

CENTERS FOR MEDICARE & MEDICAID SERVICES

Moderator: Daniel Farmer
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Operator: Good afternoon. My name is (Tracy) and I will be your conference operator today. At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services conference call.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question-and-answer session. If you would like to ask a question or have a comment during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

And I will now introduce and turn the call over to our host, Mr. Daniel Farmer, Center for Medicare & Medicaid Innovation. Please go ahead, sir.

Daniel Farmer: Well good afternoon, everyone. My name is Dan Farmer. I work here at the Center for Medicare & Medicaid Innovation and I want to welcome all of you to the special Open Door Forum we're having today where we're seeking input on ACO educational opportunities.

Going to read just a brief introduction in a moment here, and then we'll be opening the phone lines for comments, contributions from everyone who has taken the time to dial in today.

The Center for Medicare & Medicaid Innovation, also known as the CMS Innovation Center, is seeking input from interested stakeholders and the public on how educational opportunities for providers interested in participating in ACOs or other coordinated care initiatives could be designed.

The Affordable Care Act requires the Innovation Center to consult with clinical and analytical experts with expertise in medicine and health care management and other interested parties when developing payments and service delivery models for testing.

As a growing number of organizations are participating in the Medicare Shared Savings Program or ACO arrangements in the private sector, the Innovation Center is seeking input on educational opportunities for providers who are interested in learning more about ACOs.

On the call today, we have provided a brief introduction and we are going to open up the phone lines and hear what you all have to say on this very important issue.

So with that, (Tracy), if you could provide guidance on how people can dial in, that would be very helpful and we'll begin the commentaries.

Operator: At this time, I would like to remind everyone, in order to ask a question or if you have a comment, please press star then the number one on your telephone keypad. And we'll pause for just a moment to compile the Q&A roster.

OK. So your first question or comment comes from Jay Cohen from Monarch HealthCare. Please go ahead.

Jay Cohen: Hi. You can hear me?

Daniel Farmer: Absolutely.

Jay Cohen: Hello? Yes.

Daniel Farmer: Yes.

Jay Cohen: OK.

Daniel Farmer: We can hear you loud and clear.

Jay Cohen: Thank you very much.

Daniel Farmer: Yes.

Jay Cohen: Thank you very much for the opportunity to comment. I first would like to just point out how much Monarch has enjoyed the partnership relationship it's had with the Innovation Center as a partner at ACO. And to let you know, we look very much forward to working with aspiring ACOs to share our learnings and advances, transformative process across the country.

The main point I would want to make is that, as the Innovation Center embarks upon designing its Accountable Care educational opportunities, the – probably the most important thing is that the model that you land on be conducive to and supportive of the public sector/private sector partnership paradigm. That's working very, very well in the Pioneer model and I want to make sure that as we get in to the educational elements in the program that we continue to support that partnership.

So, let me give you just a quick example of one model that we've come up with that I've already shared with Innovation Center leadership on a previous meeting. It's a mentor-mentee partnership where a well-established ACO wanted to pioneer as one – where one of the organizations is already in the Shared Savings Program and hook up with a less sophisticated, less mature organization that wants to get into the ACO paradigm.

Of course to ensure success of that type of relationship, there would be a thoroughly significant time commitment on the part of both organizations. So, there would need to be a contractual relationship structure that defines deliverables and timeframes, et cetera, et cetera.

There are a number of firms currently capable of doing such up programs such as (inaudible), the Deloitte Consulting Services, OptumHealth Care Services division whereby they fit – hook an aspiring ACO off with an established ACO, coupled with their consulting services expertise and build the necessary suite of resources for the mentee to be successful.

So I'll stop there and I will be happy to provide additional details to the Innovation Center on this proposed model if they're interested in hearing more. Thank you very much.

Daniel Farmer: Thank you very much, Jay.

(Tracy), I think we're ready for our next comment.

Operator: ... is from Carol Vargo from American Medical Association. Please go ahead.

Carol Vargo: Hi. Thank you very much. Hi, Dan. How are you? It's Carol Vargo at the AMA Office of Federal Affairs and I would like to just make – first thank you for having this forum, and second, I think we have two key things which we've communicated to the CMMI and at CMS certainly, but I appreciate the opportunity to reiterate it here.

I think our first theme is that, clearly when you're trying to reach practicing physicians, you need to go to them on the ground, and I think your best option for doing that is to continue to do what you have done as to partner with organized medicine versus – with the state societies, the specialty societies and the AMA on existing forms that may exist.

