OVERVIEW

To inform future model development, CMS examined evaluation results, including cost, utilization, and quality measures, across 21 Medicare models and demonstrations operating between 2012 and 2020.

Models were classified as either Acute or Specialty Care & Targeted Populations or Primary Care & Population Management based on the participant/health care provider type, care setting, intervention and beneficiaries served. Models examined had at least two or more performance year data; models with less than four performance years should be considered preliminary. Only evaluation results using difference-in-differences regressions with rigorously constructed comparison groups were included (see hyperlinks on next page).

<table>
<thead>
<tr>
<th>Acute or Specialty Care &amp; Targeted Populations</th>
<th>Participants</th>
<th>Interventions</th>
<th>Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals, post-acute care, specialty care, home health, &amp; hospice agencies</td>
<td>Reduction in or prevention of avoidable institutional care, management of diseases</td>
<td>Moderate to high cost acute-care episodes, chronically ill, and other targeted populations</td>
<td>Mostly healthy, lower cost patients (a few exceptions of models targeting sicker patients)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Care &amp; Population Management</th>
</tr>
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<tr>
<td>Participants</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>Accountable care organizations (ACO), primary care practices, health plan networks</td>
</tr>
</tbody>
</table>

KEY TAKEAWAYS

Fourteen of 21 models demonstrated gross savings to Medicare driven by improvements in inpatient admissions (ten models) and/or post-acute care (fourteen models). Seven models reduced emergency department visits and/or inpatient readmissions. Six models had net savings, six incurred net losses, and six models had no impacts on net spending. Quality of care improved in a few models (two models improved self-reported beneficiary or caregiver experience of care and four models improved mortality) but was mostly maintained. Even with successful evaluation results and transformation efforts, models may face other barriers to national expansion. Generous financial incentive payments, which helped ensure robust participation in models, made it difficult for many models to demonstrate net savings.
### Findings at a Glance

**Acute or Specialty Care & Targeted Population models**, serving sicker, higher cost beneficiaries, reduced expenditures, admissions, and/or post-acute care with limited improvement in quality.

<table>
<thead>
<tr>
<th>Spending</th>
<th>Utilization</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross</td>
<td>Net Inpatient admissions, ED visits Post-acute care Readmit Experience of care Mortality</td>
<td></td>
</tr>
</tbody>
</table>

**Bundled Payments for Care Improvement, Model 2 (Final report)**
- Favorable at p<0.1

**Bundled Payments for Care Improvement, Model 3 (Final report)**
- Favorable at p<0.1

**BPCI-A Medical episodes (Years 1-2)**
- Favorable at p<0.1

**BPCI-A Surgical episodes (Years 1-2)**
- Favorable at p<0.1

**Comprehensive ESRD Care Model (Final report)**
- No change at p<0.1

**Comprehensive Joint Replacement Model (Years 1-4)**
- No change at p<0.1

**Home Health Value-Based Purchasing Model (Years 1-5)**
- No change at p<0.1

**Maryland All-Payer Model (Final report)**
- No change at p<0.1

**Medicare Care Choices Model (Years 1-4)**
- No change at p<0.1

**Oncology Care Model (Years 1-5)**
- Favorable at p<0.1

**RSNAT (Final)**
- No change at p<0.1

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**Primary Care & Population Management models**, serving healthier, lower cost beneficiaries, improved less utilization measures in the short-term with half of models reducing gross spending.

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</table>

**ACO Investment Model (Final report)**
- Favorable at p<0.1

**Advance Payment ACO Model (Final report)**
- Favorable at p<0.1

**Comprehensive Primary Care Initiative (Final report)**
- Favorable at p<0.1

**Comprehensive Primary Care Plus (Years 1-4)**
- Favorable at p<0.1

**FAI, Washington (Years 1-6)**
- Favorable at p<0.1

**Independence at Home Demonstration (Years 1-5)**
- Favorable at p<0.1

**Medicare Advantage Value-Based Insurance Design Model (Years 1-3)**
- Favorable at p<0.1

**Million Hearts: Cardiovascular Disease Risk Reduction Model (Years 1-4)**
- Favorable at p<0.1

**Next Generation ACO Model (Years 1-4)**
- Favorable at p<0.1

**Part D Enhanced Medication Therapy Management Model (Years 1-3)**
- Favorable at p<0.1

**Pioneer ACO Model (Final)**
- Favorable at p<0.1

**Vermont All-Payer ACO Model (Years 1-2)**
- Favorable at p<0.1

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**Legend:**
- Improvement at p<0.1
- Unfavorable at p<0.1
- No change at p<0.1
- Not relevant/available

**ED=emergency department**
**Readmit=inpatient readmissions**