

Centers for Medicare & Medicaid Services

Moderator: Barbara Manning
December 3, 2010
1:00 p.m. CT

Operator: Good afternoon. My name is (Jessica) and I will be your conference operator today. At this time, I'd like to welcome everyone to the Health Care Delivery System Reform Listening Session Boston Regional Office 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 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.

Barbara Manning, you may begin your conference.

Barbara Manning: Thank you. Good afternoon. I would like to thank all of you for attending today's call on Health Care Delivery System Reform. My name is Barbara Manning and I'm with the Office of the Regional Administrator in the Boston Regional Office of the Centers for Medicare & Medicaid Services or CMS. I will be the moderator for today's call.

I would like to begin by introducing the hosts of today's call -- Dr. Jaye Weisman, Boston Regional Administrator for the Centers for Medicare & Medicaid Services, and Christie Hager, Regional Director for the U.S. Department of Health and Human Services.

Dr. Weisman is a former Medicare and Medicaid provider who joined the U.S. Department of Health and Human Services and Centers for Medicare &

Medicaid Services only in the past year bringing a variety of fresh vantage points to the organization.

Dr. Weisman serves as the Regional Administrator for the Boston and New York Regional Offices of CMS where she promotes the vital work performed by the agency and maintaining and improving the nation's health care in the six New England states in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands.

Jaye, would you like to begin?

Jaye Weisman: Thanks so much, Barbara, and thank you to everyone here for taking time out of their busy schedules to attend this listening session on Health Care Delivery System Reform. We'd like to welcome consumers, clinicians, employers, hospitals, health systems, state representatives, health care experts, all of you here today, welcome.

All of us want the highest quality health care system possible, a system that coordinates and integrates care, eliminates waste and encourages the prevention of illness. With new provisions in the Affordable Care Act, we have more opportunities than ever to work with both the public and private sectors to make real improvements in our nation's health care delivery system.

We all can agree that our current health care system is broken in many ways. We pay a lot of money for a system that's fragmented, disorganized and fails to meet many of our patients' needs.

The problems of our health care delivery system had been created in large part by payment and delivery system that reward care, that is delivered piece by piece and not cares that is delivered in a seamless and coordinated manner.

Patients want care that's high quality and timely and efficient. They don't want to pay more than they need to for their care. Patients want to be treated like individuals. They want their doctors to take into account their values and their wishes.

Health care professionals also want to care for people. That is why they chose to be in their career in this first place. Every day, health care professionals work to provide the best care to their patients and they want to help others.

But our health care systems and its current form often doesn't provide many patients with the care that they should receive and it doesn't support the health care professionals that want to provide that care.

So we're here today. The purpose of today's listening session is to hear from you on how CMS can best undertake the important work of reforming this nation's health care delivery system.

The Affordable Care Act has given CMS new opportunities to improve the care delivery and payment system. So we will spotlight three areas of interests -- first, the Accountable Care Organization Shared Savings Program, also the CMS Innovation Center, and also the Federal Coordinated Health Care Office.

We'd like to thank everyone for their participation here today and for your hard work to follow in the weeks, months and years ahead to make it all better. Thank you very much.

Barbara Manning: I would now like to introduce our next host, Christie Hager. Christie is a public health lawyer who was appointed to the position of Regional Director of Region one of the U.S. Department of Health and Human Services in April of 2010.

Prior to joining HHS, Christie was Chief Health Counsel to the Speaker of the Massachusetts House of Representative during the development, drafting and first three years of implementation of the Massachusetts Health Reform Law and acted in 2006. Christie?

Christie Hager: Thanks very much for your introduction, Barbara, and Jaye, for your opening remarks.

I'm so pleased to see so many of our partners in the states on the line this afternoon. I'd have the chance to meet or to speak with many of you about

implementation of the Affordable Care Act over the past six months since I was appointed Regional Director.

And we've talked about how we in New England share a long tradition of innovative approaches to health care delivery and how all of the divisions of HHS including CMS are now able to offer new support and partnerships to the tools provided in the Affordable Care Act.

