Physician-Focused Payment Model Technical Advisory Committee
Public Meeting Minutes

September 7, 2018
8:30 a.m. – 12:30 p.m. EDT
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Attendance

Physician-Focused Payment Model Technical Advisory Committee (PTAC) Members In-Person

Jeffrey W. Bailet, MD (PTAC Chair; Executive Vice President of Health Care Quality and Affordability, Blue Shield of California)
Robert Berenson, MD (Institute Fellow, Urban Institute)
Paul N. Casale, MD, MPH (Executive Director, New York Quality Care)
Tim Ferris, MD, MPH (CEO, Massachusetts General Physicians Organization)
Rhonda M. Medows, MD (Executive Vice President of Population Health, Providence Health & Services)
Harold D. Miller (President and CEO, Center for Healthcare Quality and Payment Reform)
Len M. Nichols, PhD (Director, Center for Health Policy Research and Ethics, George Mason University)
Kavita Patel, MD, MSHS (Nonresident Senior Fellow, Brookings Institution)
Bruce Steinwald, MBA (Consultant, Bruce Steinwald Consulting)
Grace Terrell, MD, MMM (CEO, Envision Genomics)

PTAC Member Not in Attendance

Elizabeth Mitchell (Senior Vice President of Healthcare and Community Health Transformation, Blue Shield of California)

Office of the Assistant Secretary for Planning and Evaluation (ASPE) Staff

Ann Page
Sarah Selenich, Designated Federal Officer (DFO)
Steve Sheingold, PhD
Sally Stearns, PhD

List of Proposals, Submitters, Public Commenters, and Handouts

1. **University of Chicago Medicine: Comprehensive Care Physician Payment Model (CCP-PM)**

   Submitter Representatives

   David Meltzer, MD, PhD (Fanny L. Pritzker Professor of Medicine; Chief, Section of Hospital Medicine, University of Chicago Medicine; Director, Center for Health and the Social Sciences; Director, University of Chicago Urban Health Lab)
   Emily Perish, MPP (Director of Operations and Business Development for the Comprehensive Care Program, University of Chicago Medicine)

Andrew Schram, MD, MBA (Assistant Professor of Medicine, Section of Hospital Medicine, University of Chicago Medicine)

Public Commenters
None

Handouts

- Letter of Intent
- Proposal
- Preliminary Review Team (PRT) Report
- Initial Feedback from PRT
- Committee Member Disclosures
- Public Comments
- Additional Information from Submitter
- Additional Information or Analyses

NOTE: A transcript of all statements made by PTAC members, submitter representatives, and public commenters at this meeting is available on the ASPE PTAC website located at: https://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee.

The website also includes copies of all presentation slides and a video recording of the September 7, 2018 PTAC public meeting.

Welcome
Jeffrey Bailet, PTAC Chair, welcomed attendees to the second day of the September 2018 public meeting.

He stated that the members of PTAC felt the physician community has responded impressively to the opportunity for creating physician-focused payment models that Congress established under MACRA. Over the past two years, PTAC fully reviewed eighteen proposals and recommended ten of these models to the Secretary of HHS to test or implement.

He said that the members of PTAC and many members of the stakeholder community have been disappointed that none of these models is being actively tested. He said the Committee believes that significant savings could be achieved for the Medicare program and that care could be improved for a large number of beneficiaries by implementing the payment models that PTAC has recommended so far.

He said the members of PTAC are encouraged by the comments made the previous day by Secretary Azar, Administrator Verma, and Deputy Administrator Boehler. They acknowledged that more alternative payment models are needed. Clearly, the payment models that PTAC has recommended are consistent with the vision and priorities for value-based healthcare they described.

He said the PTAC members were pleased to hear that the Innovation Center is working actively and aggressively on several models based on the recommendations PTAC has made. The Committee feels strongly that in order for these models to succeed, refinements in the models and planning for implementation must be done in close collaboration with the physician practices and organizations that

proposed them. The Committee fears that stakeholders will not continue to participate in the PTAC process unless rapid progress is made in implementing the models they have proposed and we have recommended.

