



# Optimize Value-Based Care & Alternative Payment Models to Alleviate Chronic Disease Burden

**VISION:** A health care system that harnesses technological advancements and care delivery innovation to improve the lives of Americans with chronic disease, while easing financial and administrative burdens.



NCQA RECOMMENDATIONS  
FOR THE TRUMP ADMINISTRATION



## PROBLEM.

Americans value choices when it comes to how and where they receive health care, but the U.S. health care system is fragmented and difficult to navigate. Making decisions can be time-consuming and costly, especially for people who lack access to information. This is especially true for the 133 million Americans living with chronic disease. When timely access is a problem, the result is poor-quality care and worse health outcomes. Digital health technologies can improve communication, coordination and care management, but without proper integration and standardization, care might become even more fragmented.

## CHALLENGES.

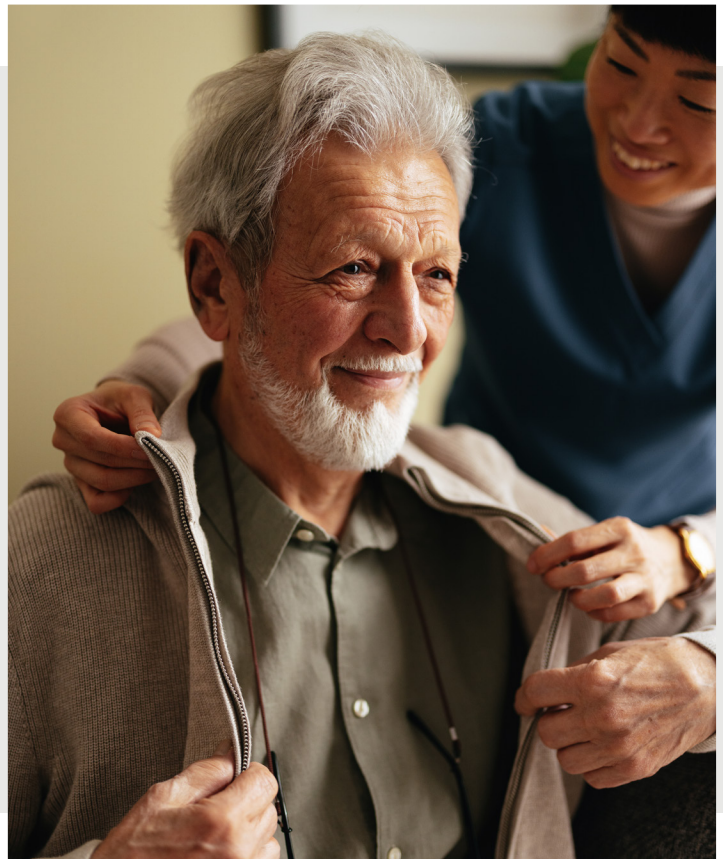
Every day in the United States, patients who seek care encounter poorly coordinated and redundant services that create unnecessary burden. Payer solutions often exacerbate the problem with care management initiatives and administrative barriers that cause additional care fragmentation by providing conflicting guidance, leading to inefficiency, higher costs and poorer health outcomes. Clinicians must spend hours documenting data for administrative purposes, which pulls them away from providing care.

Similar to the competitive commercial health care market, government-funded health insurance like Medicare and Medicaid, and health systems like the Veterans Health Administration, increasingly rely on competition to bring down health care costs. And while many people prefer these options—highlighted by the growth of Medicare Advantage over traditional Medicare, for example—oversight of cost, quality and safety creates friction for patients and providers. From prior authorization to performance reporting and benchmarking, we grapple with a system that lacks coordination.



## Our Experience.

For 35 years, NCQA has pioneered innovative products, programs and information resources designed to support a competitive health care market by empowering informed choices. Today, more than 235 million Americans are enrolled in NCQA-Accredited health plans that report on NCQA's HEDIS® measures. NCQA's Accreditation programs and rating systems promote transparency through trusted, independent reviews. Commercial markets, state marketplaces and the federal government depend on NCQA to help drive high-quality care.



## THE PATH FORWARD.

We must prioritize evolving the patient experience by removing administrative barriers and burden. Reforming physician payment structures by accelerating the transition to value-based care, could help eliminate the disjointed, costly care many Americans feel in the fee-for-service model. **We urge the administration to expand the HHS commitment to ensuring that all Medicare beneficiaries are in value-based care arrangements by 2030.** Public-private partnerships can achieve this goal, and could empower primary care doctors—the backbone of American health care—to spend more time with patients, and incentivize providers to focus on preventing chronic conditions and managing existing ones more effectively.

A commitment to transitioning away from a fee-for-service model, and focusing on reducing the impact of chronic diseases, can diminish the need for costly emergency and hospital care for conditions like heart attacks, strokes and kidney failure. Under value-based payment arrangements, American health care can invest in solutions to better manage these conditions. In turn, these innovations can fuel the shift to value-based care arrangements and quality measures that focus and align incentives to promote health and wellness. The Trump administration should move to test these innovations so America's federal programs can reduce the burden of chronic illness and bend the cost curve. NCQA strongly supports CMMI and its vital mission. However, only a few CMMI initiatives have actually advanced quality or delivered substantial savings for American taxpayers. **We encourage CMMI's new leadership to break from existing limitations and create models that prioritize integration through technology and dynamic care plans.** These innovations are key to meaningful improvement in the American health care infrastructure.

### **We believe several factors, outlined below, should be incorporated into future models.**

- Focus on conditions and procedures with significant cost variability, large patient volumes and clear opportunities to reduce complications, hospital readmissions and unnecessary utilization.
- Require collaboration in co-developing AI-driven models targeting 6–8 clinical problem areas (e.g., diabetes, congestive heart failure) and 8–10 procedures (e.g., hip replacement, CABG).
- Take steps to promote widespread industry adoption of FHIR® data exchange standards, such as incentives for digital health data exchange that can empower better decisions by placing needed information in the hands of patients and practitioners.
- Adopt AI-powered, evidence-based shared care plans to build trust and empower patient choice. Plans should reflect patient-driven goals and be accessible to the entire care team. By utilizing generative AI and deterministic rules, interventions can be personalized with patient-facing digital tools that enhance the overall experience.

While these models will help shape the future of AI in American health care, CMS can take immediate steps to encourage data sharing across the system, ensuring that patients, providers and payers have the information they need to improve health outcomes. **CMS should introduce one or more Medicare Advantage Star Ratings metrics that promote standardized data exchange between Medicare Advantage plans, their provider networks and patients.**

Additionally, **we recommend HHS prioritize more effective use of patient-generated data, including person-reported outcome measures (PROM),** which offer valuable insights for improving the health of Americans. By incorporating these data, we can empower patients in their treatment plans, reduce waste in health care spending and foster competition in health care that focuses on reducing chronic disease and promoting wellness. NCQA has spent a decade advancing person-reported outcomes, through our [Person-Centered Outcome measures](#), which have been tested successfully across care settings and are empowering for people living with multiple complex conditions.