



Policy Brief

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A New Direction for CMMI: Liz Fowler

Elizabeth "Liz" Fowler, Ph.D., J.D. has been named the new [Director](#) of the Center for Medicare and Medicaid Services Innovation (CMMI). Fowler, who has had [experience](#) both working in health care and writing health care policy, strongly supports increasing participation in CMMI models. Since taking on the role last month, she has been reviewing current CMMI models with the goal of reducing complexity and integrating health equity. We anticipate model changes to be released in the near future that will streamline existing model and prioritize health equity.

Who is Liz Fowler and what has she done?

Liz Fowler has work [experience](#) in both the public and private health care sector. Dr. Fowler most recently served at The Commonwealth Fund as Executive Vice President of Programs and worked at Johnson & Johnson before that as the Vice President for Global Health Policy. The new CMMI Director also has experience writing government policy, working under the Obama Administration where she assisted with the implementation of the Affordable Care Act. She also served as the Chief Health Counsel to a former Senate Finance Committee Chair, increasing her experience in the government sector.

What's her vision for CMMI?

At a recent Premier webinar, Fowler shared her desire for CMMI to increase providers participation in models. She also acknowledged that many current participants are disenfranchised from existing inefficiencies in current models, and that CMMI needs to address

the challenges they face. For this reason, Dr. Fowler has begun reviewing many CMMI models to identify complexities and overlaps that could create conflicting incentives. She also hinted that she supports mandatory models, as [studies](#) show CMMI can more effectively test mandatory models but Fowler acknowledged the political controversy over mandating participation. Finally, Fowler emphasized the importance of health equity and how it will be integrated into models in the future.

What can we anticipate from CMMI in the future?

Many CMMI deadlines have been extended, likely due to the review of the models that Liz Fowler referred to in the Premier webinar. We expect model changes to be released soon that will attempt to streamline existing models. We also anticipate a maternity bundle to be released, as Liz Fowler highlighted it as a health equity priority.



Pandemic Intensifies Fight to Curb “Deaths of Despair”

The COVID-19 pandemic has taken a toll on both the physical and mental health of communities. Alongside the virus itself, fear of infection, feelings of isolation and loneliness, and worries about finances are contributing to rates of increased anxiety across the country. “[Deaths of despair](#)”—those resulting from suicide, substance use disorders or alcoholism—are being called the epidemic within the COVID-19 pandemic. Tragically, these deaths are [expected](#) to continue to rise, but health systems can help to curb them by providing necessary mental health services and spiritual support.

Many adults now report difficulty sleeping, disordered eating and increased alcohol consumption because of pandemic-related anxiety.

In a 2020 [healthy behaviors poll](#), 40% of adults reported symptoms of a major anxiety or depressive disorder, an increase from 10% the previous year. Respondents cited worry and stress over COVID-19 as a major reason driving this uptick. In the poll, adults also reported increased rates of alcohol consumption, inappropriate substance use and noncompliance with chronic disease care plans due to isolation and job loss.

Rates of opioid overdoses and “deaths of despair” are on the rise, hitting low-income communities especially hard.

In the last decade, more than [a million lives](#) were lost to deaths of despair. Lower-income, predominantly White communities had more of these deaths than many of their peers. Since COVID-19, communities of all races that experience poverty report significantly more negative emotions than their affluent neighbors, including anger, sadness, loneliness and worry. Young adults and teenagers face the highest risk; a [new report](#) from the CDC found that more than 60% now report having anxiety, depression and thoughts of suicide.

Patients who have had COVID-19 are more likely to develop mental health conditions later.

New research on COVID-19 survivors found that people who have been sick subsequently have a [significant chance](#) of developing a psychiatric disorder post-recovery, with patients who required hospitalization at the [greatest risk](#). In the United Kingdom, nearly 20% of all patients needed care for depression, anxiety or dementia within three months of their COVID-19 diagnosis, double the risk of their peers. A South American [survey](#) has similar results, finding COVID-19 survivors may have a higher need for Post-Traumatic Stress Disorder treatment.



Clinical Staffing Shortages: O Doctor, Where Art Thou?

