



March 10, 2017

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

Letter of Intent – Stephen A. Tilles, MD and J. Allen Meadows, MD, Patient-Centered Asthma Care Payment (PCACP)

Dear Committee Members,

On behalf of The American College of Allergy, Asthma & Immunology (ACAAI) and the Advocacy Council of ACAAI (AC), we would like to express intent to submit a Physician-Focused Payment Model for PTAC review by June 1, 2017. The ACAAI and the AC are professional medical organizations of more than 6,000 allergists-immunologists and allied health professionals.

Payment Model Overview

PCACP has three categories of payment:

1. Diagnosis and Initial Treatment for Patients with Poorly Controlled Asthma-Like Symptoms
 - Bundled monthly payment for up to 3 months instead of E&M payments
 - Supports evaluation, testing, diagnosis, and initial treatment for a new patient experiencing asthma-like symptoms.
2. Continued Care for Patients with Difficult-to-Control Asthma
 - Bundled monthly payment instead of E&M payments
 - Supports ongoing care for patients with difficult-to-control asthma
3. Continued Care for Patients with Well-Controlled Asthma
 - Payment for telephone or email communications in addition to E&M services
 - Supports continued successful care of patients with well-controlled asthma

In addition, physicians must meet minimum quality standards and be accountable for maintaining good performance on measures of service utilization, spending, care quality, patient outcomes and patient experience. Payments would be adjusted up or down based on performance and would be stratified by patient characteristics such as diagnosis, severity of symptoms, and comorbidities.

We believe PCACP meets MACRA requirements for an alternative payment model.

Goals of the Model

The goals of the model are twofold:

1. To improve outcomes for asthma patients and control costs for payers
 - Reduce unnecessary tests; ED visits and hospitalizations; unnecessary medications; and misdiagnoses.
 - Achieve better asthma control and improve patients' health related quality of life.
2. To resolve current payment barriers to providing optimum asthma care

Expected Participants

Three categories of patients are expected to participate in PCACP: 1) Patients with Poorly Controlled Asthma-Like Symptoms, 2) Patients with Difficult-to-Control Asthma, and 3) Patients with Well-Controlled Asthma.

Two types of physicians are expected to participate in this model:

1. Specialists such as allergists, pulmonologists, or other physicians specializing in the treatment of asthma.
2. Primary care providers that have a formal arrangement with a specialist in asthma to serve as a consultant supported by the Patient-Centered Asthma Care Payment.

PCACP is designed to support both independent practicing physicians as well as integrated healthcare delivery systems.

Implementation Strategy

Nine allergists were involved in the development of this model:

Donald Aaronson, MD	J. Allen Meadows, MD	James Sublett, MD
Michael Blaiss, MD	Travis Miller, MD	James Tracy, DO
Stephen Imbeau, MD	Brian Smart, MD	Vincent Tubiolo, MD

We are currently recruiting practices to participate and hope to implement the model on a limited basis in 2018. We need data to test and refine the parameters of the model, and hope PTAC will provide asthma data similar to that released as an example for CHF (see comments submitted 03/10/2017). PCACP proposes stratified payments and performance measures that are at present difficult to define because they require data that isn't currently available; we plan to obtain this information by implementing the changes in several practices and measuring the results.

Timeline

We expect to submit the PCACP proposal by June 1, 2017.

Respectfully submitted,



Stephen A. Tilles, MD
President
American College of Allergy,
Asthma and Immunology
85 W. Algonquin Rd., Suite 550
Arlington Heights, IL 60005



J. Allen Meadows, MD
Chair
Advocacy Council of ACAAI
85 W. Algonquin Rd., Suite 550
Arlington Heights, IL 60005