Physician-Focused Payment Model Technical Advisory Committee
Public Meeting Minutes

March 27, 2018
8:30 a.m. – 11:50 a.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)
Harold D. Miller (President and CEO, Center for Healthcare Quality and Payment Reform)
Elizabeth Mitchell (PTAC Vice Chair; President and CEO, Network for Regional Healthcare Improvement)
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

Rhonda M. Medows, MD (Executive Vice President of Population Health, Providence Health & Services)

List of Proposals, Submitters, Public Commenters, and Handouts

1. **Avera Health: Intensive Care Management in Skilled Nursing Facility Alternative Payment Model (ICM SNF APM)**

   Submitter Representatives
   David Basel, MD (Vice President, Avera Medical Group)
   Mandy Bell (Quality and Innovation Officer, Avera eCARE)
   Joshua Hofmeyer (Senior Care Officer, Avera eCARE)
   Deanna Larson (Chief Executive Officer, Avera eCARE)
   Joseph Rees, MD (Chief Medical Officer, Avera eCARE)

   Public Commenter
   Kara Gainer, JD (Director of Regulatory Affairs, American Physical Therapy Association)

   Handouts
   - Letter of Intent
   - Proposal
   - Preliminary Review Team (PRT) Report
   - Committee Member Disclosures
   - Materials for Public Comments

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- Additional Information from the Submitter
- Public Comments
- 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 March 27, 2018 PTAC public meeting.

Avera Health: Intensive Care Management in Skilled Nursing Facility Alternative Payment Model (ICM SNF APM)

Welcome

Jeffrey Bailet, PTAC Chair, welcomed the attendees to the second day of the public meeting. He introduced the PRT that reviewed the ICM SNF APM proposal submitted by Avera Health.

Committee Member Disclosures

No PTAC members had any disclosures related to this proposal.

PRT Report to the Full PTAC

The PRT for the ICM SNF APM proposal consisted of Grace Terrell (the PRT Lead), Harold Miller, and Kavita Patel.

The PRT Lead described the PRT's role and summarized the PRT's review in a presentation to PTAC.

She reviewed the model in which a geriatric physician and practice serves as the alternative payment model (APM) Entity. The goal of the model is to reduce emergency room (ER) visits and hospitalizations and lower the cost of care for patients in both skilled nursing facilities (SNFs) and nursing facilities (NFs). The geriatric-led care team (GCTs) would collaborate with staff in nursing homes and primary care physicians via telehealth to provide patients with 24/7 access to geriatricians. The GCT includes other geriatric-trained staff including nurses, pharmacists, social workers, and behavioral health specialists. The proposal has two payment model options, one without risk sharing and one with shared savings starting in year one and shared losses in year three. Under both options, the APM Entity receives an initial up-front payment for each new enrollee, and a per member per month (PMPM) payment for ongoing care.

The PRT Lead summarized the PRT's discussion on how the proposal addressed each of the Secretary of Health and Human Services' (the Secretary's) 10 criteria. The PRT concluded the proposed model met all 10 of the Secretary's criteria. The PRT was unanimous on all decisions.

Clarifying Questions from PTAC to the PRT

The Chair opened the floor for PTAC members' questions to the PRT. The discussion focused on the following topics:

- Clarification that the model is not a nursing home payment model, but one that offers services to support nursing facilities.

- Relationship between patients' eligibility for Medicare and/or Medicare SNF benefit and their nursing facility residence status in the model.
- Concern about how denominators for the performance measures are defined.
- Benchmarks for performance measures and risk adjustment.
- Inclusion of ER visits and admission rates as performance measures.
- The distinction between the role and responsibilities of the GCT and those of the primary care providers (PCPs), specifically care coordination and documenting care goals.
- The potential advantages of one payment model option over the alternative.
- The appropriateness of using a shared savings model for a vulnerable, geriatric population.
- Questions about the Per Beneficiary Per Month (PBPM) payment amount and potential modifications to the payment methodology.
- Incentives in the model for appropriately retaining patients in facilities.

[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.]

Submitter's Statement
The Chair invited the submitter representatives to make a statement to PTAC. They introduced themselves as David Basel, Mandy Bell, Joshua Hofmeyer, Deanna Larson, and Joseph Rees.

Following introductions, the submitter representatives thanked PRT members for their review of the proposal. The submitter representatives stated that current post-acute care models do not provide care for beneficiaries in nursing facilities that would prevent ER visits and hospital admissions. Three main challenges to high quality care are limited access to timely physician care for high-risk patients, an inadequate number of geriatric specialists, and skill gaps between the nursing home staff capabilities and high acuity of residents.

The submitter representatives highlighted Avera Health's history of using telemedicine successfully to improve access to geriatric expertise while reducing costs. Avera Health has implemented its model in 65 facilities across five states serving over 12,000 residents. The submitter representatives also described key aspects of the program that have led to its success; such as the importance of providing proactive care, (e.g., care coordination) especially during patients' transitions to or from facilities.