Today's session is about one opportunity for engagement and dialog on some of the most significant ways in which the health care system is going to be transformed in collaboration with you.

And know that going forward, I will continue to be available to you as Secretary Sebelius is senior representative in the region with the leadership team across HHS and in particular with CMS and Jaye on the CMS initiatives that we're going to hear about today.

So I will pass it back to you, Barbara. Thanks very much.

Barbara Manning: Thank you, Christie.

As you all have just heard from Jaye and Christie, this is an enormous, challenging and exciting opportunity for CMS, but we cannot do it alone, we need your help.

Today, you will hear from two leaders at CMS in charge of three different programs, all at different stages of development. As our stakeholders, we are excited to engage you in the process.

Dr. Richard Gilfillan and Cheryl Powell will be introduced in the next minute. But they will be speaking today about the new Accountable Care Organizations Shared Savings Program, the Center for Medicare and Medicaid Innovation and the Federal Coordinated Health Care Office.

If you're like me, the best ideas often occur after the opportunity has passed. We don't want that to happen to you. So we have mailboxes for each of these areas where you can send your thoughts and ideas.

I'll be reminding you of them at the end of the call but here they are now. The Innovation Center has a Web site, www.innovations.cms.gov. That's www.innovations.cms.gov.

At this site, you can sign up for email and be part of the Twitter alert and RSS news feeds. Also, that mailbox -- also, you need to know that the email box is not yet active but will be launched shortly and we will let you know about that as well.

For Accountable Care Organizations, the email address is aco@cms.hhs.gov. And to comment on the recent Federal Register notice published on November 18, 2010, you may go to www.regulations.gov. However, you must do that immediately because your comments can only be accepted as of close of business today, that is December 3, 2010. So again, that's www.regulations.gov. And finally, the Federal Coordinated Health Care Office email box is fchco@cms.hhs.gov. And those will be repeated later in the call.

So during today's call, we will be sharing information on the three important areas just mentioned and you will have a chance to share ideas and give your thoughts and input, but your remarks will not be considered formal or official responses or remarks of record.

CMS will be in a listening mode. And as your facilitator, I may ask to clarify -- a clarifying question or a follow-up, but CMS is in a role today of listening to you. Please keep your remarks to two minutes or less. We'd like to give as many people as possible the chance to share.

And now, it is my pleasure to introduce our first speaker, Dr. Richard Gilfillan who is the Acting Director Center for Medicare and Medicaid Innovation. In this role, Dr. Gilfillan works with CMS leadership to develop and implement innovative programs that will help improve and update the nation's health care delivery system.

Dr. Gilfillan joined CMS in July 2010 as Director of CMS' performance-based payment policy staff where he was responsible for overseeing Accountable Care Organizations and value-based payment initiatives.

Prior to joining CMS, Dr. Gilfillan served as President and CEO of Geisinger Health Plans and Executive Vice President for Systems Insurance Operations as a Geisinger Health System in Danville, Pennsylvania. Dr. Gilfillan began his career as a family practitioner.

Dr. Gilfillan?

Richard Gilfillan: Barbara, thanks very much. And I'm happy to be able to say and complete your last sentence that Dr. Gilfillan began his career as a family practitioner in Winchendon, Massachusetts. And if there are any friends from North Central Massachusetts out there, I say hello and give my best to everybody. So it's a pleasure to be with folks from New England and the Northeast -- New York and Jersey.

Let me start if I could with Don Berwick's mission for CMS. That mission is for CMS to be a trustworthy partner and constructive force for continual improvement in health and health care for all Americans.

That's a new mission for CMS and I think, folks, particularly up in that neck of the woods, know Don and know the work that he's done over the years, understand the full ramifications of that mission.

And if you think about the notion of constructive force for continuous improvement, you might ask, "Well, what is it we want to improve?" And simply put, we are interested in working as a trustworthy partner with everyone who's in the delivery system, patient advocates, other industry participants and stakeholders in helping the system move from what has been a somewhat fragmented care delivery system to a seamless care delivery system.

