

Three Focus Areas of the Delivery System Reform (DSR) Initiative

Improving the way providers are paid, the way care is delivered, and the way information is distributed will get us to better care, smarter spending, and healthier people system-wide.

| Focus Areas | Description |
|---------------|---|
| Incentives | <ul style="list-style-type: none">▪ Promote value-based payment systems<ul style="list-style-type: none">– Test new alternative payment models– Increase linkage of Medicaid, Medicare FFS, and other payments to value▪ Bring proven payment models to scale |
| Care Delivery | <ul style="list-style-type: none">• Encourage the integration and coordination of clinical care services• Improve population health• Promote patient engagement through shared decision making |
| Information | <ul style="list-style-type: none">▪ Create transparency on cost and quality information▪ Bring electronic health information to the point of care for meaningful use |

Goals: Focus Areas

| Focus Areas | 2016 Goal | 2018 Goal |
|---|--|------------------|
| Incentives | | |
| Promote value-based payment systems | | |
| – Test new alternative payment models | 30%* of Medicare payments in alternative payment models | 50% |
| – Increase linkage of Medicaid, Medicare fee-for-service, and other payments to value | 85% of remaining FFS Medicare payments linked to quality/value | 90% |
| Bring proven payment models to scale* | | |
| Care Delivery | | |
| Integrate and coordinate care | 30% of patients in primary care medical homes or physician groups accountable for both cost and quality | 50% |
| Improve population health | 15 states implement comprehensive reform | 25 states |
| Promote patient engagement in decisions | 80% of patients participate in shared-decision making | 85% |
| Information | | |
| Create transparency on cost and quality information | Establish websites for all FFS settings and health plan programs with quality info. and star ratings for consumers | Measure use |
| | Establish metrics on consumer access to out-of-pocket costs data | Measure use |
| Bring electronic health information to the point of care for meaningful use | 85% of providers adopt certified EHR | 90% |
| | 30% of clinical visits have electronic health info. available when and where needed** | 50% |

*Same goal used for testing new models and bringing proven models to scale **Exact measure still under discussion

Delivery System Reform

- In three words, the vision for improving health delivery is about **better, smarter, healthier**.
- **If we find better ways to deliver care, pay providers, and distribute information, we can receive better care, spend our dollars more wisely, and have healthier communities, a healthier economy, and a healthier country.**
- To drive progress on the way care is provided, the focus is on:
 - Improving the **coordination and integration** of health care.
 - **Engaging patients** more deeply in decision-making.
 - Improving the **health of patients** – with a priority on prevention and wellness.
- To improve the ways providers are paid, the goal is to **reward value and care coordination – rather than volume and care duplication**. We want to pay providers for what works, whether it's something as complex as preventing or treating disease, or something as straightforward as making sure a patient has more than one way to communicate with the team of clinicians taking care of them.
- To improve the way information is distributed, the goal is to **create more transparency on cost and quality information**, to **bring electronic health information to more places**, and to **bring the most recent scientific evidence to the point of care so we can bolster clinical decision-making**.
- To move these goals forward, **HHS is identifying grant and rulemaking opportunities within Medicare and Medicaid** and finding ways to use them appropriately to **improve the quality of care** that beneficiaries receive while **spending dollars more wisely**. Medicare and Medicaid are the two largest health insurance plans in the world. Together they cover roughly 1 in 3 Americans.
- HHS understands that it's the Department's role and responsibility to lead ... and they will.
- But HHS can't do it alone. Patients, physicians, government, and business all stand to benefit if we get this right, and this **shared purpose calls out for deeper partnership**.
- So work will continue **across sectors and across the aisle** for the goals of **better care, smarter spending, and healthier people**.

We want your input!

We're asking small and rural hospitals to take a thorough look at information available through the links below and provide feedback. Send us your comments at the following address: RuralDSR@hrsa.gov

For more information on what Secretary Burwell has said publicly about this effort, see below.

Secretary Burwell's Speech at the CMS Quality Net Conference

<http://www.hhs.gov/secretary/about/speeches/sp20141202.html>

Secretary Burwell's speech to the American Academy of Family Physicians:

<http://www.hhs.gov/secretary/about/speeches/sp20141023.html>

Fact Sheet on Delivery System Reform:

<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-09-16-2.html>

Blog from Sec. Burwell: Getting More Out of Every Dollar: Improving Health Delivery In America

<http://www.hhs.gov/blog/2014/09/getting-more-out-every-dollar-improving-health-delivery.html>