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ISPOR 2026 | Philadelphia, PA | May 17 to 20, 2026 | Poster Session 2 (Monday, May 18)

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BACKGROUND

The CMS **ACCESS Model** (Advancing Chronic Care with Effective, Scalable Solutions), launching **5 July 2026**, introduces **Outcome-Aligned Payments (OAPs)** for technology-supported chronic care management. Under the **Cardio-Kidney-Metabolic (CKM)** track, ACCESS Participants receive recurring monthly payments tied to the share of beneficiaries achieving outcome thresholds (HbA1c control or improvement). Traditional CEA and BIA frameworks address payer decision-making but inadequately capture ACCESS Participants' margin-based logic [1,2,3].

OBJECTIVES

To illustrate the application of a three-model HEOR framework (Outcome Contribution, Margin Impact, Comparative Value) to **diabetes technologies** under the ACCESS CKM track, and to demonstrate the framework's strategic value through a worked example and sensitivity analysis. See [companion poster EE419](#) for the full conceptual framework rationale.

METHODS

An illustrative scenario for diabetes technology was developed using **hypothetical parameters** (matching the published abstract): monthly OAP \$200/patient, HbA1c control threshold <7%, baseline control rate 40%, technology effect +35 pp to 75% control, technology cost \$50/patient/month. The three models were applied sequentially. A sensitivity analysis identified critical breakeven thresholds. Real-world relevance was assessed by re-running the framework with CMS February 2026 published parameters [3].

REAL-WORLD RECALIBRATION: CMS FEB 2026 PARAMETERS

Same +35% efficacy assumed; same \$50/month tech cost

HYPOTHETICAL	CMS PUBLISHED
OAP / pt / month \$200	OAP / pt / month \$35
HbA1c threshold < 7%	HbA1c threshold < 7.5% OR -1 pp
ΔRevenue (35% × OAP) +\$70 / pt / mo	ΔRevenue (35% × OAP) +\$12.25 / pt / mo
ΔCost (technology) -\$50 / pt / mo	ΔCost (technology) -\$50 / pt / mo
NET MARGIN +\$20 / pt / mo ✓	NET MARGIN -\$37.75 / pt / mo ✗

RESULTS: THREE-MODEL FRAMEWORK APPLIED TO DIABETES TECHNOLOGY

ILLUSTRATIVE SCENARIO - HYPOTHETICAL PARAMETERS
OAP \$200/pt/month · HbA1c <7% · baseline 40% · +35 pp efficacy · tech cost \$50/pt/month

1 OUTCOME CONTRIBUTION

HbA1c control rate

40% → 75%

Baseline With Product

INCREMENTAL
+35 percentage points

WHY IT MATTERS

ACCESS Participants are paid based on share of patients meeting HbA1c targets. The +35 pp absolute attainment lift directly translates to OAP revenue.

2 MARGIN IMPACT

Per-patient monthly economics

Without Product: **40% × \$200 = \$80**

With Product: **75% × \$200 = \$150**

ΔRevenue: **+\$70 / pt / mo**

ΔCost: **-\$50 / pt / mo**

NET MARGIN
+\$20 / pt / mo ✓

DECISION RULE

ΔRevenue > ΔCost. Deploy. Not a budget impact model; this is a margin-positive investment case.

3 COMPARATIVE VALUE

Cost per additional success

Tech cost / Δ attainment

\$50 / 0.35

tech cost Δ attainment

\$/ ADDITIONAL SUCCESS
\$143 / pt / mo

COMPETITIVE BENCHMARK

Replaces \$/QALY for finite-budget ACCESS decisions. Any alternative intervention must achieve equal or better \$/additional-success to be preferred.

SENSITIVITY ANALYSIS: BREAKEVEN THRESHOLDS

MAXIMUM VIABLE TECHNOLOGY PRICE
Tech cost < OAP × Δ efficacy

AT +35 pp EFFICACY	AT \$50 / pt / mo TECH COST
Tech cost must stay below: \$70 / pt / mo <i>(hypothetical, \$200 OAP)</i>	Efficacy must exceed: +25 pp <i>(hypothetical, \$200 OAP)</i>
\$12.25 / pt / mo <i>(CMS published, \$35 OAP)</i>	+143 pp <i>(CMS published; mathematically impossible)</i>

DOMINANT VALUE DRIVER
Threshold attainment rate. Small efficacy differences translate to large margin differences under outcome-contingent payment.

KEY INSIGHTS & IMPLICATIONS

- Three-model framework yields concrete decision metrics.**
Outcome contribution +35 pp; net margin +\$20/pt/mo (hypothetical); \$143/pt/mo cost-per-success.
- Threshold attainment dominates value.**
Small efficacy differences translate to large margin differences. Pricing strategy must reflect this leverage.
- Real-world ACCESS economics tighter than illustrative.**
At CMS-published \$35/month CKM rate, \$50/month tech cost yields negative margin. Strategic pricing imperative.

IMPLICATIONS FOR MANUFACTURERS

Evidence: trials should report absolute effect on HbA1c attainment, not just statistical significance on continuous endpoints.

Pricing: maximum viable price = OAP × Δ efficacy. Anchor pricing strategy to this ceiling.

Positioning: lead with \$/additional success against alternatives.

TAKE-HOME MESSAGE

The illustrative framework is operationalizable today. Under CMS-published rates, pricing must be tightly aligned with efficacy to maintain ACCESS Participant margin viability.

REFERENCES

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DISCLOSURES

S. Roze, A.J. Palmer: HOMAX Advisory (employees). No additional financial disclosures.

All-assisted content disclosure
All-assisted technology was used to assist with abstract drafting and editing. In compliance with the ISPOR-AI Policy.

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