Based on the comments made yesterday, he said the Committee foresees hearing from both stakeholders and CMMI over the next several months that they are actively working together to finalize the designs of these models and that a plan for implementation of one or more models will be announced by the end of 2018. The Committee will report on the status of implementation at its December meeting.

Each PTAC member then concurred with the prepared statement.

University of Chicago Medicine: Comprehensive Care Physician Payment Model (CCP-PM)

Committee Member Disclosures
Robert Berenson participated on a panel with David Meltzer at a National Health Policy Forum where Dr. Meltzer presented the results of his Health Care Innovation Award (HCIA) project but has had no contact with either Dr. Meltzer or the University of Chicago Medicine since that event.

No additional PTAC members had disclosures related to this proposal.

PRT Report to the Full PTAC
The PRT for the *CCP-PM* proposal consisted of Kavita Patel (the PRT Lead), Paul Casale, and Tim Ferris.

Kavita Patel summarized and presented the PRT's report to PTAC and stated the proposed model would:

- Provide a mechanism to care for patients at risk for rehospitalization or complications upon discharge from the hospital.
- Require patients to be hospitalized at least once in the prior year to be eligible for the program.
- Usually require a participating physician to be an inpatient physician who would take care of patients and receive a monthly care continuity fee for taking responsibility for care of the patient (in and out of the hospital) if they met benchmarks and a penalty if they fall below certain criteria.
- Potentially be nested inside other payment models.

Key issues identified by the PRT included:

- Distinctions between inpatient and outpatient care is sometimes unclear for complex and frail patients.
- Clinical workflows that are highly customized could be a challenge for broader replication of the model.
- Difficulty in determining whether the financial model would be widely applicable.
- The utilization and cost outcomes presented by the applicant are not consistent with the results of the HCIA evaluation, which found no significant changes in emergency department (ED) visits, hospital admissions, and cost.

- Issues with discontinuity of care from patients' long-standing primary care physician as the clinical model could be viewed as delaying the transition back.

The PRT unanimously concluded that the proposed model met four of 10 of the Secretary's criteria ("Flexibility", "Ability to be Evaluated", "Patient Safety", and "Health Information Technology") and a majority felt the proposal met two additional criteria ("Value over Volume" and "Patient Choice"). A majority of the PRT felt that the model did not meet two criteria ("Scope" and "Integration and Care Coordination") and unanimously agreed the model did not meet the remaining two criteria ("Quality and Cost" and "Payment Methodology").

[NOTE: The PRT's presentation slides and full report are available on the ASPE PTAC website located at: https://aspe.hhs.gov/proposal-submissions-physician-focused-payment-model-technical-advisory-committee.]

Clarifying Questions from PTAC to the PRT

The Chair thanked the PRT for their work, as well as the proposal submitters, and then opened the floor for PTAC members' questions to the PRT. Topics discussed included:

- Clarification of how the payment model and penalties work with the different thresholds outlined in the model.
- Whether it is possible to create this care model using other financial tools.
- Applicability of the model in other sites and use of extensivist care models with different financial models.
- Simplicity of coding changes versus the complexity of the payment model and whether a new payment model is needed; if codes exist that could be used for this type of care; and consideration of whether such codes are valued correctly.
- The intent of the model to incentivize a style of care and whether this style of care is effective.
- Whether there are data documenting the extent to which office-based doctors follow patients' care over a hospitalization and the share that are cared for by a hospitalist when in a hospital.
- Whether there is interest from hospitalists to participate in the model.
- How patient handoffs would be handled.

Submitter's Statement

The Chair invited the submitter representatives to make a statement to PTAC. They introduced themselves as David Meltzer, Emily Perish, and Andrew Schram.