And in the process, change CMS from being an organization that supports and pays for fragmented care that is units of care and change CMS to an organization that pays for and supports in many different ways the provision and delivery of seamless coordinated care.

What are we interested in terms of outcomes from that new care system?
We're focused on three aims -- one, better care for individuals, two, better health for individuals and populations, and three, lower cost to improvement by eliminating wastes and unnecessary services.

And we want to be clear about this. This is not about withholding care. This is about re-engineering care, continuously improving care and being smarter, more efficient about the delivery of care and making sure that everyone gets the care they need when they need it in the most high-quality, cost-effective way. That is kind of how we're thinking about our business, if you will, our mission for CMS.

What we intend to do is to make it more and more feasible for stakeholders, for participants in the system to join us in pursuing those goals and to find and adapt their own best practices, best ways of delivering those aims. And we know those aims will be different or those processes will be different in Winchendon, Massachusetts from those pursued in Manhattan or in Puerto Rico.

But our goal is to be a partner with you all in all those places to help encourage and carefully work and kind of monitor the results so continuously learn to help you find new care models, new ways of delivering services to patients to deliver those outcomes.

We're not seeking incremental progress. We're actually interested in seeing breakthrough progress.

We're interested in seeing a rapid progress on both and ambitious aims always, always with an eye towards making sure that today's patients with today's needs get the care they need today and we make that care better and better as we go along.

So CMS as a whole is working to address this new mission. We've begun to implement it. And the key of accomplishing this will be to talk with you, meet with, hear from you about how we can support you in your effort to deliver those new care models.

Those, we think, effective care coordination and integration models have begun to demonstrate their ability to deliver better quality and reduced cost in a wide variety of settings -- for physician practices to large hospital centers.

But the core intent of these efforts is really to move away from piecemeal payments and piecemeal production to payments and system that promote coordination. And ideally, we will find ways to work with other payers in your communities to support you in those new ways of delivering care.

We're committed to supporting and learning from those new care models and to be sure that they're working for patients and can be replicated across a variety of savings for a wide range of patient populations and supported by those different payers. Our purpose today is to hear from you -- to hear directly from you on how we can help you in that pursuit.

The Affordable Care Act has given a number of new ways of supporting the delivery of seamless coordinated care in communities. Today, we're going to talk about three areas of interests -- one is Accountable Care Organizations, the second is the CMS Innovation Center, and the third is the Federal Coordinated Health Care Office.

With regard to Accountable Care Organizations or ACOs, our goal is to develop inventive forms of health care organizations and delivery systems that help transform care. We believed that ACOs will help ensure patients get the care they need and want when they need and want it every single time and ultimately, at a cost that we can afford.

The goal is to be sure that the extended coverage made available through the Affordable Care Act is supported and made sustainable through continuous improvement in the care system.

This transition from a fragmented system to an integrated person-centered system is not an easy one, and the ACO we envision is not the status quo repackaged. It's a new better way to organize care.

What all of those -- these successful ACOs have in common, we believe, is a strong and consistent commitment to cooperation amongst those who care for patients and on behalf of that patient.

As such, we understand it will need a regulatory framework that nurtures that cooperation and at the same time, continues to guard against the potential for inappropriate practices across these integrated systems.

We want to emphasize that we see an ACO not as a financing mechanism but it's fundamentally at its core a care delivery organization, and it's important, we think, for everyone to think about ACOs in that way.

Looking ahead, we will be a strong partner to do it and support. The successive ACOs will find ways to encourage that corporation and ways to create an ACO environment that's simple, that facilitates the integrated -- integration of care and that addresses some of the concerns that folks have worries about legal constraints.

Secondly, let me talk briefly about the Innovation Center. As the largest purchaser of health care, CMS can play an important role in fostering this new coordinated care model.

One of the important tools that we have available now as a result of the Affordable Care Act is the CMS Innovation Center. It really -- the Innovation Center provides CMS with the engine to change American health care delivery and improve the system so it truly works for all Americans.

