PEPC
PARTNERSHIP TO EMPOWER PHYSICIAN-LED CARE

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Submitted via email at PTAC@HHS.gov

Dr. Jeffrey Bailet
Physician-Focused Payment Model Technical Advisory Committee (PTAC)
Assistant Secretary for Planning and Evaluation, Room 415F
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Request for Information (RFI) on Informing PTAC's Review of Care Coordination and PFPMs

Dear Chair Bailet:

Thank you for the opportunity to provide comment on the PTAC's Care Coordination and Physician-Focused Payment Models (PFPMs) Request for Information (RFI). We welcome the opportunity to share our view on the role care coordination can play in optimizing health care delivery and value-based transformation in the context of alternative payment models (APMs) and PFPMs specifically.

The Partnership to Empower Physician-Led Care (PEPC) is a membership organization dedicated to supporting value-based care to reduce costs, improve quality, empower patients and physicians, and increase access to care for millions of Americans through a competitive health care provider market. We believe that it is impossible to achieve truly value-based care without a robust independent practice community. Our members include Aledade, American Academy of Family Physicians, California Medical Association, Florida Medical Association, and Medical Group Management Association. We also have individual and small medical group supporters across the country, many of whom are independent physicians or practices and wish to remain so.

We are united in a common commitment to value-based care with care coordination as a means of achieving improved outcomes for patients. We believe physicians are best positioned to drive delivery system transformation. Physicians – especially independent physician practices – are the lynch pin of our nation's health care system. They have repeatedly demonstrated their superior ability to generate positive results in value-based care arrangements, both in improved health outcomes and reduced costs. They are the most powerful tool we have to foster an affordable, accessible system that puts patients first and play a critical role in optimizing care coordination and value-based transformation.

Given our specific area of focus, we are well-positioned to offer thoughts in response to Question 15 in the RFI *("In the context of APMs and PFPMs for Medicare beneficiaries (including dual eligibles), what federal and/or state policy issues exist that may need to be addressed to facilitate appropriate and effective use of care coordination?").*

To facilitate effective and appropriate use of care coordination in APMs and PFPMs, federal and state policymakers must: 1) encourage physicians and practices to adopt value-based care models which inherently incorporate and rely on care coordination to drive improvements in quality and cost savings; 2) reduce barriers to care coordination by discouraging large, market-dominant provider groups from

using patient information for anti-competitive purposes; and 3) build care coordination into the metrics of success for APMs and PFPMs. Each of these issues is discussed in turn below.

Encouraging Independent Physicians and Practices to Adopt Value-Based Care Models

Historical data from the Medicare Shared Savings Program (MSSP) shows that physician-led accountable care organizations (ACOs) have consistently generated more savings than hospital-led ACOs, largely because financial incentives in physician-led ACOs are fully aligned with key components of value-based care. Implementing more physician-led models can encourage participation and achieve quality outcomes and savings, as well as improved care coordination.

To increase physician participation in value based care models, federal policymakers should consider the unique circumstances of physicians in independent practice, ensuring that there are models available for this cohort of the workforce and recognizing that models that are appropriate for large hospital-led groups and/or large physician practices may not be appropriate for all.

Additionally, federal policymakers should recognize the need for a glidepath for physicians and practices to take greater amounts of financial risk. This glidepath should include a path for physicians and practices to assume greater amounts of risk over time, but also a clear bridge to another model once the model they are participating in ends. Taking on full risk at the start can be difficult for independent practices, and full downside risk is not always needed to get results. Having an entry-level opportunity for shared savings and gradually moving into more aggressive risk profile has been helpful for physicians. Practices should clearly understand what the glidepath looks like so that they do not fall back into fee-for-service once their particular model ends.

Discouraging Providers From Using Patient Information for Anti-Competitive Purposes

Real population health management, including care coordination, cannot be achieved without timely access to patient health care information. Today's value-based care practices have to go hospital-by-hospital to find facilities willing to share information about their own patients. In the event that they are unable to find willing partners, they have to make do with the information they have or can get from their patients. This jeopardizes the success of our system-wide movement to value-based care and is counterproductive to care coordination.

Too many providers continue to see the data generated as proprietary rather than as an enabler of higher value care. In the case of admission/discharge/transfer or ADT feeds, the failure to communicate is not a technical problem, but rather a strategic decision not to share information to preserve its "competitive value." We were encouraged that CMS recently finalized a Condition of Participation (CoP) requiring hospitals participating in Medicare and Medicaid to share event notifications with a patient's care team. However, the advance notice of the survey guidance instructing hospitals how to implement the new CoP states only that the event notification requirement does "not limit the hospital's ability to notify additional entities based on hospital policy, such as ACO attribution lists." It does not encourage hospitals to accept or use rosters/attribution lists, which is problematic because value-based payment models – including those run by Medicare and Medicaid – almost universally utilizer rosters (i.e., attribution lists). We

strongly encourage federal policymaker to the new CoP is implemented in a manner that supports value-based care. This will have the greatest impact on the health and safety of Medicare and Medicaid patients.

We also strongly support efforts to discourage information blocking and streamline other regulatory requirements to make it easier for small, independent practices and providers to move to value-based care and to implement robust care coordination strategies. We encourage policymakers to explicitly state that providers who choose not to share information with other providers for competitive reasons are information blocking. We also urge policymakers to consider an information blocking exception for small practices that are acting in good faith, and to provide technical assistance to support small and mid-sized practices in understanding and navigating new requirements.

Build Care Coordination Into The Metrics of Success for a Model

Quality and access to care are important factors for model success. Goals such as quality improvement, increased quality of care, increased care coordination/continuity of care, and increased access to care should be considered a success, even if improvements aren't linked to lower costs. Often, these types of interventions lead to preventive care and downstream savings, which may or may not be considered during formal model evaluations. There are many ways to define the above concepts, and we believe that policymakers should take a holistic approach in measuring the full range of benefits realized by payment and delivery system reform models.

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Thank you for the opportunity to comment on the RFI. Please do not hesitate to reach out to me if the Partnership to Empower Physician-Led Care can be a resource to you. I can be reached at kristen@physiciansforvalue.org or 202-640-5942.

Sincerely,

Kristen McGovern
Executive Director