So there's not a lot of duplication in terms of programming because I think we all realize that physicians themselves are very, very busy. Again, having forums and sessions in the middle of the day via call isn't necessarily the best way to do that either if you're looking at reaching out to physicians.

I think our second theme echoes a little bit about what the gentleman from Monarch just highlighted which is, in our experience, the way to engage and convince physicians that these new models can be pursued and be a sustainable, successful way, is to put them directly in touch with those who are already leading these new models.

So whether it be a Pioneer ACO, an Advanced Payment ACO, the other models, whether it be the – a bundling initiative or the primary care medical home, I think putting in front of them not necessarily CMS officials, but more the individuals who are actually on the ground who are successful in beginning, starting and sustaining these models, will be very convincing to physicians.

And on both of our points, AMA obviously looks forward to working with you to help you, put you in touch with the practicing physician community and providing you a list of future forms where we may be able to work together to provide the education that you're interested in pursuing. Thanks very much.

Daniel Farmer: Thanks, Carol.

(Tracy), I think we're ready for our next comment.

Operator: Your next question or comment comes from Frederick Isasi. If you could please state your organization, your line is now open.

Frederick Isasi: Hi. Can you hear me?

Daniel Farmer: Yes, sir.

Frederick Isasi: Hello. OK. This is Frederick Isasi. I'm senior health policy advisor at the Advisory Board Company. And, I just wanted to echo the comments of the other callers and thank every – thank CMMI for your time today and for bringing us all together.

We are very, very enthusiastic at the Advisory Board for all of the terrific work at CMMI, and we are working very hard with about 3,100 hospitals and health systems across the country to help them to undertake the rather substantial reforms needed to move to this new value-based approach that CMMI is so effectively working on.

We – I want to just echo the comments of both the previous speakers. I think they're very enthusiastic about looking for ways to create a public and private partnership and I think that's really critical to the – to the ultimate success of the efforts.

We're currently convening hundreds and hundreds of hospitals and health systems around the country around many of the reforms CMMI is working on, bundling and accountable care, value-based purchasing and the like.

And we think that really there should be an opportunity for all of the different organizations out there that are working on the different learning collaborative and analytics systems and national meetings to come together and basically work both, you know, as independent organizations but also to – as a collaborative. And we're sort of looking forward to the opportunity to be able to do that.

So, we hope that when CMMI develops its final structure for a convening group, it allows for all of the different organizations across the country that are looking on this to come together and share what they're learning, as the previous comments have said, to allow folks who are Pioneer ACOs to work with the issued Shared Savings coworkers and folks who are successfully bundling to work with the health systems that are looking for new opportunities in that area, et cetera.

So, we're very enthusiastic and we look forward to working with CMMI and everyone else across the country who's working on this sort of reforms.

Daniel Farmer: Thanks very much.

(Tracy), I think we're ready for our next comment.

Operator: ... is from James Crawford with College of American. Please go ahead.

James Crawford: Yes. This is Jim Crawford. And one of the – there are two educational groups in the physician community which I think CMMI should keep in mind.

The first is the leadership of health systems and large physician coalitions who are aggressively pursuing knowledge in the accountable care space.

And, the second, which I think is where the real frontier is, is physicians who are members of the health system or the physician coalition who are not aggressively pursuing information on accountable care, and are sort of caught in the maelstrom.

And I think the – one of the real needs is going to be readily accessible educational materials that reach out to the frontline physicians who do not

necessarily have the time or the leadership and inclinations to be involved with ACOs but are the ones who clearly are going to be incredibly determinants of how successful this effort is.

Daniel Farmer: Thanks very much, Jim.

(Tracy), I think we're ready.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question or have a comment, please press star one on your telephone keypad.

You have a question from a participant whose information is not captured. If you can please identify yourself with your first and last name, your organization, your line is open.

Lorraine Glazar: Yes. This is Lorraine Glazar with Arizona Connected Care. And, I think there is a third group I would add to Mr. Crawford's list and that's residents.

Daniel Farmer: Thank you very much.

Operator: Your next question or comment comes from a participant whose information we did not gather. If you can please identify yourself by your first and last name and your organization, your line is open.

Ellen Caruso: Ellen Caruso, Home Care in Colorado. I'm calling to see if there has been a list of education providers put together at this point. Maybe I've missed it. And I – if not, I would like to suggest that because our providers really want information but I'm not quite sure on the ACO national level that I know who to ask to come to speak to our providers. Thank you.

