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TO: Members of the American College of Cardiology

FROM: Janet S. Wright, M.D. FA.C.C.

DATE: March, 2004

SUBJECT: CMS Chronic Care Improvement Program (CCIP)

The purpose of the notice is to make you aware of an opportunity to participate in a Chronic Care Improvement Program/Disease Management Program through the Centers for Medicare and Medicaid Services (CMS) as directed in the Medicare Prescription Drug, Improvement and Modernization Act of 2003.

CMS is expected to release a Request for Proposal (RFP) to select qualified participants for a demonstration project in the coming weeks. ACC will provide a summary and analysis of the RFP for members that may be interested in participating in this project. CMS is seeking to identify "Best Practices" in the treatment of beneficiaries with chronic disease, including cardiac chronic disease. The goal of the demonstrations projects is to identify best practices and study how care provided in these settings improves quality of care and consider new reimbursement mechanisms that appropriately reflect the care provided.

According to the American Medical Association more than 105 million people in the United States suffer from one or more chronic diseases and this will grow to 157 million by 2010. Chronic heart failure (CHF) affects about 5 million Americans. The most costly 5 percent of Medicare beneficiaries frequently suffer from multiple chronic diseases and account for close to one half of Medicare spending on an annual basis.

Private sector health plans are continuously offering disease management programs to reduce costs, and improve health outcomes. The Beneficiaries Improvement Act (BIPA) of 2000 authorized disease management demonstration programs to provide disease management (DM) services to Medicare beneficiaries. BIPA also required a physician group demonstration project to encourage coordination and reward physicians for improving beneficiary health outcomes. Through these projects, CMS has been able to demonstrate significant progress in integrating chronic care management programs into fee-for-service Medicare. The Medicare Prescription Drug, Improvement and Modernization Act of 2003 will expand these efforts.

CMS has been directed to establish and implement chronic care improvement program/disease management programs. CMS will establish this program in two phases.

The Development Phase, or phase I, will require CMS to contract with organization providing chronic care improvement and evaluate the program using randomized controlled trials. CMS will solicit proposals for participation in March 2004.

Key elements of the program include the following:

1. A Chronic care improvement organization may be a disease management organization, health insurer, **integrated delivery system, physician group practice,** or consortium of such entities.
2. Examples of the specified chronic conditions required for participation include CHF, diabetes, COPD.
3. The Phase I (or Developmental Phase) will start not later than 12 months after enactment of this law and continue for **three years**.
4. The Chronic Care Improvement Programs must be offered in a geographic areas, that in the aggregate, at least 10 percent of the Medicare beneficiaries reside. In addition, the geographic area must also include at least 10, 000 targeted beneficiaries to serve as a control group.
5. Each CCIP will be evaluated based on the following
  - a. quality improvement measures
  - b. beneficiary and provider satisfaction
  - c. health outcomes
  - d. financial outcomes, including cost savings to the program
6. Required Elements of the care management plan
  - a. designated point of contact for communication with the beneficiary
  - b. self care education for the beneficiary and education for caregivers
  - c. education for physicians and other providers
  - d. use of monitoring technologies
  - e. Provision of information about hospice, end of life care.
7. The CCIP organization will be paid on a per member per month basis in addition to the Medicare FFS payment. Organizations will be at risk for the savings to be achieved through the program.
8. The successful programs in Phase I may be expanded to additional geographic areas (and nationally) with the expectation that the Phase II programs will accomplish the following:
  - a. improve the clinical quality of care
  - b. improve beneficiary satisfaction
  - c. achieve targets for savings to the program

The potential long term goal of CMS is identify best practice information and explore methods to recognize these practices. The ACC is interested in making practicing cardiologists aware of these opportunities so they may able to participate in such programs. I encourage you to share this information with your chapter members.