

Q& A from 12.9.20 C-TAC Policy Webinar - *The Impact of the 2020 Election on Federal Serious Illness Care Policy*

Webinar Recording and Slides are [HERE](#)

- 1. Do you think the Acute Hospital at Home model will continue after the pandemic? What we need to prove this model for its permanent extension?**

Answer:

It is too early to tell whether this model will be continued after the pandemic, given how recent the waiver was announced, the resulting lack of data specific to the waiver's implementation, and the fact that broadly, the HaH model of care or expertise is not widespread across the healthcare system. There is a good chance however that the HaH model waiver will surface in at least a few forthcoming CMMI demonstration models. In fact, it was just recently announced that HaH will be allowed under the new Direct Contracting Geographical model from CMMI, slated to begin in 2022. HaH is an idea whose time has finally come, although it is important to keep in mind that there isn't robust evidence yet from large regional studies (the level at which CMMI models tend to be evaluated at) to support widespread permanent expansion.

- 2. Can you describe more about the support for family caregivers program?**

Answer:

President-elect Joe Biden announced a new wide-ranging [\\$775 billion investment](#) in caregiving programs over the summer. Biden's plan calls for certain specific policies that are intended to benefit older people and their caregivers in particular. For example, the plan proposes a tax credit for as much as \$5,000 to reimburse families for expenses associated with unpaid caregiving.¹ The Biden plan would also give family members Social Security credits for the time they spend out of the work force caring for loved ones.

One of the Biden plan's most far-reaching components for seniors concerns Medicaid, which has historically spent more money on nursing homes and other types of institutional care settings than on so-called home and community-based services which allow people to remain in the community where most of them prefer. Biden's plan calls for an increase in HCBS funding, including for family caregivers, to accelerate the shift away from institutional settings toward home and community-based settings. The broader aging and caregiving field is continuing to have conversations about [the shift to home services](#), and Biden's caregiving plan is an example of a promising development in that area.

- 3. Do you see the work of CMMI increasing or decreasing under Biden and in what ways?**

Answer:

¹ <https://www.nytimes.com/2020/11/27/health/biden-senior-citizens.html?searchResultPosition=1>

A Biden Administration will likely continue to use CMMI to test new payment and delivery models (contingent on the CMMI statute in the ACA remaining intact pending the Supreme Court case around the broader health law). However, there may not be as many new models announced in as compressed a timeframe as has occurred under the Trump Administration. A Biden Administration may also take a close look at the macro-level issues of sorting out how many models might be too many models operating simultaneously, and how can the evaluation framework for CMMI models be optimized to account for longer-term impact, as well as for the multiple model overlap challenge. MedPAC and some other healthcare coalition groups have recently come out and said there are too many siloed models, and the way they are currently being evaluated might not capture their holistic value to the healthcare system.

More specifically, we may also see a Biden Administration launch more models that are focused on the social determinants of health (SDOH). In the [Unity Biden-Sanders agenda](#) released during his campaign, it states that a goal is to “authorize a new, large scale, CMMI-funded 4-year demonstration program to test innovative models of post-acute care and LTSS delivery (for example, models that incorporate telemedicine, or offer housing or nutrition benefits), that employ substantial numbers of new LTSS workers. The demonstration programs could also extend benefits to clients who were at risk of qualifying for Medicaid.” Biden himself has also personally mentioned interest in and admiration for the [Community Aging in Place—Advancing Better Living for Elders \(CAPABLE\) model](#), an innovative program developed out of the Johns Hopkins School of Nursing that combines nursing care, occupational therapy and handyman services.

It is also a strong possibility that a Biden CMMI will continue to invest heavily in models focused on primary care, much as the Trump Administration has done.

4. What does your crystal ball tell you about the challenges and successes with Primary Care First/SIP APM?

Answer:

C-TAC sees the PCF-SIP model as an important step in the right direction as it concerns value-based payment for the full suite of serious illness care, from primary care to palliative care. As designed, the model can help support the care continuum for people who are very sick, and would help address the current fragmented way these patients receive care now.

That said, it, like any model, PCF-SIP is not a perfect model. There will likely be some challenges as implementation begins, which is common to most demonstrations. A few areas of the model where C-TAC has raised concerns include the way beneficiaries are initially reached out to about the model, the requirement that those in PCF-SIP not have a regular primary care provider, and the required 8-month average timeline for the SIP service.

The [participating primary care practices for the General Track](#) of the PCF model were announced a few weeks ago – and there 900+ of them. No announcement has been made yet about SIP participants.