Daniel Farmer: Thank you very much for your suggestion.

(Tracy)?

Operator: Your next question comes from Bob Chasin. If you can please state your organization, your line is now open.

Bob Chasin: Hi. Thanks for having this webinar. I have a very simple comment. I'm calling from PriMed, LLC in Fairfield, Connecticut.

And we are one of the new – very excited to be one of the new ACO participants, and have made a couple of suggestions to CMS, just that – that would not only have helped me but I suspect will help future incoming ACOs, not only from a time perspective – in terms of how much time it takes CMS do such a thorough job at answering questions – but to allow the ACOs – current ACOs and ACOs that will be around in the future – to benefit from those questions to have sort of a question-and-answer board that we can post questions to, see what other – others are asking and sort of a repository for these questions-and-answers like I can't even imagine how much time the CMS folks are spending on answering repetitive questions that have – that probably have come up multiple times. That's part one.

Part two would be, if possible, to be able to share some of the – some of the documents that ACOs are getting approved.

For example, we've sent CMS a press release just because – any sort of publication (inaudible) to our members or our physicians in the community we need to – we need to obviously have CMS approval for.

It'd be nice to see what other kinds of documents and whether it's your – the other ACOs are publishing – are publishing and getting CMS approval for. So, I didn't know if that could be put on someone's list to think about.

And lastly, some sort of forum where ACOs can collaborate, a blog type forum. I understand I've been obviously put on lots of people's mailing lists and I understand that our independent folks are trying to organize user conference groups that get people together, but I was hoping for more of a real-time sharing.

And CMS has done a very good job. They put together some really nice programs from ACOs from April, that have volunteered their time and sort of like lesson learned webinars that have been very helpful as well along the way.

So, those are – those are my comments and I appreciate you listening.

Daniel Farmer: Thanks very much for your comments.

(Tracy)?

Operator: Operator: As a reminder, ladies and gentlemen, if you would like to ask a question or have a comment, please press star one on your telephone keypad.

Your next question or comment comes from Catherine Leap with NCQA.
Please go ahead.

Catherine Leap: Yes. This is actually Paige Robinson with Catherine Leap in NCQA, and I just thought this is a good time to chime in in response to Lorraine Glazar's comments in relation to the different types of educational opportunities currently out there – NCQA having developed the – developed standards with the support of members from the Commonwealth Fund in Duke University Medical Center and several other integrated systems that are currently undergoing Shared Savings and pioneer.

We are hosting monthly webinars on just the foundation of the ACO model, utilizing PCMH at the foundation. And we welcome the insight of everyone who participates in terms of ways in which we can enhance our current education training.

We also are working with other consulting groups. I know Deloitte and (inaudible) was mentioned and so is Optum. So, we are currently looking for feedback on our existing education seminar options in order to enhance what the marketplace needs as it relates to getting the ACO format structured and expanded.

Daniel Farmer: Well thanks very much for your comment.

(Tracy)?

Operator: Your next question or comment comes from Barbara Ladon with Newpoint Healthcare. Please go ahead.

Barbara Ladon: Hi. Good morning. Thank you.

So, a lot of the training that's going on right now, and this is Barbara Ladon from Newpoint Healthcare Advisors, is focused appropriately on information – what are ACO models? How do they work? How do things work from a financial perspective?

But over time, as these are getting implemented – we would recommend that there also be a recommendation and training to look at change management as a process, especially for some of the newer and less sophisticated ACOs that are starting to get established where you have providers who really haven't participated in this kind of activity at all.

Even at the leadership level, there needs to be interactive training on change management and how to implement change over time, because that's really what's going to be needed to make these sustainable. And, I think I would just like to add that to the mix as you are looking forward. Thanks for the opportunity.

Daniel Farmer: Thanks, Barbara.

(Tracy)?

Operator: Your next question or comment comes from Constance Rowe with American Academy of (Health) Care Physicians. Please go ahead.

Constance Rowe: Thank you so much. I'm calling on behalf of Dr. Rodney Hornbake who said his comments earlier. Dr. Hornbake is part of the MPS of Middletown, Connecticut ACO.

And basically, what he is – feels very strongly about is that it's important to try to get information about the clinical strategies for success in ACO's out especially to those who are newly forming or who may just be in the development process as he has done.

