



By Electronic Mail

November 7, 2021

The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
200 Constitution Avenue
Washington DC

Re: 86 FR 55851: Request for Comments on the Draft Department Strategic Plan for
FY 2022 - 2026

Dear Secretary Becerra:

The Health Care Transformation Task Force (HCTTF or Task Force) appreciates the opportunity to comment on the U.S. Department of Health and Human Services (Department or HHS) Draft Strategic Plan for FY 2022-2026.

The Task Force is a consortium of private sector stakeholders that support accelerating the pace of transforming the delivery system into one that better pays for value. Representing a diverse set of organizations from various segments of the industry – including providers, payers, purchasers, and patient advocacy organizations – we share a common commitment to transform our respective businesses and clinical models to deliver a health system that achieves equitable outcomes through high-quality, affordable person-centered care. We strive to provide a critical mass of policy, operational, and technical support from the private sector that, when combined with the work being done by CMS and other public and private stakeholders, can increase the momentum of delivery system transformation.

Our comments focus on Goal 1 of Protecting and Strengthening Equitable Access to High Quality and Affordable Health Care, and its associated objectives, described in more detail below.

I. Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare

The Task Force appreciates the opportunity to provide input to Strategic Goal 1, specifically on its five main objectives:

1. Increase choice, affordability, and enrollment in high-quality healthcare coverage
2. Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs

3. Expand equitable access to comprehensive, community-based, innovative, and culturally competent healthcare services while addressing social determinants of health
4. Drive the integration of behavioral health into the healthcare system to strengthen and expand access to mental health and substance use disorder treatment and recovery services for individuals and families
5. Bolster the health workforce to ensure delivery of quality services and care

The Task Force supports the Department's overall strategic goal of protecting and strengthening equitable access to high quality and affordable health care. We believe that transforming health care payment from fee-for-service (FFS) to value-based payment through alternative payment models (APMs) is a critical prerequisite for achieving these goals. The FFS structure at the core of our health care system incentivizes a complicated, reactive, and illness-based approach to care that compound existing economic, racial, ethnic, and gender inequalities. Properly designed value-based arrangements provide the foundation for a more equitable health care system that offer providers more resources for treating those with the greatest needs and rewards preventative care and improvements in population health.

Research conducted on the effects of the Center for Medicare and Medicaid Services (CMS) Medicare Shared Savings Program (MSSP) as well as on the Center for Medicare and Medicaid Innovation (CMMI) NextGen ACO program found both had positive impacts on savings, which have an impact on overall affordability. For example, MedPAC and other researchers have found that MSSP ACOs are lowering Medicare spending annually by one to two percent. These studies also found that Medicare ACO performance on both lowering costs and delivering quality care has continuously improved each year since the model first began in 2012. CMMI models, including the NextGen ACO model, also showed significant savings. Data show that population-based, total-cost of care models are consistently producing savings and achieving quality goals.¹

We believe Goal 1 should be cemented in the final strategic plan, and we encourage HHS to follow through on this goal by investing in payment reforms that support population health. These include the Medicare Shared Savings Program, Medicare Advantage plans that support value-based payment transformation, and efforts through CMMI demonstrations to test new payment and care delivery reforms. Underlying this approach is the notion that a modernized payment and care delivery system that equitably serves individuals from all populations is critical to achieving a truly person-centered, affordable, and high-quality care.

In September 2021, the Task Force sent a [letter](#) to HHS Secretary Becerra that detailed the ways in which alternative payment models create a strong foundation for supporting the Department's priorities of increasing both health equity and affordability. Some of the highlights of that letter, which are relevant to the HHS Strategy, include the following:

- The cornerstone of achieving health equity and affordability are payment policies that promote value for individuals by focusing on health and well-being and which move away from financial incentives centered on the volume of services provided.
- The current fee-for-service system is ill-equipped to properly serve disadvantaged and underserved populations.

¹ <https://www.healthaffairs.org/doi/10.1377/hblog20201106.971990/full/>

- A value-based payment and care delivery infrastructure that incentivizes the health care system to focus on whole-person care, encourages collaboration to address the social drivers of health, and holds payers and providers accountable for quality and cost outcomes is critical to advancing the Administration's health equity policy objectives.
- Value-based payment, when properly done, holds promise for reducing waste, improving quality, and rewarding providers for improved outcomes, all key components to increasing affordability.
- For patients, the following hold true:
 - Value-based payment models offer a controlled environment to make care more affordable by reducing or even eliminating the cost sharing amounts related to primary and preventative care as an incentive to maintain regular contact with the health care system.
 - These payment models also benefit patients by incentivizing providers to focus on preventive care, close care gaps, and better coordinate care across the clinical care journey.
 - Patients who avail themselves of these important well-care services will reduce the need for interventions and acute care services later as well as help reduce the onset of chronic disease, which will likely result in future savings both to individuals as well as reduce costs to the system.

The Task Force is also pleased to see significant alignment between HHS' draft five-year strategy, and CMS' recently released white paper, "[Driving Health System Transformation: A Strategy for the CMS Innovation Center's Second Decade](#)," on the future of CMMI efforts to transform health care delivery through alternative, value-based payment. Goal 1 of the HHS strategy can and should be driven by CMMI's Strategic Objectives 2 (Advance Health Equity) and 4 (Improve Access by Addressing Affordability). Key to these objectives are engaging patients and providers who have been historically underserved and under-represented in alternative payment models; and embedding health equity in every aspect of new and existing payment models. We look forward to seeing how CMS' commitment to reducing inequities supports HHS' overall achievement of Strategic Goal 1.

We urge the Department – in its efforts to achieve what is described in Goal 1 – to incorporate alternative payment models, with a deliberate focus on reducing the financial burden on patients who participate in these models and giving greater flexibility to provider participants through various value-based insurance design elements – including waived or reduced cost sharing – without running afoul of potential compliance policies. It is important for HHS to develop policies that incentivize providers to bring value-based payment and care delivery arrangements to communities that have yet to have access to these options.

The Task Force appreciates the opportunity to respond to the Draft Department Strategic Plan for FY 2022-2026. Please do not hesitate to contact me (jeff.micklos@hcttf.org or 202.288.2403) with questions related to this letter.

Sincerely,

Jeff Micklos

Jeff Micklos