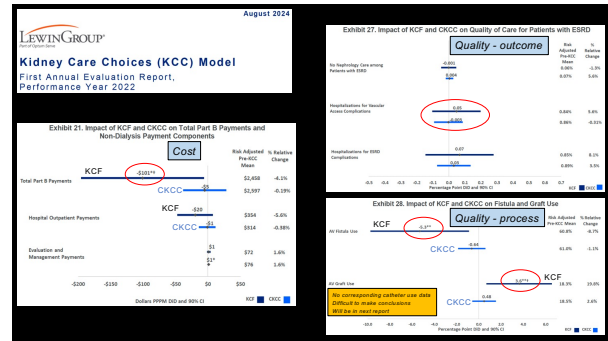
### MIPS-Sunsets 2027

Scoring based on four categories

<p><b>Quality*</b></p> <p>6/100 All claims-based measures</p> <p><b>Improvement Activities*</b></p> <p>Practice Improvements Viable weighting</p> <p><b>Promoting Interoperability*</b></p> <p>EFIRS Pt electronic access</p> <p><b>Cost (No reporting, no choice)</b></p> <p>All claims-based measures from: 2 global (TPCC, MSPB) Any applicable/29 EBCMs</p>	<p><b>Measures</b></p> <p>Outcome!! Process Structure</p> <p>(Foundational layer) PROMs Access/Pop'n health</p> <p>*Reporting required</p>	<p><b>MVPs → APMs → VBC</b></p> <p>Same four categories</p> <p><b>Quality*</b></p> <p>4/~10 Chose claims-based pop'n measure</p> <p><b>Improvement Activities*</b></p> <p>Align with Quality Fewer, less weighting</p> <p><b>Promoting Interoperability*</b></p> <p>EFIRS Pt electronic access</p> <p><b>Cost (No reporting, no choice)</b></p> <p>Specific measures within MVP: 1 global (MSPB) HD Access Creation EBCM</p>
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## Challenges in MVP Development

- Episode Based Cost Measure development
  - ✓ Laborious - in place
  - ✓ May assign costs not under control of responsible clinician
- Quality Measure development
  - ✓ QCDRs
  - ✓ Ideally specific and outcome, & PROMs
  - ✓ These are lacking
  - ✓ Difficult to benchmark and test
- VQI HD Access module - some gaps
  - ✓ Outcome: no catheter-free days, primary or secondary patency
  - ✓ 30-day F/U optional (but suggested)
  - ✓ *All data, including procedures done at other sites is entered by the primary site*



## Summary

- Value Based Care is here to stay
- May take other forms or other names
- CKD is already part of Value Based Care models
- If in an APM are already in VBC
- Access creation contribution to score likely minimal
- If reporting through MIPS will need to move into MVP
- Vascular MVP under development
  - ✓ Have a cost measure - not perfect
  - ✓ Quality measures (outcome, PROMs) - need more
  - ✓ Improvement Activities - need to support QMs

## Summary

- Real question is: Is Value Based Access Care - As a Stand Alone - Finally Ready For Prime Time?
  - ✓ Probably not
- Will data from kidney care or other VBC models be useful?
  - ✓ Ideally
- Vascular MVP awaiting public comment period
  - ✓ Wait for it

*"Every system is perfectly designed to get the results it gets."*  
Paul Batalden, MD