He suggests that professional associations maybe able to help here in providing free information. He is going to – he feels one of the most

important areas for ACO's success is cost savings, specifically how to achieve them by improving care for the highest cost (sickest) Medicare Group.

He has encouraged us and we are going to be as a – as an Academy of Home Care Physicians providing a free webinar for ACOs that are interested on home-based primary care as a solution for ACOs. Dr. Hornbake will be the lead speaker. But, CMS could also invite other organizations such as ours and do it for everyone or at least make that information available to everyone.

The other thing he thinks is important is because, as the previous speakers said, it's not just a matter of knowing what the idea is. There's an implementation process. He suggests that there be maybe one or two learning collaborative type conference calls to follow each of the more complex ideas.

In this case, home-based primary care being one after the idea itself has presented, so that those who need more help and understanding what the – what the changes would have to be in their practice would have that information available to them. He has been in charge of this for his practice, and now, I think he's working with others in his – in his large ACO.

So, using professional associations to present clinical topics is one idea. Learning – then having a learning collaborative style discussion afterwards of implementation issues is the second. Thank you so much.

Daniel Farmer: Thanks very much for your comments.

(Tracy).

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question or have a comment, please press star one on your telephone keypad.

And your next question or comment comes from (Carrie Evans). If you could please identify your organization, your line is now open.

Hi. This is (Carrie Evans) and I'm at the University of South Carolina School of Medicine, and I'm in the CMA department.

And, one of the things that I would just like to share is to comment on James Crawford's comments about the difference between the leadership and then the kind of the frontline physicians.

And I think it's going to be really important looking at adult learning theory – what things are most beneficial or most meaningful to the physicians who are in the frontline.

So make sure that we look at how to talk about not just the – with the ACO, what needs to be done to make the ACO, but also what kinds of educational formats can be rolled out to help the leadership explain to the frontline physicians how this is going to be beneficial, not just from a cost savings standpoint but also from a patient focus standpoint – how's it going to improve patient outcomes.

And really looking at these clinical strategies are – is there a place to include, you know, educational objectives and learning objectives that are the most meaningful for those who will be practicing within the ACO. And that's my comment. Thank you.

Daniel Farmer: Thanks for your comment.

(Tracy), I think we're ready for the next comment.

Operator: If you have pressed star one, if you could please identify yourself and your organization, your line is now open.

Donna Rasin-Waters: Donna Rasin-Waters and I'm a neuropsychologist working on policy and level issues for psychology. My question is about how and when CMS may begin to have some training for people in the specialties that are sitting outside the ACO model, both in mental, behavioral health such as psychologists and other providers and also the specialists in medicine such as neuropsychologists and some of the other specialties?

Daniel Farmer: Well thank you very much for your question. We're not going to be answering questions on today's call at CMS. But, it sounds like you might have a suggestion for us and we'd be happy to take that from you.

Donna Rasin-Waters: Well I guess then, if I were to reframe it, it would be to suggest that there be some type of educational forum for those of us who are in the specialties so we can begin addressing some of the issues that would be relevant to those specialties.

Daniel Farmer: OK. Well thank you very much for your comment.

(Tracy), I think we're ready for our next caller.

Operator: Your next question or comment comes from Rob Lazerow with the Advisory Board. Please go ahead.

Rob Lazerow: Hi. Good afternoon. Thank you for coordinating today's call. I wanted to add a few additional details to complement the previous comment from my colleague, Frederick Isasi.

Well first of all, we're very excited about the potential opportunity to collaborate with other organizations in an ACO convener role.

Two areas that I'd like to focus on: first, the range of hopeful – hopefully array of insights that would contribute to the conversation.

We have the great opportunity to work with a broad base of hospitals, health systems and physician groups who are really at all stages of thinking about ACO development from organizations who are evaluating for the position of those currently applying to those who have been accepted or actively participating in the Shared Savings Program, the Pioneer ACO Model as well as commercial ACO program.

I believe the opportunity to learn from these organizations for our best practice research physicians through our (inaudible) consulting division and through our data and analytics of performance technologies.

So we have a number of different ways that we're working with and supporting ACOs and from learning their – from their experience. So I know we'd be excited to be able to share a lot of that insight with the broader community.

And second, we have the ability to help participate and coordinate a lot of the convenor type functions at skills through our normal business activities.

So, across the year, we are convening large scale member executive meetings where we're sharing best practice research and enabling for networking opportunities everyday and we host web conferences and a lot of virtual interaction and education as well as a range of publishing, whether or not their best practice research studies are online blogs and other expert opinion articles.

