

October 10, 2016

Jeffrey Bailet, MD, Committee Chairperson
Physician-Focused Technical Advisory Committee (PTAC)
c/o Mr. Scott R. Smith
Office of the Assistant Secretary for Planning and Evaluation
200 Independence Ave. SW
Washington, DC 20201

RE: Proposal Information Requirements

[Submitted via email to: PTAC@hhs.gov]

Dear Dr. Bailet:

The American Society of Anesthesiologists® (ASA), on behalf of our over 52,000 members, appreciates the opportunity to comment on the draft Proposal Information Requirements recently released by the Physician-Focused Technical Advisory Committee (PTAC). The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) established two pathways for clinicians in the Medicare Part B program: the Merit-Based Incentive Payment System (MIPS) and incentives for participation in Advanced Alternative Payment Models (APMs). MACRA further created the Physician-Focused Payment Model Technical Advisory Committee (PTAC) to make recommendations to the Secretary of the Department of Health and Human Services (HHS) on proposals for PFPMs submitted by individuals and stakeholder entities.

ASA embraces the underlying goals of MACRA through our investments in safety, quality and efficiency of care for the surgical patient and our development of the Perioperative Surgical Home (PSH). PSH is a patient-centered delivery system that aligns with the National Quality Strategy (NQS) to achieve the triple aim of improving health, improving the delivery of healthcare and reducing costs. Recognizing that, due to limited Advanced APM options at present, the majority of our members will be required to participate in MACRA through the MIPS pathway, we are keenly interested in the work of PTAC to support the creation of additional Advanced APM models. The Society looks forward to the work of PTAC which we believe will promote the development of PFPMs and increase the opportunities for ASA members and other physicians to participate in Advanced APMs.

ASA appreciates PTAC's commitment to transparency that encourages and incorporates feedback from stakeholders. These comments that follow are focused on supporting and enhancing the efforts of PTAC. In summary:

- **ASA recommends that criterion 6, “Integration and Care Coordination” be categorized as high priority.**
- **ASA encourages PTAC to provide more information about the scoring methodology it plans to use in the review of proposals to ensure transparency and fairness.**
- **ASA recommends that PTAC recommend further advancement of all proposals that meet a targeted threshold.**

Criterion 6: Integration and Care Coordination

PTAC released nine criteria it will use to review proposals for PFPMs submitted by stakeholders. These criteria were established by the Secretary of HHS for PFPMs. PTAC has identified three criteria as “high priority” (Scope of Proposed Payment Model, Promoting Quality and Value, and Payment Methodology) and indicated that the high priority criteria are of greatest importance in the overall review of the proposed payment model. ASA strongly believes that criterion #6, “Integration and Care Coordination” should also be designated as high priority and recommends PTAC to do so.

The Integration and Care Coordination criterion is designed to encourage greater integration and care coordination among practitioners and across settings where multiple practitioners or settings are relevant to deliver care to the population treated under a PFPM. Lack of integration and coordination—especially when transitioning from one acute care setting to another or from an acute care setting to a chronic care setting, including a transition back home,—can result in poor patient outcomes, an undesirable patient experience, and increased costs. Because of the critical role that integration and care coordination plays in supporting the delivery of quality of care and to potentially reduce costs of care, it should be designated as high priority.

This recommendation is consistent with the agency’s other delivery reform efforts. Promoting effective communication and coordination of care is identified as a goal in the 2016 CMS Quality Strategy: “Effective care coordination models deliver better health care quality at lower costs across all settings from small physician practices to large hospital centers to community providers.”¹ The importance of care coordination is also reflected in the various payment models CMS has implemented in recent years to improve healthcare delivery for Medicare beneficiaries. In these models, care coordination is often a main component.²

CMS has recognized the importance of care coordination in health system delivery reform, which makes it both appropriate and compelling for PTAC to designate the Integration and Care Coordination criterion as high priority.

ASA recommends that criterion 6, “Integration and Care Coordination” be categorized as high priority.

Greater Transparency in Scoring Methodology

¹ Centers for Medicare and Medicaid Services, CMS Quality Strategy; 2016; accessed on 10/1/2016, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/CMS-Quality-Strategy.pdf> . (see p.15).

² Families USA, *The Nuts and Bolts: The Promise of Care Coordination: Transforming Health Care Delivery*; April 2013; accessed on 10/1/2016, http://familiesusa.org/sites/default/files/product_documents/Care-Coordination.pdf

ASA appreciates PTAC's efforts to promote transparency and PTAC's being open to stakeholder input by posting for public comment several draft documents in addition to the Proposal Information Requirements including: Proposal Review Process, Characteristics of Payment Models Likely to be Recommended by the PTAC, and Request for Proposal for PFFPM.

Although CMS released significant information on the proposal review process, there is a lack of detail on the scoring methodology PTAC will use to evaluate proposals. It is important that submitters have a basic understanding of the evaluation criteria when they are developing a proposal for submission.

ASA urges PTAC to provide more information on the scoring methodology that will be used to evaluate proposals to ensure transparency and fairness.

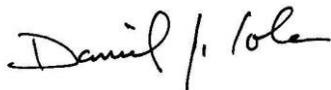
There are at least two options PTAC can take to evaluate proposals. Under one approach, each proposal would be evaluated individually, and any proposal that meets or exceeds a target threshold would be recommended by PTAC for further advancement by CMS. Another approach would involve PTAC's considering a group of proposals received as a batch, and recommendations would be based on relative scoring among the proposals.

ASA strongly believes that PTAC should use the former (individual review) approach in which any proposal that meets a targeted threshold would be recommended to CMS. We believe the authority provided to PTAC through the MACRA legislation requires them to evaluate whether or not a proposal meets the Secretary's criteria. Once it is determined that a proposal meets a target threshold, determining which proposals among a pool of proposals should move forward and be implemented is CMS's (i.e., the Secretary's) authority—not that of the PTAC.

ASA recommends that PTAC recommend for further advancement all proposals that meet a target threshold.

Thank you for your consideration of our comments. We would be very glad to follow up with you as necessary on any issues on which you need additional information or would like further discussion. Please contact Sharon Merrick, M.S. CCS-P, ASA Director of Payment and Practice Management or Matthew Popovich, Ph.D., ASA Director of Quality and Regulatory Affairs at 202-289-2222.

Sincerely,

A handwritten signature in black ink that reads "Daniel J. Cole". The signature is written in a cursive, flowing style.

Daniel J. Cole, M.D.
President
American Society of Anesthesiologists