Physician-Focused Payment Model
Technical Advisory Committee

Preliminary Review Team Findings on

Project Sonar

Submitted by Illinois Gastroenterology Group and SonarMD, LLC

Paul Casale, MD, MPH (Lead Reviewer)
Kavita Patel, MD
Rhonda Medows, MD

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Presentation Overview

- Preliminary Review Team (PRT) Composition and Role
- Proposal Overview
- Summary of the PRT Review
- Key Issues Identified by the PRT
- PRT Evaluation Using the Secretary’s Criteria

Preliminary Review Team Composition and Role

- The PTAC Chair/Vice Chair assigns two to three PTAC members, including at least one physician, to each complete proposal to serve as the PRT. One PRT member is tapped to serve as the Lead Reviewer.
- The PRT identifies additional information needed from the submitter and determines to what extent any additional resources and/or analyses are needed for the review. ASPE staff and contractors support the PRT in obtaining these additional materials.
- After reviewing the proposal, additional materials gathered, and public comments received, the PRT prepares a report of its findings to the full PTAC. The report is posted to the PTAC website at least two weeks prior to public deliberation by the full Committee.
- The PRT report is not binding on PTAC; PTAC may reach different conclusions and a different recommendation from that contained in the PRT report.

Proposal Overview

The proposal describes the model as a “specialty-based intensive medical home,” that is intended to address “high beta” chronic diseases – those associated with high cost, high risk, and high variability in outcome and cost – such as Crohn’s Disease.

Intervention

- Use of evidence-based guidelines (clinical decision support (CDS) tools embedded in the electronic medical record) to direct care.
- Risk assessment using the AGA Crohn’s Disease Care Pathway (CDCP).
- Enrollment visit with a nurse care manager (NCM) and subsequent communication with the NCM through a web- and mobile-based platform or by telephone calls.
- Patients are “pinged” at least once per month (via smartphone or other device of their choice) to submit self-assessment data based on the Crohn’s Disease Activity Index (CDAI). The NCM contacts non-responders by phone to administer the questionnaire.
- Patients receive follow up from the NCM if their data falls outside of standards. If indicated, the NCM communicates with the specialist and arranges an office visit or telephone call.
- Use of the SonarMD platform, a cloud-based care management platform, which utilizes proprietary chronic care management algorithms, CDS tools, and predictive analytics.

Proposal Overview (continued)

Payment

- CMS would provide the Alternative Payment Model (APM) Entity additional payments for remote patient monitoring services for each beneficiary enrolled:
  - A payment for the enrollment visit, and
  - A per beneficiary per month (PBPM) payment.
- The APM Entity would also be eligible for shared savings and losses based on retrospective reconciliation against a risk-adjusted target price.
- Stop-loss provisions and outlier protections are included.
- The APM Entity would distribute shared savings to individual physicians based on the
  - Number of patients followed,
  - Ping response rate, and
  - Risk-adjusted cost of care.

Summary of the PRT Review

Criteria Specified by the Secretary (at 42 CFR §414.1465)	PRT Conclusion	Unanimous or Majority Conclusion
1. Scope of Proposed PFPM (High Priority)	Does not meet criterion	Unanimous
2. Quality and Cost (High Priority)	Does not meet criterion	Unanimous
3. Payment Methodology (High Priority)	Does not meet criterion	Unanimous
4. Value over Volume	Does not meet criterion	Unanimous
5. Flexibility	Meets criterion	Unanimous
6. Ability to be Evaluated	Meets criterion	Unanimous
7. Integration and Care Coordination	Does not meet criterion	Unanimous
8. Patient Choice	Does not meet criterion	Unanimous
9. Patient Safety	Meets criterion	Unanimous
10. Health Information Technology	Does not meet criterion	Unanimous

PRT Recommendation
Do not recommend proposed payment model to the Secretary

Key Issues Identified by the PRT

- The proposal indicates that the model could apply broadly to diseases with high cost, high risk, and high variability in outcome and cost, but the evidence in the proposal only relates to inflammatory bowel disease (IBD).
- The model makes innovative use of technology to monitor IBD patients to prevent unnecessary emergency room visits and hospitalizations, but the platform, chronic care management algorithms, CDS tools, and predictive analytics are proprietary.
- A care management fee, rather than a new payment model, may be sufficient to achieve the care delivery changes described in this model.
- The experience of the model in a younger commercial population may not translate to the elderly Medicare population.
- The proposal lacks comprehensive quality measures tied to payment.

Criterion 1. Scope of Proposed PFPM (High Priority)

Criterion Description
The proposal aims to broaden or expand CMS' APM portfolio by either: (1) addressing an issue in payment policy in a new way, or (2) including APM Entities whose opportunities to participate in APMs have been limited.

PRT Conclusion
Does not meet criterion

Unanimous or Majority Conclusion
Unanimous

- The proposal indicates that the model could apply broadly to "high beta" chronic diseases, but details are limited to the submitters' experience with IBD, specifically Crohn's Disease.
  - For 2015, ~0.48% of the Medicare fee-for-service (FFS) population had IBD and accounted for 1.25% of FFS spending.
- While 20 large GI practices have implemented the SonarMD platform, practice feasibility, level of interest, and potential impact based on practice size and specialty are not included.
- It is unclear whether the proposed model would include APM Entities or address payment policy in a new way; because of the lack of information on additional disease areas, it is not clear how this model would offer opportunities for others to participate in a APM.

Criterion 2. Quality and Cost (High Priority)

Criterion Description
The proposal is anticipated to (1) improve health care quality at no additional cost, (2) maintain health care quality while decreasing cost, or (3) both improve health care quality and decrease cost.