And the way it does that is fundamentally to identify, support and diffuse and then evaluate new models of care and payment that deliver that new coordinated care experience in those -- that three-part aim.

In partnership with all of you, the CMS Innovation Center will ultimately scale a new care and payment models that improve and sustain the Medicare and Medicaid CHIP programs for our beneficiaries, and ultimately, the health care system at large.

This is an enormous challenging and exciting opportunity. We're interested in hearing from you because we know we can't do it alone. We would love your ideas about new models that we should be evaluating.

We'd love to hear from you about ways we should operate to bring you into ongoing, continuous contact with the center to benefit from your experience and learn from your innovations. Today is an important opportunity for us to do that and we hope we hear suggestions from you all about ways we can work together.

Finally, let me talk about the Federal Coordinated Health Care Office. The Affordable Care Act also called on us to more effectively integrate health care for some 9.2 million Americans.

Those are Americans who receive both Medicare and Medicaid benefits often referred to as dual eligibles, frankly, know as people who are the most in need of excellence in health care delivery and support.

To that end, CMS has created the Federal Coordinated Health Care Office to better integrate benefits and care delivery under Medicare and Medicaid. We have tremendous opportunities to improve access, quality and cost of care for our nation's most complex and chronically ill individuals.

We plan to focus on beneficiary and person-centered care in service delivery. We plan to improve dual eligible patient satisfaction program, awareness, health and well being by addressing both their needs and the needs of caregivers who are so important in their lives.

We plan to ensure that dual eligibles receive high-quality person-centered acute behavioral and long-term services and support and we want to ensure that that occurs at a much more integrated and coordinated way and we want to ensure that perceived obstacles because of diverging incentives between federal government and the state are addressed so that we can indeed create that coordinated integrated approach.

In the end, getting all this right, creating a new health and health care system that we all can benefit from is not a task that we can do alone or hoped to

achieve on our own. We need your help, need the help of all participants in the healthcare community and we'd like to look forward to ongoing engagements and work with you all in your communities to try and meet these objectives and meet ultimately the mission that we described for CMS.

We thank you very much for participating here today and for your hard work that we know you're doing everyday -- you and your teams are doing every day. And just would say, we understand that at the end of the day, health care providers are delivering services to people 24 hours a day, seven days a week already and doing wonderful work and they're committed to doing that.

Our mission is to try and ensure that we provide a support system that rewards you and supports you in delivering that and absolutely the best way you can and we appreciate the efforts that all health care providers are making today to that end and we look forward to hearing from you how we can best change our approach over time to support you in that new pursuit.

I'll turn it back to Barbara. Thank you all very much for being here.

Barbara Manning: Thank you, Dr. Gilfillan. That's wonderful.

The next speaker is Cheryl Powell. Cheryl has recently been appointed as the Deputy Director of the Federal Coordinated Health Care Office at the Centers for Medicare & Medicaid Services which was established by the Affordable Care Act.

As a Deputy Director, Cheryl assists in leading the work of this office charged with more efficiently integrating benefits for individuals eligible for both Medicare and Medicaid and improving coordination between the federal government and state for duly eligible beneficiaries.

Cheryl has led -- had held leadership positions in the health care field in both the public and private sector. Prior to joining CMS, Cheryl served as a Senior Research Analyst at the Hilltop Institute where she led the analysis of state health care coverage initiatives and the evaluation of health care services utilization and Medicaid program. She was also the Director of Medicare Policies for Coventry Health Care. Cheryl?

Cheryl Powell: Hello and thank you so much, and I have to let you know how excited I am to be participating on this call and being with you today.

I spent part of the -- the early part of my career with CMS in the Boston Regional Office and that area and those in the region that were to improve care for all really hold a special place in my heart.

But I do want to say that the Federal Coordinated Health Care Office was established in the Affordable Care Act. And for those of you who maybe familiar with the statute, it's clear to us that our job is to make the care experience better for beneficiaries who are eligible for both Medicare and Medicaid.

And in the large part, we think that depends on improving the relationship between state and the federal government as the state and the federal government are partners in delivering and providing care for that population.

