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May 23, 2019

Physician-Focused Payment Model Technical Advisory Committee

C/o U.S. DHHS Asst. Secretary of Planning and Evaluation Office of Health Policy
200 Independence Avenue S.W.
Washington, D.C. 20201
PTAC@hhs.gov

Letter of Intent (LOI): University of Massachusetts Medical School - Physician Focused Payment Model (PFPM) to Reduce Emergency Department Utilization for Ambulatory Sensitive Eye Conditions.

Dear Committee Members,

On behalf of the University of Massachusetts Medical School I would like to express my intent to submit a Physician-Focused Payment Model to the PTAC for review on or before June 28, 2019.

Physician Focused Payment Model Overview:

Our payment model is designed to support better utilization of available provider capacity to realize improvement on each element of the Triple Aim. Through active engagement with patients, families, clinicians, practices and payers our model can provide better care for individuals, better health for populations, and lower costs to the healthcare system.

Through the Transforming Clinical Practices Initiative (TCPi), a program funded by the Centers for Medicare and Medicaid Services (CMS), we have provided technical assistance to over 1,600 optometry practices across the nation, supporting improvements in clinical processes and practice operations to improve outcomes and reduce costs. During our work with this clinical specialty, we have identified opportunities to improve clinical quality and patients' experience of care, reduce costs to payers and patients, and provide optometrists with the opportunity to emphasize value over volume, all critical elements of an Advanced Alternative Payment Model (Advanced APM). Our work with the practices has demonstrated an appreciable increase in appropriate care pathway utilization at scale. While the model will be open to all licensed eyecare professionals, it is most likely to be adopted by optometrists who are about seven times more numerous in the US as ophthalmologists, and whose practices are widely distributed in cities, towns and rural areas.

Our optometry-focused Advanced APM is designed to incentivize reduction of emergency department (ED) utilization for ambulatory sensitive eye conditions. It utilizes a payment methodology based on existing fee-for-service (FFS) rates for Ambulatory Sensitive Eye Conditions (ED-Avoidable). A discount will be applied to the Optometrists' current FFS rates creating downside financial risk that will be offset by a shared savings opportunity if a participating optometrist meets performance requirements. Both the discounted FFS rates and the anticipated shared savings will provide financial incentives for optometrists to expand urgent care access for patients with immediate clinical needs. The APM will incorporate a "quality gate" that will require participating optometrists to report on and meet minimum thresholds on selected quality measures to participate in shared savings payments through the APM.

Goals of the Model:

The goals of the model include reducing the utilization of ED resources for ambulatory sensitive eye conditions in favor of care settings that offer lower cost, greater convenience for patients, and improved access, while maintaining or improving quality of care and patient outcomes. Data from the Nationwide Emergency Department Sample (NEDS) from the Healthcare Cost and Utilization Project (HCUP) databases from 2012 through 2016 demonstrate that on average more than 1.8 million people seek care in an emergency room each year for conditions that are within the scope of practice of outpatient Optometry. These visits generated \$1.9 billion in charges across all payers in 2012 and increased to \$3.1 billion in charges in 2016. The proposed APM's overarching aims include:

- Improvement of quality, access and patient convenience related to care for ambulatory sensitive eye conditions.
- Increased clinical efficiency (e.g. reducing unnecessary or inappropriate services).
- Decreased total cost of care for patients with urgent, but ambulatory-sensitive eye conditions.
- Improved patient experience of care (e.g., reduced medical complications, reduced time in emergency department, reduced out of pocket expense).

Expected Participants:

- Eligible Population: All patients covered by a payer participating in the APM.
- Eligible Providers: Individuals and practices employing individuals who have: 1) valid current clinical state licensure as an optometrist or ophthalmologist, 2) certified Electronic Health Record technology (CEHRT); and, 3) the ability to collect and report the required quality measures.
- Eligible Payers: Medicare, Medicaid and Private payers covering medical eye care that choose to participate.

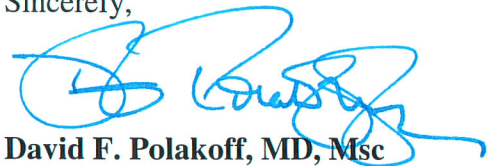
Implementation Strategy:

University of Massachusetts Medical School, along with partner organizations representing the Optometry profession, will facilitate implementation of this payment model through active recruitment of payers as well as licensed eye care professionals.

Timeline:

UMass Medical School intends to submit our full PFPM proposal for the PTAC review process by June 28, 2019. We will begin enrolling payers and clinicians into the model with full implementation of the PFPM including risk sharing immediately upon approval from PTAC and the Secretary.

Sincerely,



David F. Polakoff, MD, Msc

Professor

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