CMS Opens Applications for Primary Care First Model Pilots
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Over several years, work has been going on to develop advanced practice models (APMs) that would fully incorporate palliative care— including spiritual care— into health care as a value-based model of service delivery. All of this work led by the American Academy of Hospice and Palliative Medicine (AAHPM) and Coalition to Transform Advanced Care (C-TAC) has finally resulted in a Centers of Medicare and Medicaid Services (CMS) pilot project to test some new primary care models including one focused on Seriously Ill Populations (SIP). This pilot is now open for applications until mid-January.

Why is this important for chaplains to know about?
This is a team-based model which, while certain disciplines are required, practices are free to use pretty much whatever team members they believe will contribute to the outcomes CMS is asking them to demonstrate. It represents the kind of value-based model that is going to be more and more central to how US health care is run. The potential role of chaplains is especially easy to see in the SIP model where chaplains are specifically mentioned as an optional team member and Advance Care Planning is one of the primary early outcomes that CMS is going to measure to calculate the amount of monetary value awards the practice will receive. Thus, chaplaincy involvement could be central to the success of these models. However, if chaplains are not involved, we will not be part of the success stories and we will not be included in the future as regulations and reimbursements become policy. If history repeats itself, chaplains will risk not being involved because they do not step up and pro-actively make the case within their teams for why they should be. Chaplains should be able to articulate their unique contributions to their teams.

What should be done now?

1. If you work with or have contact with outpatient palliative care or hospice teams, find out if they are going to apply for this pilot. (Note not all states or all practices are eligible).
2. If they are going to apply, make the case for how chaplains can add value and increase the ability of the practice to reach the outcome levels CMS is looking for. The full description is at the link below. Especially review the desired outcomes and bring the evidence for how chaplaincy can contribute to them. Again, note that Advance Care Planning is one of the primary outcomes for the first year so focusing on how chaplains are well trained and positioned to help patients make these decisions would be appropriate.