So we have a great opportunity, hopefully, to help with a lot of education at a scale that we would want to really help impart across the industry. Thank you for the opportunity to comment.

Daniel Farmer: Thank you for your comment.

(Tracy), I think we're ready for our next caller.

Operator: Your next question or comment comes from Laurie Havens. If you could please identify your organization, your line is now open.

Laurie Alban Havens: Hi. This is Laurie Alban Havens. I'm with the American Speech-Language-Hearing Association.

And the comment or a couple of comments ago from the neuropsychologist asked about the participation of specialists, and we, as representing the speech-language pathology and audiology group, would also like to get information and find out how we would go ahead and make contributions or become an active part of the ACO.

So, I understand you're not answering the questions today specifically, but can you provide a general address or mailbox or where comments or suggestions should be directed?

Daniel Farmer: Absolutely. That is one question I can answer.

Laurie Alban Havens: Oh, great.

Daniel Farmer: We're going to ask anybody who has follow-up comments that they would like to leave in addition to what might have been said today, we'd like those comments to be sent to our e-mail inbox at the Innovation Center.

And the e-mail address is innovate@cms.hhs.gov. That's I-N-N-O-V-A-T-E @cms.hhs.gov. So "innovate – singular – @cms.hhs.gov." And if you visit the "Innovation Center" website, which is ["innovations.cms.gov,"](http://innovations.cms.gov) you'll also find that e-mail address there as well.

Laurie Alban Havens: Thank you.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question or have a comment, please press star then the number one on your telephone keypad.

And your next question or comment comes from Alex Morin with Brookings Institution. Please go ahead.

Alex Morin: Hi. Good afternoon. Again, this is Alex Morin from the Brookings Institution and I work on managing the Brookings-Dartmouth ACO Learning Network.

And I would just to some of the things that have been mentioned, and that is to potentially look at some of the groups that have already formed that we've been at – we had the Learning Network going for three years now.

We're entering our fourth year next year, you know, convening organizations who are interested in the ACO model and other accountable care efforts, and you know, getting workgroups together, that kind of thing.

And so I would just suggest that you look to organizations like ours to see what we've done and the experience that we've had in getting these groups together to learn from each other so that we're not all, you know, reinventing the wheel over and over again in the future. So just offer – any guidance that we can offer on these efforts based on this experience that we've had with the Learning Network, we would be happy to share it.

Daniel Farmer: Thanks for your comment.

(Tracy), I think we're ready for our next comment.

Operator: Your next question or comment, if you could please identify yourself and your organization, your line is open.

Chris Wilson: Hi. This is Chris Wilson from Pershing Yoakley & Associates. My comment is specific to longer stakeholders that I think often forgotten about in these dialogues and that's the rural provider.

I think there's a group of providers out there both physicians and facilities in the rural saying that they greatly benefit from more of a customized or tailored approach, any specific guidance that might be helpful for them as they pursue accountable care models.

We've, in the past, acted as the facilitator or convener of sorts for a lot of Rural Health networks, Federally Qualified Health and there's Rural Health clinics, critical access hospitals, and full community hospitals in addition to the rural physician community, and I know that there's a lot of positive energy out there in those groups as well.

So to the extent that CMS can help facilitate those groups getting involved, it would be an energy well-spent.

Daniel Farmer: Thanks, Chris. Before you jump off, could you restate your organization? I'm sorry I missed it at the beginning there.

Chris Wilson: Sure. Pershing Yoakley & Associates.

Daniel Farmer: Thanks very much.

(Tracy), we're ready for our next caller.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question or have a comment, please press star then the number one on your telephone keypad.

At this time, there are no further questions in queue. I'll turn the call back over to you, Mr. Farmer. Oh, I do apologize, we have one that has just come into the queue from Mary Bidgood-Wilson from New Hampshire Nurse. Please go ahead.

Mary Bidgood-Wilson: Hi. My name is Mary Bidgood-Wilson. I'm calling from The New Hampshire Nurse Practitioner Association. Good afternoon.

I just wanted to address the issue of advanced practice nurses in the United States who have been very supportive of the health care reform of the Accountable Care Act. And, all of the literature and most of the studies that we've seen have shown that there will be an increased reliance on nurse practitioners. And though nurse practitioners are included in the ACO, our patients are not being counted as part of the beneficiaries for the ACO.

