



**This Week in Physician-Led Care: Clips from News Sources**  
**Week Ending August 14, 2020**

**Modern Healthcare:** (8/13) – Democratic Vice Presidential Candidate Kamala Harris has a history of cracking down on hospital mergers as California’s attorney general, which could indicate that a Biden administration could set a new precedent for the healthcare industry.

**Health Leaders Media:** (8/13) – The proposed reforms for the Stark and Anti-Kickback rules are now under review at OMB, with the core proposals regarding value-based proposals confirming more regulatory details and reconciliations or harmonization of definitions that were left open in the proposed rule related to patient engagement tools and participation.

**Revcycle Intelligence:** (8/12) – CMS has unveiled a new rural health model, the CHART Model, which will provide funding to rural providers and their communities to build value-based care systems and encourage ACO participation while also addressing rural health disparities.

**Fierce Healthcare:** (8/12) – A new study from UnitedHealth Group shows that primary care physicians reimbursed in a global capitation value-based care model perform better on key quality metrics than those in a fee-for-service model.

**Forbes:** (8/12) – This article features Aledade, highlighting its work building a network of ACOs to help practices transition to value-based care and remain independent. Farzad Mostashari notes that he thinks COVID-19 will accelerate the shift to value-based care as payers, employers, consumer groups, and doctors are looking at the fee-for-service system and thinking there’s a better way to move forward.

**Fierce Healthcare:** (8/12) – As independent primary care physicians continue to face precarious financial situations, physicians and health policy experts say the pandemic is accelerating efforts to restructure primary care and address long-term problems like primary care shortages, rising physician burnout, and long-recognized underinvestment in primary care.

**AJMC:** (8/12) – The COVID-19 pandemic can enhance value-based health care delivery if the health care industry prioritized payment reform, value-based benefit design and new policy initiatives.

**Benefits Pro:** (8/12) – Vertical integration is rapidly driving health care consolidation, with the number of physicians affiliated with a health system rising from 40% in 2016 to 51% in 2018.

**Health Affairs:** (8/11) – As COVID-19 threatens our health care system, it also risks delaying the adoption of value-based care. This article argues that CMS should move away from pure fee-for-service models and instead support the adoption and existence of ACOs, create new opportunities for value-based payments, and prevent the acquisition of independent practices and ACOs by private equity or other hospitals.

**Health Affairs:** (8/11) – Prior to the pandemic, CMS had been leading a nationwide shift toward alternative models, but amid the pandemic in June, CMS halted further payment reforms through new rules that allowed the agency to delay new APMs and allow participants to limit financial risk. The authors of this article argue that it is time for CMS to reopen value-based payment after a temporary pause through major, bold changes that address disparities, sites of care, and include telemedicine.

**Modern Healthcare:** (8/10) – A research letter in JAMA found that HHS sent \$126 more per resident to providers with higher proportions of black residents. Among counties that received similar amounts of money, those with higher proportions of black residents had higher rates of COVID-19 disease burden and existing comorbidities and worse hospital finances, meaning that black communities got less in COVID-19 provider grants than needed.

**Bloomberg:** (8/10) – Bill Frist, Tom Daschle, Scott Gottlieb, and Mark McClellan propose spending \$50 billion to support the health care sector in the next round of COVID-related government assistance, but with the catch that hospitals and doctors will only receive the money if they accelerate the shift away from fee-for-service payment.

**Recycle Intelligence:** (8/10) – Nearly three-quarters of healthcare providers surveyed reported concerns that newly uninsured patients will continue delaying care, leading to worsening conditions and independent practice closures.

**Medical Economics:** (8/10) – The American College of Physicians says that CMS has not done enough to health doctors dealing with the effects of COVID-19 on their proposed changes to the Quality Payment Program for 2021 as practices need support, not penalties, as they continue to recover and rebuild.

**Modern Healthcare:** (8/8) – In this Letter to the Editor, a physician in Tuscaloosa, Alabama notes that the burden on value-based care will fall on primary care, but it is imperative that health care does not repeat the mistakes of the HMO era and base the system on fee-for-service expenditures.

**Modern Healthcare:** (8/7) – Medicare ACOs have raised concerns about proposed quality reporting changes in the 2021 proposed physician fee schedule, with worries that poor performance on one measure could tank any possibility of achieving savings in the MSSP program or that clinicians participating in MIPS can qualify for higher bonuses in performance year 2023 than advanced APMs which are risk-bearing.