What's in a Name?

Rebranding Could Save the Direct Contracting Model

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Flashback to 2012

I was sitting in my office in Houston, Texas, on another team meeting trying to figure out how best to explain "Accountable Care Organizations" to Medicare Beneficiaries. We had mailed the required Beneficiary Notification and received yet another call from a beneficiary who wanted nothing to do with "Obama's Death Panels".

We spent countless hours (and triple counted dollars) training providers and office staff on how to talk about Accountable Care Organizations. We worked with marketing to develop beneficiary-facing materials, then waited the five days for CMS approval of those materials. We talked about why we believed in this idea. We talked about how it was all about providing the appropriate incentives to providers. I, personally, talked to my own Grandparents about how it would benefit them long before there was any formal addition of benefits associated with ACOs. Over time, the calls stopped. Providers and Beneficiaries became comfortable with the term ACO. My own family even began seeking out providers who were associated with value-based care because they understood that it meant their providers were committed to providing the highest quality of care with greatest impact.

Present Situation in 2022

Ten years into my CMS Value-Based Care career, I'm having flash backs to the early days of concern and fear from beneficiaries. The progress of changing the healthcare system is slow, but we are seeing providers and patients who support ACOs become suddenly angry at the idea of being associated with a Direct Contracting Entity (DCE). Articles are being written condemning the GPDC Model as the privatization of Medicare, and frightening beneficiaries by telling them they are being enrolled without their consent. **It is heartbreaking because it is so unequivocally incorrect.**

I've even seen DCEs struggling to communicate their identity as anything other than an ACO – desperately trying to use the terms interchangeably in their own conversations. Maybe there's something to that. After all, NextGen looked more like GPDC than it did MSSP – and if that statement was hard for you to decipher through the alphabet soup, imagine how your beneficiaries feel. Marjorie Waters, a Community Organizer in Rhode Island, joined a recent CMS listening session panel and reported that Seniors she interviews are **drowning in the alphabet soup of healthcare.** Providers and DCEs need to focus their messaging on what's in it for the patient, but that is difficult to do when we are fighting a stream of misinformation.

Some in the industry are calling for a rebranding of the GPDC Model and I, for one, agree. We have been through this all before. When CMS switched from "DC" to "GPDC", we worked

together to update the templates, the P&Ps, our websites, and our internal materials. We even pushed through the stumbles on calls when we couldn't remember whether it was GPDC or PGDC or ABCD. Frankly, most of us have already worked through the much harder switch from "Members" to "Beneficiaries" and the huge leap in thinking that goes with that seemingly semantic shift in terminology. These frustrations are miniscule compared to the overarching benefits, not least of which is the benefit to our Beneficiaries.

The Global and Professional Direct Contracting Model is perfectly named to describe the legal structure of the organization. DCEs contract directly with providers, except when they contract with the TIN through which those providers bill. It explains exactly what is new and different about this model, **but it does nothing to explain why a Beneficiary should care**. Beneficiaries are not concerned with the legal structure of their Care Team. They are concerned that they are receiving quality care on a timely basis and are being encouraged to take an active role in their care decisions. This is exactly what the GPDC Model was designed to address.

DCEs are spending time defending a name when they could be explaining the impacts that participation will have on a provider's practice and their patients/caregivers. Providers are required to explain that a patient's Medicare benefits won't change but should also be encouraged to focus on how the Chronic Care Reward could change the way that Beneficiary views their diagnosis or how a travel voucher will ensure they can get to their visits.

Make It Simpler – The Name Says It All

Accountable Care Organizations, though, that is a name that makes senses and is easier for a Beneficiary to understand. ACOs are designed to ensure that providers are accountable for the care they provide. Sure, we can return to our 2012 strategies and teach our Beneficiaries about DCEs and why we all believe in them so fully, but why when we've spent a decade setting the stage for DCEs with ACOs?

I am committed to protecting beneficiaries and ensuring the move to value/quality is compliant, and I truly believe in the Innovation Center and the GPDC Model. I would welcome and support CMS in the rebranding of the GPDC. This rebranding would:

- Create clarity for providers who are, understandably, confused on the difference between GPDC and GEO.
- Build on the progress that ACOs have made with providers, Washington, and Beneficiaries. ACOs have spent the last decade building trust in the idea of a new way to look at healthcare. They have convinced a generation burned by the HMO model that their providers can be trusted to put them first.
- Increase Beneficiary understanding, especially when utilizing CMS template documents that this is the next step.
- Allow providers to spend valuable time educating Beneficiaries on their options for care, developing a Care Plan, and collaborating with providers within their organization to achieve the best outcomes possible for their Beneficiaries.

We must remain committed to value-based care, and not back away from the challenges. Yet, we should learn from our mistakes. CMS and others should focus on communication that is mindful and terminology that is patient friendly. The GPDC Model can certainly be improved, but it has already taught us a valuable lesson: language is everything.