We think it's essential to create a seamless coordinated care system and there is now opportunity to do this with individuals who are dually eligible.

Over 95 percent of dual eligibles are currently in fragmented fee-for-service systems and we spent upward of 300 billion combined annually for their care. And we believe that it's time for delivery system and payment reform.

We believe that we have a strong opportunity to improve care, quality, cost and essentially the beneficiary experience, and we are very much looking forward to moving forward.

Currently, the office is focusing on two areas, and the first is program alignment. And in that area, we are identifying basically every place in which there are Medicare and Medicaid misalignments and where the rules bumped up against each other.

It's administrative regulatory statutory provision and we're looking through that to come up literally with a list to populate with anything and everything

where the two programs maybe at odds with each other and are at odds with the beneficiary having a seamless experience.

So we're compiling that list and then we'll be assessing the impact on that list to see how we can assist with beneficiaries and how we can make the two programs work together better.

And then we're going through -- we'll be prioritizing that list and turning it around and making it very public. We see this as a transparent living document shared continuously with stakeholders so that we can continue to improve upon it and make sure that we truly are getting at each of the pieces and places where there are misalignments which prevent the care being provided in a streamlined manner for beneficiaries.

So we're working on that. We've been getting a lot of input from external and internal stakeholders and we look forward to continuing to work with it and sharing it to help perfect it.

And then we're going to go through and not only are we making the list and prioritizing it, we're going through to fix each of those pieces and see what we can do, what changes need to be made, how do we make this better, how do we improve, how beneficiaries receive care and experience care.

Then our second major area has to do with demonstrations and integrated model. And we're partnering with the Innovation Center to explore and enhance integrated care models for dual eligible individuals.

And again, I just want to repeat, these are models that would fully integrate the Medicare and Medicaid services that recipients receive, and it means acute care services, long-term care services, support and behavioral services. It's essential that there is an integration of all the services.

We're starting first with states and we'll be putting out a solicitation soon. Hopefully, it should come out in early December where there'll be an opportunity for states to look at designing and integrating care and services and then we'll be looking forward to leveraging other ways of integrating care for these individuals.

We encourage all of you to make sure that we have your input, any ideas or suggestions you have. We're more than happy to hear those and we look forward to working with you and also to hearing more from you in the rest of these calls. Thank you.

Barbara Manning: Thank you, Dr. Richard Gilfillan and Cheryl Powell for your presentation. We will now move into the time when CMS will listen to the good thoughts and ideas from all of you.

Let me remind you once again of the ground rules. As I know, many of you were joining the call even as we began. This is your chance to share ideas and give your thoughts and input. However, your remarks will not be considered formal or official responses or remarks of record.

CMS will be in a listening mode, and as your facilitator, I may ask a clarifying question or a follow-up but CMS is in a role today of listening to you.

Please keep your remarks to two minutes or less. We'd like to give as many people as possible the chance to share. When you speak, please let us know your name, affiliation and which area your comments are addressing -- Accountable Care Organizations, the Innovation Center or the Federal Coordinated Health Care Office.

Operator, we're now ready to open the lines for comments.

Operator: At this time, I would like to remind everyone, in order to ask a question or make a comment, please press star-1 on your telephone keypad. We'll pause for just a moment to compile the roster. And again, that's star-1 on your telephone keypad.

Your first question or comment comes from (Marcy Syndell) from Massachusetts. Your line is open.

(Marcy Syndell): Hi. Thank you very much for the introduction today. The comment relates to timing both for the Innovation Center and for ACOs. I think Dr. Gilfillan has made this comment to earlier.

We want to make sure that we can invest the organization's resources in the best combination of program and so understanding more about how the Innovation Center will be working will allow us to decide whether or not we choose to participate in the Medicare ACO program. So we look forward to getting some guidance about how we might think about those options.

Barbara Manning: Thank you. Is there another call, operator? Hello?

Operator: Your next question or comment comes from the line of (Joel Preston) 0:53:57 from Oregon. Your line is open.

