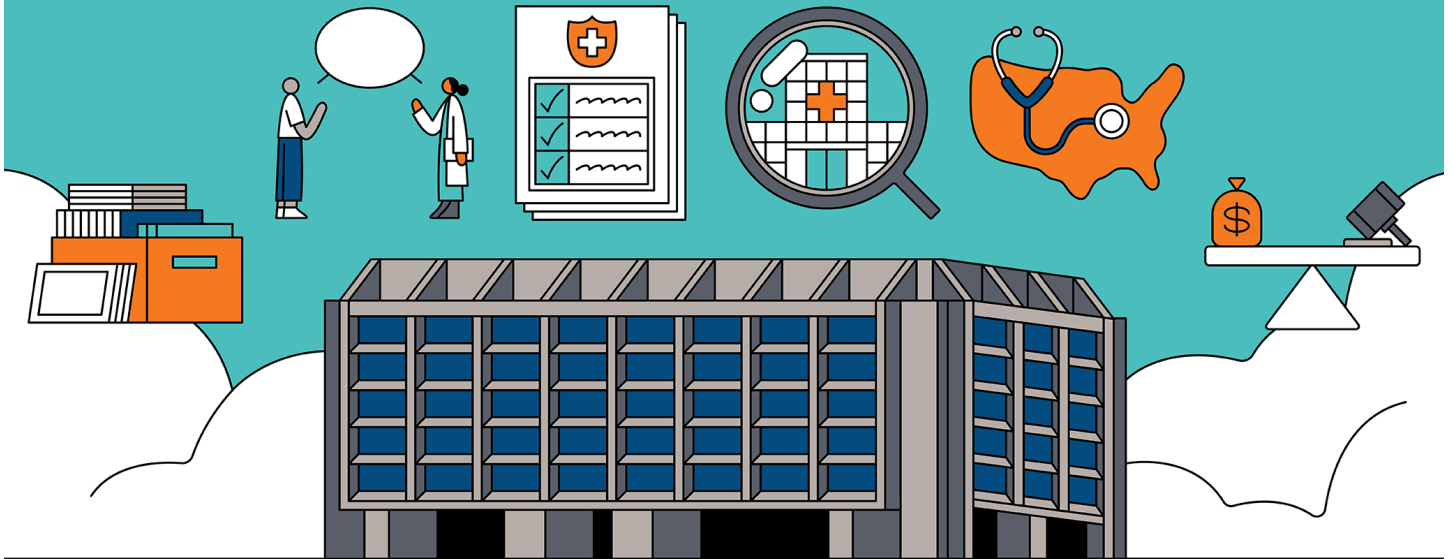


## Recommendations for the U.S. Department of Health and Human Services



ROSE WONG

**THE ISSUE:** Even with its strengths, American health care is unaffordable, inequitable, fragmented, uncoordinated, unprepared, and of uneven quality. This was the case before COVID-19, but the pandemic has brought into stark relief the severity of these deficiencies and their toll on people's health and lives, particularly for people of color.

**THE SOLUTION:** We all want a high-performing health care delivery system that is affordable, equitable, and consistently high-quality. The Commonwealth Fund's 18-member Task Force on Payment and Delivery System Reform [reviewed the evidence](#) and has put forth a boldly pragmatic plan that offers concrete steps to repair and strengthen health care delivery.

**OUR FOCUS:** With the 2020 election behind us, the Task Force seeks to help the federal government seize this moment to improve how health care is structured, paid for, and delivered so that it works for everyone. Reforms also will be needed in areas the Task Force has not focused on, including in insurance coverage and public health.

**WHAT WE RECOMMEND:** The Task Force has issued recommendations across six policy imperatives for the U.S. Department of Health and Human Services (HHS). (The full report, which includes recommendations for Congress, can be found [here](#).)

### 1. Increase Delivery System Disaster and Pandemic Preparedness

- Establish a research and development fund focused on health system preparedness.
- Update requirements for health care organizations to meet preparedness plans.
- Enable health professionals to practice across professional and geographic boundaries during national emergencies.
- Make permanent and extend appropriate regulatory flexibilities for telehealth.
- Allow states to make retainer payments to essential Medicaid clinicians during national disasters.
- Develop an emergency response plan for assessing and addressing physical safety and behavioral health needs of health care workers during national crises.

### 2. Increase Health System Accountability for Quality, Equity, and Cost of Care

- *Accelerate the adoption of value-based payment (VBP) in Medicare and Medicaid and ensure successful implementation and uptake by:*
  - Requiring and/or developing glide paths to downside risk.