So I would hope that in the educational opportunities that are available that we would address that issue so that we can go forward in a way that would be inclusive of advanced practice nurses practicing certainly as the IOM had recommended in their report to the full extent of their license. And it appears that we need to include them in the educational opportunities around the ACO so that they can be full participants. Thank you.

Daniel Farmer: Well, thank you very much for that comment.

(Tracy), do we have anybody else?

Operator: Yes. We have a question or comment from Bob Addleton with Alliance for (Continued) Education in Health. Please go ahead. Your line is now open.

Bob Addleton: Hi. This is Bob Addleton. I'm the Board Member with the Alliance for Continuing Education in the Health Professions, and we're the largest international association of the people who design educational activities for the broad spectrum of health care providers.

So we're talking everything from residents, to community hospitals, to specialty societies, and, our expertise is in effective educational design. We

would really like to work with any organization on – who's offering education to health care providers on this topic.

And, we can only – not only offer our expertise in the consulting way but we can also disseminate this information to our members who reach thousands of health care providers. So, just like to make you aware of that.

Daniel Farmer: Thanks very much, Bob.

(Tracy) do we have anybody else?

Operator: Yes. If you have pressed star one, can you please state your first and last name and your organization? Your line is open.

Elizabeth Rogers: Hello. This is Elizabeth Rogers from dnascibe.com. And, I have a question for the representative from Dr. Hornbake, the physician who is going to be presenting a webinar on home-based test. If that representative is still available, I'm wondering how we might find out about the webinar? Thank you.

Daniel Farmer: Hi there. I don't have any answer for that question. But if you could e-mail it to the e-mail inbox I described earlier, we will try to answer that question for you.

Operator: Your next question or comment comes from (Lainey Abbott) with Beacon Health pioneer. Your line is open.

(Lainey Abbott): Hi. This is (Lainey Abbott) from Bangor Beacon, actually from Beacon Health. And, one of the ways that we try to educate our providers is there – as they were coming on to the ACO, we use a lot of patient stories that we developed through our Bangor Beacon Community that was the kind of foundation of our pioneer ACO.

And we would go to these provider meetings and share stories of successes that these patients experience, their improvement of their quality of life, their understanding of their disease and self management, and that help to bring

some of them on board to go, "Wow, this really can help people and it's helping people in our community right now."

Daniel Farmer: Thank you very much.

Operator: Your next question or comment, if you can please identify yourself and your organization, if you pressed star one, your line is now open.

If you have pressed star one, we have a participant who has not left their information. If you could please identify yourself, your line is now open.

Carla Washington: Hello, this is Carla Washington. I'm with the Alliance for Children and Families. We're a national intermediary association of non-profit human service organizations across the country. Our member network totals of more than 330.

And I appreciate this opportunity to add and ask that non-profit human service organizations be given consideration when the educational offerings are being constructed. And as you think about them, it's hard.

Our members have said to us that if they find it hard to break into a field, especially in aging as a preference for lead organizations has been given to area agencies on aging. And while they're working very hard with some of their AAAs in their local area, it really does depend on whether they have a good relationship or not with their AAAs.

And because the AAAs are also fighting to survive in this rapidly changing environment, they want to also – our non-profit organizations want to have the recognition and acknowledgment from ACO to have the opportunity to contract with them directly.

And so, as you're crafting your educational offerings, to please keep this in mind and speak directly to what our member network organizations, how they can break into ACOs and become a recognized provider. Thank you.

Daniel Farmer: Thank you for your suggestion.

(Tracy), I think we're ready for our next caller.

Operator: Your next question or comment comes from Constance Rowe with American Academy of (Health) Care Physicians. Please go ahead.

Constance Rowe: Yes. This is American Academy of Home Care Physicians. This is in response to the question about Dr. Hornbake's presentation along with others. The session will be on September 28th.

I think my best – I think I will – I will send an announcement of it to the "Innovate" website. But in the meantime, if you're interested, just e-mail me at aahcp@comcast.net and we will send – and we will register you. Our registration site is not up yet. This is a free webinar. We have grant funding. Thank you very much.

Operator: Your next question or comment comes from Marlene Maheu. If you can please state your organization, your line is open.

Marlene Maheu: Hello, this is Dr. Marlene Maheu. I am the executive director of the TeleMental Health Institute. We are a specialty training organization that trains mental health practitioners in TeleMental Health. And I'm – I want to thank you for the opportunity to ask questions and make comments today.