(Joel Preston): Hi. I am a reporter for the Land Report in Portland. You had stated that you had already made several changes to the delivery system and I'm wondering what the nature of these changes are, my understanding was that this was a system that was under construction so I guess I'm a little surprised to have some changes.

Barbara Manning: Operator, we're unable to hear that caller. Could you repeat the information?

Operator: Mr. (Preston), could you repeat your question?

(Joel Preston): Yes. I am with the Land Report which is in -- within Oregon and covers health care in the U.S. And I am asking what particular changes that already occurred. You stated earlier in the call that you had already formed some aspects of delivery of health care.

And my understanding was it was with the system that was essentially needing proposal for change not that the change of center. I think there are some changes that have already taken place so I'm asking about which particular changes you have already instituted.

Barbara Manning: Operator, we were unable to hear Mr. (Preston's) comments. Perhaps, he would be willing to post those via the email addresses that we are going to be providing at the end of the call. We would appreciate that very much.

Operator: Your next question or comment comes from the line of (Aileen Nicollela) from Rhode Island. Your line is open.

(Aileen Nicollela): Thank you and thank you for this opportunity to hear it. I guess the one comment that we would like to make is access to data would really help us in making decisions about how we move forward to facilitating shared data between our Medicaid utilization and the Medicare utilization and claims would be really helpful.

Barbara Manning: Operator, next call, please?

Operator: Your next question or comment comes from the line of (Kathleen Ott) from New Hampshire. Your line is open.

(Kathleen Ott): Thank you very much. A comment and also a question. My comment is thank you again for having these types of conference calls that allows us the opportunity to have direct information and also to be able to share.

I also secondarily am asking the same question, what we really need to be able to explore the possibilities if data -- Medicaid and Medicare data would be very, very helpful as we look at some of the opportunities before us. Thank you very much.

Barbara Manning: Thank. Next call?

Operator: Again, to ask a question or make a comment, please press star-1 on your telephone keypad.

Your next question or comment comes from the line of (Cindy Philips) from Massachusetts. Your line is open.

(Cindy Philips): Hi. Thank you. I just wanted to repeat what the gentleman in Portland asked. He understood that some changes had already been made and would like to have the report on what those changes were.

Secondly, again, it has to relate to data and that it would be very useful also with federal departments could talk to each other a little better and then communicate to the state.

There is difficulty between the social security of administration and/or Medicaid or mass health office sharing especially the data around (LAS) and

MSP members. So I think there's a lot of data system work to be done, and I thank you very much for the opportunity.

Barbara Manning: Thank you for your comment. Next call, please?

Operator: There are no further comments in the queue.

Barbara Manning: Why don't we give it a minute and see if others will provide us with some comments?

Operator: Again, if you would like to make a comment, please press star-1 on your telephone keypad.

Your next comment comes from the line of (Kalone Gibrais) from Washington. Your line is open.

(Kalone Gibrais): Hey, thank you. I was just wondering regarding the coordination of care, is there any plans or ideas for actually allowing the states to coordinate their care? So not just the states or the federal government but I mean the Districts of Columbia and in our region, you know, Virginia, Maryland and D.C., are closed by and patients across state lines all the time, so if that's being considered or if it's left out to the states to coordinate the care that patients receive in those types of areas?

Barbara Manning: Would any of the speakers like to comment on that question?

Cheryl Powell: Sure, this is Cheryl. I think we'd be interested in, you know, exploring ideas with you and hearing what proposals would the state would want to work amongst themselves or we would be more than happy to sit down or listen to the proposals and immediately work through those.

Barbara Manning: Thank you. Next call, please?

Operator: Again, to ask a question or make a comment, please press star-1 on your telephone keypad. There are no further comments.

Barbara Manning: We'll wait one minute to see if others would like to weigh in here.

Operator: Your next comment comes from the line of (Katie Harris) from Maine. Your line is open.

(Katie Harris): Thank you. My question is related to how we can best get communications on things like this conference call or the RFI that was -- that is due today. They're not coming through the listserv and wondering how we can best find out about all the opportunities to comment and to get guidance.

