

Statement by Blair Childs, senior vice president of Public Affairs, Premier healthcare alliance, on providers leaving the Pioneer ACO program

All organizations that participated in the Pioneer program deserve praise for stepping up to the plate and making investments in care delivery and risk-based payment. As early adopters, they blazed a trail that can be used to help other providers and CMS in making future modifications to the program.

Innovation in care delivery is a two-way street that requires not just assumption of risk on the part of providers, but also flexibility from CMS and other payers to create an environment that fosters creativity and rapid adaptation. As this program matures, we are learning important lessons that should be factored into future decision making.

From the provider point of view, the Pioneer program is extremely ambitious, even for the most advanced health systems. Participating providers ramped up at impressive speeds to meet the challenge of the Pioneer program, making necessary investments in ACO infrastructure, HIT, governance and care delivery models, all of which involves a high degree of risk. From the CMS perspective, the Innovation Center is learning what is realistic given their challenges in providing timely access to data, reasonable quality benchmarks and flexibility in terms of structure and design.

Dropping from the Pioneer program does not mean that providers are abandoning their investments or wavering on the concept of ACOs. Instead, many are moving from Pioneer to the less risky options in the Medicare Shared Savings Program. Others are not changing to MSSP, in some cases because of the existence of unnecessary regulatory barriers, and are instead applying their ACO investments to private contracts with insurers.

We are hopeful that the Innovation Center is listening carefully and applying all these learnings to enhance current and future programs designed to help providers move away from today's broken fee-for-service system.