

December 15, 2016

Physician-Focused Payment Model Technical Advisory Committee
c/o U.S. DHHS Asst. Secretary for Planning and Evaluation Office of Health Policy
200 Independence Avenue S.W.
Washington, D.C. 20201
PTAC@hhs.gov

RE: Letter of Intent – US Retina -APM for retinal disease

Dear Committee Members,

On behalf of US Retina, I would like to express intent to submit a Physician-Focused Payment Model for PTAC review on or about January 15, 2017 [insert date, must be at least 30 days after date of letter].

APM for Retina Disease an Overview

The treatment of retinal disease, diabetic retinopathy and macular degeneration account for 40-50% of the Medicare eye care spend. The pharmaceutical spend is approximately \$4 billion. We US Retina believe a new Alternative Payment Model (APM) will better serve beneficiaries, providers and the Medicare trust fund. Our proposed model will enable compensation for early identification of disease in a manner that does not currently exist. Importantly, our model will mitigate the financial incentive to utilize a higher priced therapy over a lower cost alternative. Through early identification of the disease and adherence to rigorous medical protocols consistent with peer reviewed literature, patient outcomes can be improved while delivering value based care.

Goals of the Model

The goals for our model are to improve both beneficiary outcomes and value to Medicare. The primary goal is to have improved outcomes for those at risk of permanent vision loss due to retinal disease. Through the early identification of a greater percentage of those who currently have retinal disease we can treat them along value-based clinical pathways which are as efficacious as pathways that are significantly more expensive in the early disease stage. The secondary goal is inextricably linked to the first, through early intervention and the appropriate utilization of lower cost therapies we will have more efficient resource utilization for those treated for retinal disease.

The model also has the goal of continuously providing outcome data which will be derived from collecting and reporting on key clinical measures.

Expected Participants

As previously stated those with retina disease and at risk of vision loss will be the patient participants within our model. We are very confident that the majority of the independent retina specialist, many of whom are in our organization will participate in the APM. At this juncture we have up to 25% of physicians committed to this model. We estimate that the majority will participate within the first year of the model's implementation.

Implementation Strategy

US Retina is an entity comprised of most of the largest independent retina practices in the country. US Retina through organizational outreach and education can ensure the effective implementation of the model within a very short period of time.

The APM will be implemented through familiar and effective tactics. The first, as stated above, will be outreach which can be quickly and effectively done through our organization and the umbrella organization for ophthalmology. Second, will be detailed education and technical assistance on the tools and activities for data capture necessary to execute and report on clinical protocols. The final leg will be follow up with potential participants and addressing any concerns or questions that are hindering adoption.

Timeline

We plan on submitting our proposal by February 1, 2017. The entire implementation timeline can be achieved within 90 days for the majority of the participants. This is true because most of the foundational elements are already in place for the majority of the eligible physicians and the EMR systems currently in use.

Very Truly Yours,

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