Barbara Manning: Would someone like to comment on that?

Richard Gilfillan: Yes. The RFI that was published on November 17th on Accountable Care Organizations had seven different questions and areas that we were seeking comment on and is available.

I think someone gave the Web address earlier. But if you went to that Web address and search under -- in the November 17th Federal Register notice for Accountable Care Organizations or RFI, you can find the list of questions that we're seeking industry comment on and follow that process to submit those comments, or if you're unable to do that, you can submit them to the aco@cms.hhs.gov mailbox informally, but the formally comment, you need to use the regulations.gov mailbox that the presenter gave earlier.

Barbara Manning: Thank you. Next call, please?

Operator: Again, to make a comment, please press star-1 on your telephone keypad.

Your next comment comes from the line of (Joel Preston) from Oregon. Your line is open. (Joel Preston), your line is open.

(Joel Preston): Yes, I would like to ask, the American public -- I don't think we get some sense that changing the way that payment plans are made is linked to the outcomes. So I just would like ask about the connection between morbidity and mortality and the way that payments are made. It's not a very clear connection.

Barbara Manning: We were really not able to hear all of Mr. (Preston's) comments -- Mr. (Preston) from Oregon. If you would either like to repeat your comments or provide your comments through our email system, we would appreciate that.

(Joel Preston): Yes, I'd be happy to try again to repeat the comments. Can you hear me now?

Barbara Manning: I can hear you better now. Thank you.

(Joel Preston): OK, that's great. My concern is that the American public doesn't really see a connection between, let's say, morbidity and mortality and how payments are made. So I'm wondering if someone can address with ACOs and particular the connection between structuring payments and clinical outcomes.

Barbara Manning: Would any of the speakers like to make a comment now or -- would anyone like to make a comment to Mr. (Preston's) comments?

Richard Gilfillan: Medicare is looking at providing more value-based purchasing-type payment systems where we instead of incentive volume which is inherent through the current fee-for-service payment system, they're looking at new ways to tie payment to better care process, even better health care outcomes by measuring and rewarding providers on sort of payment methodologies to combine both sort of payment and cost into those equations.

And so it's really looking at how to integrate and incorporate evidence-based medicine protocols and incentivize better care coordination and communication among the providers to really lead the better results and better processes and better outcomes for people with -- you know, especially people with multiple comorbidities that are highly prevalent in the Medicare population.

Barbara Manning: Thank you. Next call, please?

Operator: Again, to make a comment, please press star-1 on your telephone keypad.

Barbara Manning: Operator, we'll wait just a minute to see if someone else might queue up.

Operator: And again, that's star-1 on your telephone keypad. There are no further comments at this time.

Barbara Manning: Thank you, operator. I think we have heard all of today's comments but I would like to remind you that if you were unable to provide your comments today or if you have something you would like to share after today's call, you may contact Health and Human Services and CMS by emailing us at aco@cms.hhs.gov and fchco@cms.hhs.gov and visiting the center's Web site at www.innovations.cms.gov.

I would also like to remind you, if you do wish to comment on the Federal Register notice, you have by close of business today and the best way to do that is through www.regulations.gov.

I would like to give you one ore opportunity to comment if possible.
Operator, should we make one more pass here?

Operator: Again, to make a comment, please press star-1 on your telephone keypad.

Barbara Manning: OK. I think that concludes our call. But please note that for some of you who may have missed some of the call or if you have colleagues or friends that were unable to join us today, the presentation will be available through the Encore feature in approximately two hours after the conclusion of this call. The recording will be available until next Wednesday, December 8, 2010.

To access Encore, dial 1-800 -642-1687 and use the participation ID code of 28569986. Again, that Encore dialing in number is 1-800-642-1687 and the participant ID code is 28569986.

Operator, is there any -- do you have anyone else in line by any chance before we sign off today?

Operator: There is no one in the queue at this time.

Barbara Manning: All right. We would like to thank you all for your partnership and your participation on today's call. Thank you and have a good afternoon.

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

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