The COVID-19 pandemic continues to exacerbate problems for the health care industry; one lasting impact might be a reduction in the clinical workforce. Even before 2020, the U.S. lacked enough clinical workers to meet the growing demand. The COVID-19 pandemic is threatening to widen this gap, with more clinicians now considering early retirement or career changes. This could lead health systems to compete with each other for an increasingly-narrow talent pool, potentially increasing costs. According to CMS, a faster than expected growth in health-sector salaries would be the prominent factor in rising health care costs. To read more about the workforce shortfall, how it could impact hospitals and policymaking, and what’s being done, click [HERE](#).

Why do we face a shortfall in clinical staffing?

The clinician shortages that we are seeing existed before the pandemic. The rapidly aging population and the retirement of thousands of experienced physicians was originally expected to

cause an approximate [120,000 doctor shortage](#) by 2030; after COVID-19, this estimate increased to [139,000 physicians](#). A recent [survey](#) on the effects of COVID-19 on physicians' personal and professional lives found that 25% of surveyed physicians plan to retire earlier and another 12% plan to change careers. Additionally, there are steep financial hurdles for those that aspire to become a clinician. Financial assistance is available; however, the Balanced Budget Act of 1997 [imposed](#) a Medicare funding cap on the number of residents each teaching hospital is eligible to receive. The cap has not been lifted since its conception and very rarely adjusted.

What impacts will this have on access to health care?

Currently, the [U.S would need](#) approximately 96,000 doctors immediately if health care use patterns were equal across race, insurance coverage and geographic location. Moving forward, the growing shortage of clinicians will only intensify inequity. The shortage of clinical workers is not spread evenly across the U.S. Many rural parts of the country are feeling the impact of the [workforce shortage](#). Nearly 80% of rural America is designated as medically underserved. Should these health care deserts grow, it will worsen access for many Americans and continue to undermine achieving health equity.

How will health policy evolve to meet the demand?

The COVID-19 pandemic led to a [loosening of rules](#) that helped the health care system address the needs of the population. Temporary measures include allowing Medicare and private insurers to reimburse clinicians for remote consultations, as well as allowing clinicians to practice across state lines. There are calls to solidify these changes post COVID-19 to allow for more flexibility and better access to health care.

Have we seen any legislation to address staffing shortages?

The [introduction](#) of the Resident Physician Shortage Reduction Act of 2019 sought to increase residency positions at training hospitals by allowing for more funding. Unfortunately, the House or Senate never passed the bill. On December 2020, Congress passed the Consolidated Appropriations Act, 2021, which [provided](#) an additional 1,000 Medicare graduate medical education (GME) slots to be allocated over the next 5 years. 10% of the slots are reserved for rural hospitals.

Updates to COVID-19 Regulations

AHPA continues to follow new COVID-19 regulations, guidance and other government actions. The updates below are the latest guidance and other developments since April 5th to help mitigate the impacts of COVID-19. For earlier COVID-19 regulations and guidance, visit the previous [Policy Brief](#).

President Biden Calls on States to Make Vaccinations Available to All by April 19th

- President Biden has [called](#) for states and cities to allow all adult Americans to be eligible to receive a COVID-19 vaccination by April 19th, speeding up the original deadline by two weeks.

FDA Issues EUA for COVID-19 Serology Testing Using Self-Collected Blood Samples

- The FDA has [issued](#) an Emergency Use Authorization for Symbiotica's Self-Collected Antibody Test System, making this the first serology test authorized to use blood samples self-collected by patients in their homes.

CDC and FDA Recommend Pause of Johnson & Johnson COVID-19 Vaccine

- The CDC and FDA [recommend](#) that providers pause the administration of the Johnson & Johnson vaccine until the Agencies can review six cases involving rare and severe blood clots.

CDC Director Declares Racism a Serious Public Health Threat

“Racism is a serious public health threat that directly affects the well-being of millions of Americans. As a result, it affects the health of our entire nation,” [stated](#) CDC Director Rochelle P. Walensky. Along with this declaration, the CDC committed to accelerating the Agency's work to address racism as a public health issue, including unveiling a new website [“Racism and Health”](#) that will serve as a hub for all efforts. This initiative is part of the Biden Administration's overall goal of reducing national health disparities. For more resources on the subject, click on the links below.