The submitter representatives stated the model is focused on building the continuity of the doctor-patient relationship. They explained that medical care has become increasingly fragmented, especially between hospital care and ambulatory care in general medicine. The model's scope extends to physicians not currently involved with an Accountable Care Organization (ACO), and incentivizes ACOs to participate in continuous care. The proposal is for beta testing the model to generate knowledge with evaluation metrics. Interest in the model is demonstrated by the randomized trial of the model at the University of Chicago that found 2,000 people willing to participate. The submitter representatives also expressed willingness to adopt risk measures, but mentioned concerns that it would unfairly punish participants who care for the sickest patients. The submitter feels the model meets the expanded criteria the Secretary outlined during yesterday's PTAC public meeting.

PTAC and Submitter Questions and Answers (Q&A) and Discussion
PTAC and submitters engaged in Q&A and discussion on the following topics:

- Whether the proposed payment model will remove barriers that exist today for physicians undertaking this type of care model.
- The payment model's potential incentive to admit patients to the hospital and reliance on fee-for-service payments.
- Concerns about the patient eligibility criteria and whether the criteria for participation in the model is too general.
- The evolution and growth of hospitalists.
- The short-term cost gap in the model and the potential for alternative methods of payment, such as per member per month (PMPM).
- The difficulty of using risk adjustment with respect to the needs of the sickest members of the patient population.
- Panel size and call group size required for a clinician to practice comfortably in this model.
- Sustainability of the model.
- Physician communities that would be most receptive to adapting to this model.
- Potential for rural physicians to participate in the model.
- Openness for new quality and patient safety measures to be incorporated into the model.
- How evaluation of a beta test would be conducted with such open enrollment criteria.
- Application process for participation in the model, scalability, and evidence.

Public Comments
The Chair thanked the submitter representatives and opened the floor for public comments, of which there were none.

The public meeting recessed at 11:00 a.m. and reconvened at 11:09 a.m.

PTAC Criterion Voting
PTAC discussed and voted on the extent to which the *CCP-PM* proposal meets each of the Secretary's criteria.

[NOTE: PTAC's "*Processes for Reviewing and Evaluating Proposed Physician-Focused Payment Models and Making Recommendations to the Secretary for the Department of Health and Human Services"* state that a simple majority vote will establish PTAC's determination for each of the Secretary's criteria. The PTAC criterion votes remained anonymous and are presented in the table below. Individual member comments also are available in the meeting transcript located on the ASPE PTAC website at: http://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee.]

Given that 10 PTAC members participated in deliberation and voting on the proposal, six PTAC votes constituted a simple majority.

PTAC Member Votes on the *CCP-PM Model*

Criteria Specified by the Secretary (42 CFR§414.146)	PTAC Vote Categories	PTAC Vote Distribution
1. Scope (High Priority)	* – Not Applicable	0
	1 – Does not meet criterion	1
	2 – Does not meet criterion	2
	3 – Meets the criterion	2
	4 – Meets the criterion	4
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	1
PTAC DECISION: Proposal Meets Criterion 1.		
2. Quality and Cost (High Priority)	* – Not Applicable	0
	1 – Does not meet criterion	1
	2 – Does not meet criterion	2
	3 – Meets the criterion	5
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	2
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 2.		
3. Payment Methodology (High Priority)	* – Not Applicable	0
	1 – Does not meet criterion	2
	2 – Does not meet criterion	5
	3 – Meets the criterion	2
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Does Not Meet Criterion 3.		
4. Value over Volume	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	6
	4 – Meets the criterion	3
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 4.		

Criteria Specified by the Secretary (42 CFR§414.146)	PTAC Vote Categories	PTAC Vote Distribution
5. Flexibility	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	1
	3 – Meets the criterion	4
	4 – Meets the criterion	3
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	1
PTAC DECISION: Proposal Meets Criterion 5.		
6. Ability to be Evaluated	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	2
	3 – Meets the criterion	4
	4 – Meets the criterion	1
	5 – Meets the criterion and deserves priority consideration	3
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 6.		
7. Integration and Care Coordination	* – Not Applicable	0
	1 – Does not meet criterion	1
	2 – Does not meet criterion	1
	3 – Meets the criterion	5
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	3
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 7.		
8. Patient Choice	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	3
	4 – Meets the criterion	5
	5 – Meets the criterion and deserves priority consideration	2
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 8.		