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

- Inclusion of emergency department and admission rates as mandatory performance measures to increase accountability and ensure patients are hospitalized when appropriate.
- Measuring improvement among facilities that initially score low.
- Care goals and advanced care planning as part of the model.
- Nursing home workforce and staff engagement improvement as part of the model.
- Appropriateness of having a shared savings model fully or partially for nursing home residents who need high levels of care.
- Alignment of incentives for patients with both Medicare and Medicaid.
- The scale of the model (assuming 5,000 patients) for each GCT, and whether feasible for smaller practices.

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Public Comments
The Chair thanked the submitter representatives and opened the floor for public comments, which were made by:

1. Kara Gainer, American Physical Therapy Association

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

PTAC Criterion Voting
PTAC discussed and voted on the extent to which the *ICM SNF APM* 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 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 Intensive Care Management in Skilled Nursing Facility Alternative Payment 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	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	1
	4 – Meets the criterion	2
	5 – Meets the criterion and deserves priority consideration	6
	6 – Meets the criterion and deserves priority consideration	1
PTAC DECISION: Proposal Meets and Deserves Priority Consideration for Criterion 1.		
2. Quality and Cost (High Priority)	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	2
	4 – Meets the criterion	7

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	5 – Meets the criterion and deserves priority consideration	1
	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	0
	2 – Does not meet criterion	1
	3 – Meets the criterion	7
	4 – Meets the criterion	2
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets 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	2
	4 – Meets the criterion	7
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 4.		
5. Flexibility	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	1
	4 – Meets the criterion	5
	5 – Meets the criterion and deserves priority consideration	4
	6 – Meets the criterion and deserves priority consideration	0
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	0
	3 – Meets the criterion	5

	4 – Meets the criterion	5
	5 – Meets the criterion and deserves priority consideration	0
	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	0
	2 – Does not meet criterion	1
	3 – Meets the criterion	0
	4 – Meets the criterion	6
	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	1
	4 – Meets the criterion	6
	5 – Meets the criterion and deserves priority consideration	3
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 8.		
9. Patient Safety	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	2
	4 – Meets the criterion	7
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 9.		
10. Health Information Technology	* – Not Applicable	0
	1 – Does not meet criterion	0

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	2 – Does not meet criterion	0
	3 – Meets the criterion	3
	4 – Meets the criterion	2
	5 – Meets the criterion and deserves priority consideration	4
	6 – Meets the criterion and deserves priority consideration	1
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.]

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
Not Applicable	*No PTAC members voted for this recommendation category*
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 (4)	Paul Casale Harold Miller Len Nichols Kavita Patel
Recommend proposed payment model to the Secretary for implementation (4)	Jeffrey Bailet Robert Berenson Tim Ferris Bruce Steinwald
Recommend proposed payment model to the Secretary for implementation as a high priority (2)	Elizabeth Mitchell Grace Terrell

There was a brief discussion regarding voting results, which included the following topics:

- The priority need for such an intervention to improve care for Medicare beneficiaries in nursing facilities.
- The size of the organization needed to adopt such a model.
- Whether limited-scale testing is necessary for this model as the first year of implementation could help develop key aspects of the model.
- The need for developing some aspects of the model such as benchmarking and risk-adjustment.
- The proposed model constitutes an APM, not an advanced APM (AAPM), which may not always be appropriate for every population or model.

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PTAC then approved a motion to re-vote. The results from the re-vote were the following:

PTAC Recommendation Category	PTAC Member Recommendation Vote
Not Applicable	*No PTAC members voted for this recommendation category*
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 (1)	Len Nichols
Recommend proposed payment model to the Secretary for implementation (6)	Jeffrey Bailet Robert Berenson Paul Casale Tim Ferris Harold Miller Bruce Steinwald
Recommend proposed payment model to the Secretary for implementation as a high priority (3)	Elizabeth Mitchell Kavita Patel Grace Terrell

As a result of the re-vote, PTAC recommended the *ICM SNF APM* proposal to the Secretary for implementation.

Instructions on the Report to the Secretary

After voting, PTAC had a brief general discussion including discussing the need for a broader conversation about assessing scalability or generalizability of models and the need for testing before implementation.

For PTAC's Report to the Secretary regarding this proposal, individual PTAC members made the following comments:

- Mandatory documentation of goals of care should be included in the model. Care goals should be accessible to on-call clinicians.
- The requirement of a board-certified geriatrician may be a barrier for adoptability in some care settings thus also allowing experienced internists or family practitioners to lead GCTs.
- Model's ability to increase access to geriatric expertise via telehealth despite few geriatricians practicing currently.
- Importance of model's ability to improve the quality of nursing home staff.
- Interactions between the model and accountable care organizations.
- Concerns with shared savings models and ensuring protections for beneficiaries.
- The use of standard denominators for accountability measures, such as resident census or bed days.
- The strengths and weaknesses of the two payment options proposed in the model and potential for a hybrid model.

[NOTE: Individual member comments are available in the meeting transcript located on the ASPE PTAC website: http://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee.]

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The public meeting adjourned at 11:50 a.m. EDT.
Approved and certified by:

___/Ann Page/___________________________ _________6/14/2018______________
Ann Page, Designated Federal Officer
Physician-Focused Payment Model Technical
Advisory Committee

Date

__/Jeffrey Bailet/________________________ _________6/14/2018_______________
Jeffrey W. Bailet, MD, Chair
Physician-Focused Payment Model Technical
Advisory Committee

Date

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