PRT Conclusion
Does not meet criterion

Unanimous or Majority Conclusion
Unanimous

- Quality reporting would be based upon MIPS and Project Sonar derived measures, but the examples for IBD seemed fairly limited.
  - Proposed quality reporting measures are primarily based upon laboratory values and patient response rates.
  - More metrics tied to overall improvement in care and patient satisfaction as well as patient reported measures are needed.
- Medicare beneficiaries with IBD account for a small percentage of Medicare fee-for-service spending.
- Younger patients with IBD may have more active disease than older patients. The impact on emergency room and hospital utilization rates seen in the commercial population may not translate to Medicare beneficiaries.

Criterion 3. Payment Methodology (High Priority)

Criterion Description
Pay APM Entities with a payment methodology designed to achieve the goals of the PFPM Criteria. Addresses in detail through this methodology how Medicare, and other payers if applicable, pay APM Entities, how the payment methodology differs from current payment methodologies, and why the PFPM cannot be tested under current payment methodologies.

PRT Conclusion
Does not meet criterion

Unanimous or Majority Conclusion
Unanimous

- The proposal does not address how to manage payment when there are multiple chronic conditions and providers.
- A care management fee, rather than a new payment model, may be sufficient to achieve the care delivery changes described in this model.
- In the Medicare population, IBD patients may have fewer exacerbations of the disease compared to a commercial population. There may be limited variation in utilization; thus, opportunities for shared savings or losses may be small.
- Individual providers do not receive shared savings based on patient satisfaction or care outcome measures.

Criterion 4. Value over Volume

Criterion Description
The proposal is anticipated to provide incentives to practitioners to deliver high-quality health care.

PRT Conclusion
Does not meet criterion

Unanimous or Majority Conclusion
Unanimous

- It is not obvious if office staffing arrangements might need to change in order to accommodate Project Sonar, particularly in different practice settings.
- The proposal does not sufficiently describe the mechanisms that would drive physicians to change behavior.
  - It is unclear whether the presence of a care management fee is critical to any behavior change or if it is more important for the patient pings to drive behavior change.
- The role, if any, of non-financial incentives is unclear.
- While opportunities for shared savings and losses could be seen as one way to promote value over volume, the specific financial incentives in this model do not seem sufficiently structured to do so.

Criterion 5. Flexibility

Criterion Description
Provide the flexibility needed for practitioners to deliver high-quality health care.

PRT Conclusion
Meets criterion

Unanimous or Majority Conclusion
Unanimous

- The model allows patients to communicate with the NCM via a web- and mobile-based platform as well as through phone calls.
- The proposal indicates that small practices, that may not have the volume to support a NCM, could engage in a shared-service model.
- However, the proprietary nature of the SonarMD platform, chronic care management algorithms, CDS tools, and predictive analytics, may be an obstacle for others to participate in the model.

Criterion 6. Ability to be Evaluated

Criterion Description
Have evaluable goals for quality of care, cost, and any other goals of the PFPM.

PRT Conclusion
Meets criterion

Unanimous or Majority Conclusion
Unanimous

- Metrics such as cost of care including emergency room utilization and hospitalization rates can be tracked through claims data. The ping response rates can be tracked through the SonarMD platform.
- The proposal provided results from the ongoing pilot of the model with commercial payers.
- The proposed quality measures can be evaluated but are not comprehensive.

Criterion 7. Integration and Care Coordination

Criterion Description
Encourage greater integration and care coordination among practitioners and across settings where multiple practitioners or settings are relevant to delivering care to the population treated under the PFPM.

PRT Conclusion
Does not meet criterion

Unanimous or Majority Conclusion
Unanimous

- The SonarMD platform enables the NCM to monitor a practice's patients and initiate physician involvement when necessary, but the involvement appears to be largely limited to the specialist.
- The model seems to have little integration with other clinicians, particularly primary care providers (PCPs).
- PCPs could potentially access patient information from the SonarMD platform, but it seems that they are more likely to receive notes via fax.
- With the exception of the NCM, it is unclear how the frontline office and nursing staff would change in order to support this model.

Criterion 8. Patient Choice

Criterion Description
Encourage greater attention to the health of the population served while also supporting the unique needs and preferences of individual patients.

PRT Conclusion
Does not meet criterion

Unanimous or Majority Conclusion
Unanimous

- Patients make the decision to enroll and can interact with the NCM via a web- and mobile-based platform.
- The experience of Project Sonar in the Medicare population, a patient group that traditionally has been less inclined to use mobile apps as a primary source of contact, is limited.
- The potential technology gap would be addressed by providing traditional phone call care management, but it is unclear whether phone calls offer the same benefits as the web- or mobile-based communication.

Criterion 9. Patient Safety

Criterion Description
How well does the proposal aim to maintain or improve standards of patient safety?

PRT Conclusion
Meets criterion

Unanimous or Majority Conclusion
Unanimous

- The following model activities would likely improve patient safety:
  - Remote monitoring of patients to identify clinical deterioration and initiate intervention early, reducing the need for emergency room visits and hospitalization; and
  - Risk assessment to help determine the appropriate frequency with which patients should be pinged.

Criterion 10. Health Information Technology

Criterion Description
Encourage use of health information technology to inform care.

PRT Conclusion
Does not meet criterion

Unanimous or Majority Conclusion
Unanimous

- The model makes innovative use of technology to monitor IBD patients to prevent unnecessary emergency room visits and hospitalizations, but the platform, chronic care management algorithms, CDS tools, and predictive analytics are proprietary.
- There has been positive patient experience with the use of this technology in a commercial population, but it is unclear if this will translate to the older Medicare patients.
- The model still seems to face significant interoperability challenges. In order to access notes from the specialist, PCPs would need to access a separate system or receive faxes.