THE UNIVERSITY OF CHICAGO MEDICINE

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Physician-Focused Payment Model Technical Advisory Committee (PTAC)
C/o U.S. DHHS Asst. Secretary for Planning and Evaluation Office of Health Policy
200 Independence Avenue S.W.
Washington, D.C. 20201
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Letter of Intent–David O. Meltzer, MD, PhD, Comprehensive Care Physician Payment Model (CCP-PM)

Dear Committee Members,

On behalf of the Comprehensive Care Physician (CCP) Program at the University of Chicago, we are writing to express our intent to submit a Physician-Focused Payment Model for PTAC review on February 21, 2018.

Payment Model Overview

Our payment model aims to address a major challenge related to the increasing fragmentation of health care in the United States, specifically discontinuities between inpatient and outpatient care. Theses discontinuities in care adversely impact patient experience, health outcomes and health care costs. These effects are especially important because health care costs and poor health outcomes are highly concentrated in a small fraction of the population who are frequently hospitalized. To address these problems, the CCP program was created in 2012 with CMMI funding to defragment care for patients at increased risk of hospitalization by providing them with a single physician who will care for them in both in clinic and the hospital.[1] Since 2012 we have enrolled 2,000 Medicare patients in a randomized trial to study this reconfiguration of primary care through the use of Comprehensive Care Physicians (CCPs) who care for their patients in the hospital and in clinic. Limiting the panels of the CCPs to patients at increased risk of hospitalization allows CCPs to have enough patients in the hospital each day to justify spending mornings in the hospital and clinic in the afternoons. Seeing patients in both the inpatient and outpatient settings both reduces discontinuities in care and helps CCPs create and sustain strong relationships with their patients that can improve outcomes. Findings to date show improved patient satisfaction, self-reported mental and general health statuses and reduced hospitalization.

We are developing the Comprehensive Care Physician Payment Model (CCP-PM) with the goal to incentivize the adoption of CCP programs and similar models that make it possible for a patient to receive care from the same physician in the hospital and in clinic. The CCP-PM is designed to be a supplement that can integrate with both current and future Medicare payment models. It is intended to strengthen incentives to adopt the CCP model while avoiding incentives that a separate payment model for high-risk patients could create to remove patients from existing population-based models. Accordingly, CCP-PM includes the following elements:

1. Eligible physicians can enroll a panel of patients for which they intend to provide a majority of inpatient and outpatient general medical care.
2. Participating physicians receive a payment per enrolled patient per month if they meet the specified target for the percent provision of inpatient and outpatient general medicine care for their panel of enrolled patients.

[1] Meltzer DO, Ruhnke GW. Redesigning care for patients at increased hospitalization risk: the comprehensive care physician model. Health Affairs May 2014; 33(5):770-777. doi: 10.1377/hlthaff.2014.0072

3. Participating physcians will be subject to a penalty per enrolled patient per month if they fail to meet the specified target for the percent provision of inpatient and outpatient general medicine care for their panel of enrolled patients.

CCP-PM introduces two-sided risk, adjusting payments based on performance. Since it has the flexibility to integrate with other payment models, we believe it could transition existing APMs into advanced APMs.

Goals of the Model
The goal of this model is to improve patient experience, mental and medical health status and decrease hospital utilization and the total cost of care to Medicare. Furthermore, we anticipate the model serving as a prototype for the ability of future APM supplements to integrate with pre-existing models.

Expected Participants
Particpants in the CCP-PM would consist of the following:

- Physician participants include any primary care physician who (1) agrees to care for his or her enrolled patients in both the inpatient and outpatient setting and (2) opts into the CCP-PM.
- Patient participants are required to have Medicare Part A and B and have been hospitalized at least once in the last year at the time of enrollment. For patients to be enrolled, both the physician and patient must agree to the enrollment. Additionally, we propose an enrollment cap of ~300 patients per participating physician in order to incentivize the enrollment of patients who are frequently hospitalized and are likely to benefit most from the program.

CCP-PM would be implemented at the following locations:

- University of Chicago Medicine (UCM), Comprehensive Care Physician (CCP) program
- Ingalls Memorial Hospital (recently acquired by UCM) and affiliated practices
- Up to 20 other sites in the United States, pending CMS approval

Implementation Strategy
As a result of the CCP program's positive outcomes, we have been contacted by more than a dozen healthcare institutions, nationally and internationally, interested in implementing a CCP program or similar ones. If approved, we would couple the CCP-PM with program expansion efforts at those institutions in addition to the CCP program at the University of Chicago. Our proposal for CCP-PM to easily integrate with existing payment models is intended to simplify the implementation process and minimize issues such as adverse selection. Current CCP program dissemination efforts have included the creation of a CMS-funded Comprehensive Care Learning Collaborative, which is part of the Transforming Clinical Practice Initiative and includes more than one dozen health systems across the country to discuss key components of the CCP model. We have also had expressions of interest in adopting the CCP model from multiple participants in the Hospital Medicine Reengineering Network (HOMERUN). Additionally, the CCP program has been shared at numerous panels and speaking engagements, and initial academic presentations and publications are planned for the coming year.

Timeline
We expect to formally submit the model proposal to the PTAC by February 21, 2018. If accepted, we plan to implement the payment model 60 days after approval. We would expect piloting and evaluation of this payment model to run for at least 3 years.

Sincerely,

David O. Meltzer, MD, PhD
Chief, Section of Hospital Medicine
University of Chicago Medicine