I am wondering if we could get a list of the stakeholders that are represented on this call, because a number of people have come by and I would be interested in contacting them. But, I hear about their focus after they've said their names, and so I don't – I haven't been able to write down all of the names.

So, I'm wondering if there's going to be a list of names of people and contact numbers or some way to contact folks. If anybody is interested in Allied Health professional training, I heard one fellow, I think Bob, talk about the structural design. I'd be very interested in speaking with you, and also the woman who talked about speech pathology.

My e-mail address is mmaheu@telehealth.org. That's mmaheu@telehealth.org. And our website is "telehealth.org." That's where we do our training. Thank you very much.

Daniel Farmer: Thank you, Dr. Maheu. We will not be posting a list of the participants. However, as customary for most of these Open Door Forums of CMS, so we will likely be posting a transcript of today's call on the "Innovation Center" website at "innovations.cms.gov." So please check back there in the coming weeks. Thanks very much.

Operator: As a reminder, ladies and gentlemen, if you have a question or comment, please press star then the number one on your telephone keypad.

And your next question and comment comes from Eric Lachica. If you could please state your organization, your line is now open.

Eric Lachica: Yes. My name is Eric Lachica with the U.S. Medicare Philippines, grassroots group here in Maryland. And, I just wanted to let everyone know that we're doing research with our partners in the Philippines to address the tsunami of retirees of Philippine descent.

There are more than 200,000 Filipino nurses in America and about 20,000 Filipino doctors, of – most all of them are U.S. citizens, and they're retiring at a hundred per day. And, we're exploring the idea of cost savings which is the bottom line here of our discussions for our internationally accredited hospitals in the Philippines by the JCI International.

So, we would like to hear from interested stakeholders who are looking at the portability of Medicare. Just like TRICARE is portable for our military retirees, that's why we have more than 12,000 U.S. Military retirees in the Philippines enjoying lower cost of living, at the same time, lower cost for the TRICARE system, same thing with our Guam-U.S. citizens.

They are allowed under Medicare to go to the Philippines to the top hospitals, and Medicare saves a lot of money – 1/3 to 1/2 the costs. So, we'd like to propose that one percent solution to the Medicare budgetary problems.

We have a website. It's "usmedicareph" – that's for – stands for the Philippines – .org, "usmedicareph.org." And we'd like to know more from all

interested stakeholders if they'd like to log on to our website or send us e-mail.
Thank you.

Operator: And your next question or comment comes from Sharon Donnelly with HealthInsight. Please go ahead. Your line is open.

Sharon Donnelly: Hi. This is Sharon Donnelly. I wanted to reinforce the need for the smaller independent practitioners to get almost hands-on support like they had to have for HIT in order to play in the field of ACO, just rearranging their – transforming their practice will take much more support for them. Thank you.

Daniel Farmer: Thank you, Sharon.

Operator: Your next question or comment comes from the line of Robin King with Alliance for (Continued) Education (of) the Health (Care Profession). Please go ahead.

Robin King: Hello, everyone. This is Robin King, and thank you for this Open Door.

I wanted to follow up on the caller who mentioned Bob's offer of information about the Alliance for Continuing Education (for) the Health Professions. And, I look forward to submitting written comments to the Open Door via the Innovative e-mail that you recommended.

And also, I wanted to alert listeners or you all to the website, "acehp" which is the Alliance for Continuing Education in the Health Professions – .org – acp – "acehp.org." Thanks.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question or have a comment, please press star then the number one on your telephone keypad.

Your next question comes from the line whose information was not left. If you can please identify yourself and your organization, your line is now open.

(Sherry Rowe Patton):Hello. This is (Sherry Rowe Patton) with the company called Lumeris. And I noticed there are several people out there – out there that are looking for help in becoming Accountable Care Organizations.

I just want to let folks know that Lumeris provides best in class technology, guidance and services for hospitals and health plans to transform their organizations into high performing accountable delivery systems. For more information, you can check out our website, "lumeris.com." That's L-U-M-E-R-I-S.com to see if we would be a good fit for you. Thank you.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question or have a comment, please press star then the number one on your telephone keypad.

You have a question from a participant whose information is not logged. If you could please identify yourself and your organization, your line is now open.

Ann Gillespie: Hello. This is Ann Gillespie of Community Rehab Care in Boston, Mass. And I just have a comment, just to get comments in here that we are a small, independent outpatient rehab business focused mostly on persons with traumatic brain injury.