[Building an Organizational Response to Health Disparities](#) – CMS

[Resources for States to Address Health Disparities](#) – National Academy for State Health Policy

[Prioritizing Equity video series: The Root Cause & Considerations for Health Care](#)

[Professionals](#) – AMA

[Racism is killing black people. It's sickening them, too](#) – Washington Post

Bill Suspending Medicare Sequestration Cuts Heads to President's Desk

Congress has approved the Senate version of [H.R. 1868](#), suspending the 2% Medicare sequestration cuts that would have become effective this month. Sequestration cuts will now be suspended until December 13, 2021. The bill also includes protections for hospitals from inadvertent reductions to their Medicaid Disproportionate Share Hospital payments, which could have impacted 340B eligibility, and applies modified payment limits to rural health clinics. President Biden is expected to sign H.R. 1868 into law.

President Biden Faces Uphill Battle on Infrastructure

On April 2nd, President Biden unveiled a multitrillion-dollar [infrastructure plan](#) aimed at improving transit, protecting the environment and boosting the nation's readiness for 5G technologies. Right now, the proposal seeks to fund itself through higher taxes on corporations over the next 15 years. The President says he views the document as more of a starting point for negotiations than a final product; the plan still has yet to garner bipartisan support. At this time, no health care provisions have been included in the infrastructure plan; AHPA will continue to monitor additions to the bill's language. Depending on which details make it into the final version, the President may seek to pass the bill through budget reconciliation; budget experts [caution](#) that the Administration must first make sure it meets reconciliation requirements.

A Look at the Federal Register

CMS Proposal Rule: Medicare Program: FY 2022, Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities

The CMS proposed rule updates the payment rates used under the prospective payment system (PPS) for skilled nursing facilities (SNFs) and the SNF Quality Reporting Program (QRP) and the SNF Value-Based Purchasing (VBP) Program. To read the CMS fact sheet about the proposed rule, click [HERE](#).

CMS Proposal Rule: Medicare Program: FY 2022, An Update to Hospice Services and Reporting Requirements

The CMS proposed rule updates to the hospice wage index, payment rates, and aggregate cap amount for Fiscal Year 2022. This rule proposes changes to the labor shares of the hospice payment rates, proposes clarifying regulations text changes to the election statement addendum. To read the CMS fact sheet about the proposed rule, click [HERE](#).

CMS Proposal Rule: Medicare Program: FY 2022, An Update on Inpatient Psychiatric Facilities Prospective Payment System and Reporting Program

The CMS proposed rule updates the prospective payment rates, the outlier threshold, and the wage index for Medicare inpatient hospital services provided by Inpatient Psychiatric Facilities (IPF), which include psychiatric hospitals and excluded psychiatric units of an Inpatient Prospective Payment System (IPPS) hospital or critical access hospital. To read the CMS fact sheet about the proposed rule, click [HERE](#).

CMS Proposal Rule: Medicare Program: FY 2022, Inpatient Rehabilitation Facility Prospective Payment System and the IRF Quality Reporting Program

The CMS proposed rule updates the prospective payment rates for inpatient rehabilitation facilities (IRFs) for Federal fiscal year (FY) 2022. Including the classification and weighting factors for the IRF prospective payment system's case-mix groups and a description of the methodologies and data used in computing the prospective payment rates. To read the CMS fact sheet about the proposed rule, click [HERE](#).



AHPA Resources

Updated Resources on Price Transparency

- [Commonalities in State Actions to Promote Price Transparency](#)
- [AHPA's Price Transparency Primer](#)

WHAT WE'RE READING...

[The New Vaccine Threat is Fear Itself](#) – Axios

[Not-for-Profit Hospitals Spend Less on Charity Care than For-Profit, Public Providers](#) – Modern Healthcare

[Loma Linda University Awarded Grant to Address Adverse Childhood Experiences](#) – LLUH

[Pfizer CEO Says Third COVID Vaccine Dose Likely Needed Within 12 Months](#) – CNBC

[J&J Vaccine To Remain In Limbo While Officials Seek Evidence](#) – AP