- Making start-up capital and technical support available for selected practices.
  - Holding constant or lowering fee-for-service reimbursement rates to encourage migration.
  - Creating alignment in VBP efforts across payers.
  - Monitoring VBP to ensure risk adjustment is appropriate and clinicians do not engage in risk selection or cherry-picking.
  - **Improve and expand integrated care options for people dually eligible for Medicare and Medicaid by:**
    - Making available upfront financial support and technical assistance to states for the development and implementation of integrated models.
    - Addressing barriers that have hindered spread and scale to date.
    - Rigorously evaluating the effects of integrated care on beneficiaries and costs.
    - Developing protections for beneficiaries, such as dedicated ombuds programs.
  - **Streamline, accelerate, and improve VBP at the Center for Medicare and Medicaid Innovation by:**
    - Reviewing existing and past initiatives to identify no more than five successful models to prioritize and accelerate investment in.
    - Developing and testing VBP models in new areas, such as racial health equity, prescription drugs, or phased-in site-neutral payments.
    - Implementing rapid-cycle evaluation to assess new and existing programs.
    - Including Medicare Part D spending in total cost of care calculations in prospective payment arrangements.
- 3. Strengthen the Nation's Primary Health Care System**
- Increase prepayment models for primary care, including capitated and hybrid payment.
  - Raise compensation for primary care clinicians to increase recruitment and retention, especially in rural and underserved areas, by:
    - Developing a target annual income.
    - Establishing a new process for determining the value of primary care services.
  - Requiring federally regulated plans to compensate nurse practitioners and physician assistants for providing primary care without physician supervision.
  - Grow and diversify the primary care workforce through loan forgiveness and training programs, particularly in medically underserved and high-poverty areas.
  - Develop and test payment models that allow primary care clinicians to treat behavioral health and social needs and build continuous relationships with patients.
  - Incentivize recognition of certified medical home status on the part of clinicians.
  - Develop incentives for primary care practices to provide culturally and linguistically appropriate services.
  - Expand the use and availability of home-based primary care.
- 4. Support Empowerment and Engagement of People, Families, and Communities**
- Confront and Combat Racism in Health Care**
- Require health entities, in partnership with patients, to develop and implement plans to eliminate racial health disparities and combat structural racism in their organizations.
  - Encourage health systems to create and engage diverse patient advisory councils; recruit and hire clinicians and organizational leaders from their communities; and have diverse governing boards that reflect the communities they serve.
  - Incentivize training on structural racism and implicit bias in graduate medical programs.
  - Coordinate with the IRS to require tax-exempt hospitals to report on disparities as part of Community Health Needs Assessments.
- Engage Patients and Local Communities in Care Delivery and Policymaking**
- Expand use of community health workers, promotoras, and peer navigators.
  - Develop and support education and training programs for unpaid caregivers and increase financial protections and assistance for them.

- Accelerate use of evidence-based, patient-centered care health care planning protocols.
- Require patients to have full transparency and understandable information about the basis of provider payment and financial incentives intended to influence their behavior.

#### ***Promote Digital Platforms for Engagement; Protect Patients from Fraud***

- Partner with patients and consumer organizations to research the impact of digital health approaches to engage patients such as patient-facing artificial intelligence.
- Collaborate with standards development organizations to develop and implement health IT standards to collect information about patients' social needs.
- Increase patient access to usable longitudinal health information.
- Develop legal and regulatory frameworks to protect patients and providers from fraud, abuse, and invasions of privacy.

### **5. Reduce Administrative Burden**

- Require federally regulated health plans to eliminate or reduce prior authorization requirements for providers taking on meaningful downside risk and meeting quality and equity standards.
- Task the National Academy of Medicine to develop policy options to reduce administrative burden at the point of care.

### **6. Encourage a Balance of Regulatory and Competitive Approaches to Promote a High-Performing Health System**

- Develop incentives to encourage states to remedy market distortions, for example, by directly constraining prices or adopting statewide policies to control health care costs.
- Identify and remove distortions in market practices or the payment system that accelerate unnecessary consolidation.
- Implement policies to increase competition and transparency in the prescription drug market, for example, by ensuring Medicare Part B does not pay higher prices for drugs than commercial payers.
- Examine the effects of pro-competitive and regulatory policies on price, spending, quality, and equity in local markets.
- Require transparency of price, quality, and utilization data for payers and purchasers in local markets.

---

***Read the full report for all Task Force recommendations.***