We do function on our own but we are concerned about being able to get into ACOs, and not just one but be able to move around to all the area Boston Hospitals that want to refer to us. So we hope that you'll keep businesses like us in mind as you go forward and we'd like to know in the future the timetable on when we should be really getting active. Thank you.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question or have a comment, please press star then the number one on your telephone keypad. And if you could – if you have pressed star one, could you please identify yourself by your first and last name, your organization? Your line is now open.

If you have pressed star one, your line is now open.

And I'm receiving no response from the line. Again, if you have a question or a comment, please press star then the number one on your telephone keypad.

And we have a participant. If you could please state your first and last name and your organization if you have pressed star one, your line is now open.

Ben Smith: My name is Ben Smith. I'm with the VCU Medical Center in Richmond, Virginia. And my comment around education and training has to do with providing some specific types of training for providers that serve in a Safety Net clinic arena that are providing services to patients that have experienced health disparities.

That we're finding is that the development of an ACO is tremendously challenging in an urban environment may be experiencing other types of challenges as well access to services and things like that. So, some help in that area would be very good.

Also, we'd suggest, for a specific population of patients, it would be helpful to have some training around how to develop an ACO that specifically can address some of the special needs for homeless and uninsured patients. That would be very helpful. And, thank you so much.

Operator: Your next question, if you have pressed star one, can you please identify yourself and your organization? Your line is now open.

Nancy True: Hello. This is Nancy True. Can you hear me?

Daniel Farmer: We can.

Nancy True: OK. Nancy True, Unlimited Grace. I'm in the Metro Denver, Colorado area. And I have a business that does education and training around helping people with their advanced directives.

And what I'm finding in my business is that when I approached practices like general practitioners, specialists, this is an area that I'm finding as a huge gap in service for the – both the practitioners as well as the patient. And so, I guess I'm just putting my two cents into the line to thank CMS for the innovations and also the avenue of being able to address patient-focused care.

My comment would be to say that very oftentimes hospitals and practices know that patients can self determine their medical decisions but there's no education and training. So that's what I have designed.

My company again is Unlimited Grace. My website is "trueunlimitedgrace.com." And I look forward to conversations and comments regarding how to work and interface and integrate. The program I've designed to help practitioners understand working with patients on their advanced directives will be before end of LifeCare, separating advanced directive planning before end of LifeCare. So, thank you.

Operator: Your next question or comment comes from Lorraine Glazer with Arizona Connected (CA). Pleased go ahead. Your line is open.

Lorraine Glazer: Hi. I'd like to address the – not the most recent caller but the one prior to her, and this was a gentleman who had special interest in clinics. I'd like to let you know that one of the members of the Arizona Connected Care is the El Rio Clinic here in Tucson.

They are quite well-known nationally, and if we can be helpful, we'd love to talk with you. Although Tucson is not an urban area, El Rio has taken some leadership in working with homeless people, and they have a clinic that is devoted to this population of patients.

Operator: Your next question or comment comes from Kim Jayhan with Elsevier/MEDai. Please go ahead, your line is now open.

Kim Jayhan: Hi. Thank you. This is Kim Jayhan. I just wanted to highlight the importance of using analytics to all aspects of the collaboration within an ACO.

And the work that we've done is to help teach the organizations how to drive change with those analytics so that there is very measurable and impactful outcomes, improvement, and dollar savings. And, we'd be happy to work with any organization that is putting together – or educational materials and help them understand that as well as, you know, any interested parties.

Operator: At this time, there are no further questions in queue. I'll turn the call back over to Mr. Farmer.

Daniel Farmer: Well, I'm going to wrap up very slowly here in case folks change their minds and would like to offer another comment. But I do want to thank everybody who took the time this afternoon to join us on this call. We really appreciate the opportunity to hear from you on this important subject.

Just to reiterate a couple resources that should be available to everyone on this call, again, if you have additional comments that you would like to share or have a question that might not have been answered, please send that e-mail to innovate@cms.hhs.gov. Again, that's innovate – singular – @cms.hhs.gov.

I also mentioned that the Innovation Center has a website. We would very much welcome you to come visit this website and learn about some of the work that the Innovation Center has going on right now. That website is "innovations – plural – .cms.gov." So again, that's "innovations.cms.gov."

Well I want to, again, reiterate our thanks for all of you spending this time with us today, and we thank you very much for your time.

(Tracy), I think we're done.

Operator: This concludes today's conference call. You may now disconnect.

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