5. Has the current administration's efforts to reduce industry regulations benefited healthcare providers? Do you expect the Biden administration will reverse the reduction in regulations?

Answer:

The degree to which the Trump Administration's efforts to rollback certain regulations has been beneficial to providers depends greatly on how one might measure "benefit", as well as which provider or provider type you are talking to. While some moves, such as the reduction in coding and documentation requirements for certain office visits, have been broadly welcomed as time-savers, others taken under the Patients over Paperwork initiative have caused concern among patient advocacy groups about the impact on care quality and transparency. Overall, the healthcare industry tends to think the Trump Administration actions here have not been hugely impactful, and believe there is a lot more government could do to cut down on the administrative burden imposed by outdated regulations. Some of the Trump era changes likely will be reviewed and possibly modified or abandoned by a Biden Administration. One notable example is the Trump Administration's rollback of CMS nursing home oversight regulations, which the pandemic has clearly shown to be problematic and likely to have contributed to the challenges nursing homes and other long-term care facilities have faced throughout the COVID-19 crisis.

6. Can we expect some C-TAC guidance for understanding the Direct Contracting program elements, nuances, and timelines

ANSWER:

While C-TAC does not intend to create separate guidance on the Direct Contracting Geographic ("Geo") Model, we will continue to monitor and analyze the model, and share updates with members and partners. Based off the limited information that has been released thus far, some of the specific serious illness implications include the allowance for a Hospital-at-Home waiver, a concurrent hospice care waiver, and a yet-to-be described waiver related to nurse practitioners' scope of practice for hospice care. Additionally, the novel geographic focus is intended to allow Direct Contracting Entities (DCEs) to make investments at the *community* level and build relationships with support organizations based on the knowledge of a community's specific local needs, a concept C-TAC has long advocated for in demonstrations.

For more information see our most recent blog on the model [here](#).

7. How is your work incorporating the input and experiences of disabled people and people with chronic illness regarding COVID-19 and beyond?

Answer:

This is an important question because we believe that not all individuals with serious or advanced illness have the same needs or perspectives. To some extent we rely on our members to help keep our minds open to these issues. For example, many of our members – both consumer advocates and providers – are person/patient-centered and understand the needs of

individuals with disabilities as well as older adults with serious illness. C-TAC works to include the needs of those with disabilities in its policies and programs. We have recently supported proposals in the CARES Act to expand the use of telehealth and provide additional funding for the Administration for Community Living for programs serving individuals with disabilities and older adults with serious illness. C-TAC is currently looking to expand its membership, and this is an area that we plan to target.

8. Can you comment on Vice President-Elect Harris in her role as a Senator on Serious Illness issues in the context of her potential active role as a tie-breaker vote?

Answer:

Vice-President-Elect Harris has only served in the Senate since 2017 and her committee assignments were not healthcare-related, but she has a diverse record of sponsoring legislation. The primary bill related to serious illness that she cosponsored is the *Palliative Care and Hospice Education and Training Act* (S.2080). This bill has passed the House and was scheduled to be marked-up in the HELP Committee this year, but was taken off the schedule because of objections from the Republican side. A quick review of Vice-Presidential tie-breaking votes back to the Reagan years reveals surprisingly few that related to health care. In fact, President-Elect Biden had zero tie-breaking votes when he served as Vice President. Suffice it to say, it is unlikely that Vice President-Elect Harris will find herself in a position to break a tie vote on a serious illness issue, but there could be some close votes related to the Biden-Harris Administration's efforts to reinvigorate the ACA and provide additional resources to address the pandemic emergency where her vote would be necessary, regardless of the outcome of the two senate races in Georgia. If Senator McConnell is the Majority Leader, he is not likely to bring something to the floor that would lead to such a situation.

9. Do you think that some of the initiatives regarding the privatization of benefits through Medicare Advantage Plans will continue under Biden's Administration?

Answer:

Broadly, it is anticipated that a Biden Administration will continue to support Medicare Advantage (MA) as a program writ large, albeit perhaps not to the degree that the Trump Administration has. MA was a popular program under President Obama, and grew in size and scale, with the support of certain government policies. There is wide bipartisan support for MA in Congress as well, and has been for some time. While we may not see a Biden Administration rush to fold more benefits into MA (most are already a part of the program), it is unlikely that he will actively retract benefits out of it. Biden is more likely interested in maintaining easy access to and affordability of services, so we may see tweaks to things like network adequacy rules or quality oversight, in the absence of wholesale MA change.