Criteria Specified by the Secretary (42 CFR§414.146)	PTAC Vote Categories	PTAC Vote Distribution
9. Patient Safety	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	1
	3 – Meets the criterion	7
	4 – Meets the criterion	1
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	1
PTAC DECISION: Proposal Meets Criterion 9.		
10. Health Information Technology	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	9
	4 – Meets the criterion	1
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 10.		

PTAC Vote on Recommendation to the Secretary
[NOTE: PTAC members' votes on the recommendation to the Secretary are presented in the table below. PTAC's "*Processes for Reviewing and Evaluating Proposed Physician-Focused Payment Models and Making Recommendations to the Secretary for the Department of Health and Human Services"* state that a two-thirds majority vote will determine PTAC's recommendation to the Secretary.]

Prior to voting, the Committee voted in favor of replacing "Not applicable" with "Recommend proposal for attention" for the purposes of voting on the recommendation to the Secretary.

Given that 10 PTAC members participated in deliberation and voting on the proposal, seven PTAC votes were required for the final PTAC recommendation vote.

PTAC Recommendation Category	PTAC Member Recommendation Vote
Recommend proposal for attention (3)	Jeffrey Bailet Paul Casale Kavita Patel
Do not recommend proposed payment model to the Secretary	*No PTAC members voted for this recommendation category*
Recommend proposed payment model to the Secretary for limited-scale testing (6)	Robert Berenson Tim Ferris Rhonda Medows Harold Miller Len Nichols Bruce Steinwald
Recommend proposed payment model to the Secretary for implementation (1)	Grace Terrell
Recommend proposed payment model to the Secretary for implementation as a high priority	*No PTAC members voted for this recommendation category*

As a result of the vote, PTAC recommended the *CCP-PM* proposal to the Secretary for limited-scale testing.

Instructions on the Report to the Secretary

After PTAC voting, individual PTAC members made comments for incorporation into PTAC's Report to the Secretary. All comments of individual members can be found in full in the meeting transcript located on the ASPE PTAC website at: http://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee.

PTAC members suggested that comments in PTAC's Report to the Secretary indicate that the primary issues with this proposal are isolated to the payment model, and that the care model was well-received. The Committee also agreed additional testing needs to be conducted on the model to see if it will work in other sites. Consideration should be given to whether fee-schedule changes or grants would be a better way to support this care model. In addition, attention in the report should be given to the lack of conclusive findings related to the cost of care, and that there is good reason to believe the data availability led to the HCIA evaluation being flawed. Emphasis should be placed on the potential for broad expansion of this model once limited-scale testing is completed. The report should also clarify what the Committee means by limited-scale testing.

Public Comments on PTAC's Processes

The Chair then opened the floor for public comments related to PTAC's processes.

Sandy Marks from the American Medical Association commended and thanked the PTAC members for their work. She recommended expanding the feedback process in three ways: (1) provide initial feedback without requiring submission of a complete proposal; (2) if there are problems with a proposed model, suggest potential alternatives the applicant can consider, and (3) provide data analyses to applicants so they can be used to improve proposals.

Anne Hubbard from the American Society for Radiation Oncology thanked PTAC for providing opportunities for public input. She recommended that PTAC incorporate public workshops, access to data, and technical assistance as part of the feedback process.

[NOTE: A full transcript of these commenters' remarks is available on the ASPE PTAC website located at: https://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee.]

In response to the comments, the Committee explained that the PTAC statute did not give the Committee the authority to provide technical assistance to submitters. The PTAC Chair thanked the public, stakeholders, and the Committee for its support in the ongoing proposal review process before adjourning the meeting.

The meeting adjourned at 12:11 p.m. EDT.

Approved and certified by:

________/Sarah Selenich/_________________
Sarah Selenich, Designated Federal Officer
Physician-Focused Payment Model Technical
Advisory Committee

________12/10/2018________
Date

___________/Jeffrey Bailet/________________
Jeffrey W. Bailet, MD, Chair
Physician-Focused Payment Model Technical
Advisory Committee

________12/10/2018_________
Date