TEAM: Transforming Episode Accountability Model

OVERCOMING 3 KEY CHALLENGES

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Model overview

CMS' proposed Transforming Episode Accountability Model (TEAM) presents a new approach to healthcare delivery, focusing on surgical episodes within specific regions across the country.

As hospitals gear up for mandatory participation in TEAM, they will face challenges that could hinder successful implementation. This white paper:

- provides a model summary;
- addresses the three key challenges of TEAM:
  - understanding complex program rules;
  - data analysis support;
  - cost consideration and investment;
- offers strategies to overcome model challenges effectively; and
- shows how DataGen® can help you navigate TEAM.

Model summary

Transforming Episode Accountability Model (TEAM), the newest proposed CMS episode-based payment model, commences Jan. 1, 2026, and will end Dec. 31, 2030.

TEAM is set to become mandatory in an estimated 200 Core-Based Statistical Areas (CBSAs), exposing hospitals in these regions to five surgical episodes of care at risk: lower extremity joint replacement, surgical hip femur fracture treatment, spinal fusion, coronary artery bypass graft and major bowel procedures. CMS will use a stratified random sampling methodology to choose CBSAs for mandatory participation.

These episodes will span 30 days and can be triggered in both inpatient and outpatient hospital settings. CMS will likely announce selected CBSAs by the first week of August 2024 when the Inpatient Prospective Payment System Final Rule is due.

Key facts:

- five-year proposed mandatory CMS model;
- five surgical episodes are at risk in an estimated 200 CBSAs;
- TEAM begins Jan. 1, 2026; and
- CMS will likely announce selected CBSAs in August 2024.

Three key challenges of TEAM

Challenge 1: Understanding complex program rules

TEAM involves intricate CMS program rules and methodologies that can be difficult to grasp, particularly for hospitals with limited staff and experience in value-based care. The complexity of the model can lead to confusion and potential missed opportunities in implementation.

How to overcome this challenge

1. Identify key roles

Hospitals should identify individuals who will need to be involved in the model's implementation across the organization. A multidisciplinary team of professionals will need to collaborate to standardize and execute care delivery. A physician champion should be identified who will have a critical role in creating buy-in for the model and any associated care redesign activities across the organization.

2. Deploy education and training

Hospitals should invest in comprehensive education to familiarize their staff with TEAM's requirements and specifications. This includes training sessions, workshops and resources that explain the intent of the model, specific program rules and their role in its implementation. Involved staff members will also need to understand the surgical procedures included and the standardized care protocols they will need to follow.

Challenge 2: Data analysis support

Access to valuable Medicare claims data is a significant advantage under TEAM. However, making sense of and leveraging data to identify problems and drive improvements can be a daunting task. CMS data are cumbersome, and it will take sophisticated technical claims knowledge and an understanding of the underlying Medicare Prospective Payment Systems to make something useful out of it.

How to address this challenge

1. Understand your internal analysis resources

Does your organization have data analysts on staff? Does your organization's information technology team have the bandwidth to process monthly claims files from CMS? Do your technical team members have the needed skills, business intelligence tools and time needed to evaluate episodes of care data?

It is critical hospitals begin to ask these questions about their internal capabilities. Hospitals in CBSAs selected for mandatory participation should start evaluating their historic performance before the model goes live. They'll need to decide if they can support this added work internally or if it will be more cost-effective to outsource these resources.

The months leading up to the model's go live date are critical for conducting opportunity analyses so that hospitals can understand and plan for needed care delivery improvements.

2. Partner with data experts

Enlisting the support of data experts like DataGen, who understand Medicare payment policies and claims data, can not only enhance data interpretation capabilities but also the timeliness of needed data analytics. These experts can help identify key performance metrics, benchmark performance, spot trends and derive actionable insights.

Enlisting the help of a data consultant can make the process of switching to value-based care easier and provide necessary data, program-specific education and bandwidth. Look for partners who go beyond the analytics, educating and empowering providers as they evaluate what is driving performance and communicate those findings.

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Challenge 3: Cost consideration and investment

Another key challenge for hospitals participating in TEAM is the concern over potential financial implications. The fear of incurring losses or the perceived high investment required for model compliance can deter effective engagement.

How to mitigate this challenge

1. Depend on your data

Hospitals need to anticipate financial challenges and plan accordingly. Developing a comprehensive financial strategy that accounts for potential losses and identifies opportunities for Medicare savings is essential.

Hospitals must rely on their data to gain insights into Medicare costs and care quality, and identify potential areas that need improvement, like readmissions or timely post-acute care transitions. Data should be at the forefront of discussions and any decisions on how to improve processes and care delivery for patients.

2. Stay in communication

Hospitals under mandatory participation should consider setting up regularly occurring meetings to review data and assess interventions' impacts using specific, relevant performance metrics..

This practice is especially important during the performance year so that potential problematic trends are identified, course corrections are initiated and leadership is prepared for the anticipated results of the reconciliation — good or bad.

Don’t navigate TEAM alone

Get the analytics you need now to stay ahead

By recognizing and proactively addressing the challenges associated with the Transforming Episode Accountability Model (TEAM), hospitals can position themselves for success in this transformative healthcare initiative.

Embracing education, leveraging data effectively and strategically managing Medicare costs are key components of overcoming these challenges — DataGen has the analytics and experts to help you achieve this.

We’ll provide you with the right resources and tools to navigate the complexities of TEAM and optimize your performance within the new healthcare landscape. Ensure that your incentives aren’t negatively impacted with DataGen’s high-touch, boutique services aimed at your success.

ABOUT DATAGEN

DataGen® is a subsidiary of Healthcare Association of New York State and offers analytical insights to healthcare organizations, focusing on Federal payment policy changes, Medicare and commercial insurers' value-based programs, community needs assessments for hospitals and health departments, healthcare market dynamics and surveying of a hospital's culture of safety. Its product portfolio includes financial impact reports that address annual and ad hoc changes to Medicare's fee-for-service programs, performance measures within Medicare's innovation and value-based programs, and custom analytics to evaluate financial and quality outcomes within any payer scenario. In addition to its high-touch customer service, DataGen's customers rely on its analytical expertise as they strive to improve quality, outcomes and financial performance.

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