October 11, 2018

Physician-Focused Payment Model Technical Advisory Committee
c/o U.S. DHHS Asst. Secretary for Planning and Evaluation Office of Health Policy
PTAC@hhs.gov

RE: Letter of Intent – Michael Barr, MD and Shari Erickson, MPH
Medical Neighborhood APM

On behalf of the American College of Physicians (ACP) and the National Committee for Quality Assurance (NCQA), we would like to express intent to submit a Physician-Focused Payment Model for PTAC review by November 13, 2018.

Payment Model Overview

The Medical Neighborhood APM is a multi-payer model that focuses on specialists that: a) receive referrals from primary care providers in CMS' Comprehensive Primary Care Plus (CPC+) model and b) have achieved a set of robust clinical transformation standards such as NCQA's MACRA-recognized Patient-Centered Specialty Practice (PCSP) Recognition Program.

Clinicians would receive a 90-day bundled payment tailored to projected costs for specific services. Payments would be retrospectively reconciled against true costs taking into account quality performance. These bundles would cover a pre-defined set of services germane to the condition or referral. Any other services rendered would be paid on a fee-for-service basis. The model would also feature a modest care coordination fee similar to Medicare's CPC+ Model. We would risk adjust results using HCC risk score quartiles.

Quality measurement would mirror the structure of CPC+, featuring a core set of cross-cutting measures and a menu of specialty-specific electronic clinical quality measures (eCQMs). ACP will vet measures for statistical and clinical validity using a modified version of the Appropriateness Method developed at RAND and UCLA. The measurement framework will focus on multiple high-priority domains including utilization, behavioral health, patient-reported outcomes, patient experience, and care coordination (where applicable). Inclusion of eCQMs will help to minimize burden and leverage richer clinical data from electronic sources such as electronic health records (EHRs) and registries such as ACP's Genesis Registry, which support specialty-specific measures and help to reduce reporting burden.

Expected Participants

Initially, this model could apply to specialties for which there are a sufficient number of reliable, high-value eCQMs, financial modeling for 90-day payment bundles, and ideally a MACRA-approved registry. At present, we have one specialty that meets these qualifications and has

expressed interest in participating in the pilot, and several others that have expressed interest in participating in the future. We could add additional specialties as more high-value eCQMs and bundled pricing become available. This model would build off of the current CPC+ model, which has 2,932 primary care practices and over 12,370 practitioners participating in 18 geographic regions with 61 aligned payers. We could pilot the model in limited CPC+ locations before expanding on a national scale. Among those who have expressed interest in participating are: a second specialty society, a CPC+ state, and a large health system in another CPC+ state.

NCQA has 2,269 unique clinicians at 424 Recognized PCSP sites. However, with AAPM rewards and development of high-value eCQMs that allow for expansion of this AAPM to additional specialties, we expect interest to parallel that of NCQA's Patient-Centered Medical Home program, which now has 68,763 clinicians – 20% of all primary care physicians – at 14,153 sites.

Goals of the Payment Model

The model will increase coordination and collaboration between primary care clinicians and the specialists to whom they make referrals. We believe CPC+ and PCSP clinicians together make ideal APM participants given the advanced clinical transformation criteria in each program.

The PCSP and Medical Neighborhood concept focuses on promoting meaningful collaboration between primary care clinicians and specialists. PCSP standards directly address these primary-specialty communication gaps that harm quality. To earn PCSP Recognition, practices must document that they meet specific consensus-based standards for high-quality patient-centered care through streamlined referral and care coordination. They emphasize patient and caregiver-focused care management, shared decision-making, continuous quality improvement, and use of certified EHR technology to promote interoperability. All these features improve primary-specialty coordination, close gaps in care, and improve outcomes.

Implementation Strategy

ACP is a professional medical organization of more than 154,000 specialists and subspecialists. ACP stewards the Genesis Registry, a Qualified Clinical Data Registry (QCDR) which provides seamless integration with participating EHRs to collect and submit quality measure data. ACP also provides education and support to clinicians achieving NCQA PCSP.

NCQA rates and accredits health plans and clinicians using rigorous standards for quality measurement, transparency and accountability. NCQA stewards the PCSP Recognition Program and is developing a platform to ingest quality measure data to support this recognition. NCQA will develop and test new and innovative quality measures that assess high-value care in order to scale this model for other specialists.

Timeline

We expect to submit the Medical Neighborhood APM proposal by November 13, 2018 and hope to implement as soon as Fall 2019.

Respectfully submitted,

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