Innovation Center Stage

One lesser known element of the Patient Protection and Affordable Care Act was the establishment in 2011 of the Center for Medicare and Medicaid Innovation (CMMI), a federal program administered by the US Department of Health and Human Services.

With a $10 billion funding commitment over its first decade of operation, the goal of CMMI is to test innovative payment and service delivery models to reduce expenditures while preserving or enhancing quality of care. The authors of the legislation sought nothing short of a transformation of American health care [1].

By 2014, 146 proposals had been funded, with budgets ranging from $1 million to $76 million, each 3 years in duration. Not surprisingly, big-picture issues—accountable care organizations, patient-centered medical homes, bundled payments, and primary care redesign—dominate the portfolio of CMMI activities [2,3].

Among the more inventive trials in these categories are remote patient monitoring including web-based tools, e-consulting to expand specialty care in rural hospitals, care management in complex combinations of chronic diseases, and an expanded primary care role for practitioners such as pharmacists. Other examples include intensive outpatient care (hospital in home), primary care for children centered at their schools, and concentrated shared decision making surrounding back surgery.

What about diagnostic imaging awards? Might not the imaging-oriented trials provide a glimpse into Medicare officials' ideas about opportunities for improvement and potential solutions?

The first of these is based in Detroit, where an urban medical center and a large physician group will establish data exchange capabilities that will increase evidence-based decision making, thereby reducing imaging studies of the chest, abdomen, head, shoulder, lower extremities, and cervical and lumbar spine. The goal is to decrease CT volume by 17.4% and MRI volume by 13.4% over a 3-year period.

The second imaging project is headquartered in Chicago, where a 4-hospital system and a radiologic services company seek to partner in reengineering improved population health by (1) instituting a front-end decision support tool that will reduce unnecessary examinations, (2) building a total quality management mechanism that encourages peer-reviewed interpretative accuracy, and (3) enhancing the timely generation and distribution of final imaging reports.

Last, a professional society based in Washington, DC, will test a strategy at 5 Wisconsin and 5 Florida hospitals to improve care for patients with stable ischemic heart disease. A combination of clinical decision support, shared decision making, patient engagement, and provider feedback will combine to reduce diagnostic imaging and coronary interventions that do not meet appropriateness use criteria.

The CMMI is not without controversy. The scale of funding is considered by some to be disproportionate to the mission. Although $1 billion a year is not small change, the Medicare administration already spends $3.7 billion annually on research, not to mention the National Institutes of Health budget of $30 billion [4]. Add to that the yearly investment of $93 billion in research and development by the private sector life sciences industry [5]. Total those up and, critics argue, $1 billion seems pretty paltry, especially when CMMI seeks to be a transformative force in American medicine.

Consider also that if the efficiency-increasing, quality-improving, access-enhancing activities of the CMMI lower yearly health care spending, currently $2.7 trillion, by 0.1%, hardly an unrealistic expectation, that saves $2.7 billion, or nearly triple the annual CMMI budget.

Another source of contention is the nearly exclusive reliance on demonstration projects as opposed to controlled trials [4]. The concern is that independent observers will view the results of such demonstration trials as less persuasive, especially with the secondary economic stakes so high. Detractors also cite a lack of transparency in the mechanisms for calculating savings estimates. Return on investment ratios pushing 7:1 understandably strain credibility among skeptics of CMMI activity.

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