

Targeting Improvements in Patient Safety Through Alternative Payment Models Request for Input (RFI)

The Physician-Focused Payment Model Technical Advisory Committee (PTAC) is hosting theme-based discussions to inform the Committee on topics that are important for physician-focused payment models (PFPMs). Given the increased emphasis on developing larger population-based Alternative Payment Models (APMs) that encourage accountable care relationships, PTAC has conducted a series of theme-based discussions that examined key definitions, issues, and opportunities related to developing and implementing population-based total cost of care (PB-TCOC) models with accountability for quality and TCOC. Subsequent theme-based discussions have addressed topics related to reducing barriers to participation in APMs, using data and health information technology to empower consumers and support providers, and improving multi-payer alignment in value-based care.

These theme-based discussions are designed to give Committee members additional information about current perspectives on key issues related to developing and operationalizing PB-TCOC models. This information will be useful to policy makers, payers, accountable care entities, and providers for optimizing health care delivery and value-based transformation in the context of APMs and PFPMs specifically. The theme-based discussions provide an opportunity for PTAC to hear from the public and subject matter experts, including stakeholders who have previously submitted proposals to PTAC with relevant components.

To assist PTAC in preparing for future theme-based discussions, the Committee is interested in seeking stakeholder input about targeting improvements in patient safety through APMs. Specific topics that are of interest include:

- Identify approaches and opportunities to improve patient safety through APMs;
- Ascertain areas to improve the measurement of patient safety;
- Delineate the role of new technologies to improve patient safety reporting and transparency; and
- Determine potential payment models and incentives to promote improvements in patient safety.

Stakeholders will have an opportunity to provide public comments at the end of the second day of the public meeting. Findings from this theme-based discussion will be included in a report to the Secretary of Health and Human Services (HHS).

Background:

Patient safety errors are a persistent and costly challenge to the U.S. health care system. A recent Office of Inspector General (OIG) report estimated that patient harm rates in hospitals

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remain high.¹ Patient safety is an integral part of value-based care, and patient safety issues, causes, measures, and technologies must be assessed within a value-based care environment to ensure their effectiveness.

Within this context, PTAC has assessed previous PFPM submitters' inclusion of patient safety (criterion 9) in its model design components. Among the 36 proposals that were submitted to PTAC between 2016 and 2025,² including 28 proposals that PTAC has deliberated on during public meetings, Committee members found that 23 of the 28 proposals met criterion 9 (Patient Safety).

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) provides an environmental scan for every proposal reviewed by PTAC so that Committee members understand the clinical and economic circumstances within which a proposed model would be implemented, as well as related resource information that can inform their evaluation of each proposal. To assist PTAC in preparing for the June 2026 theme-based discussion, an environmental scan is currently being developed on topics related to current trends in patient safety, causes of patient safety issues, patient safety strategies and tools, approaches to incentivize patient safety in value-based care, and select models/programs that incentivize patient safety.

PTAC is using the following working definition for patient safety:

- *Freedom from **errors** that could cause patient harm during the delivery of health care.*
- *Errors may be either **errors of commission**, in which an incorrect action was taken, or **errors of omission**, in which a correct action was not taken.*

This definition will likely continue to evolve as the Committee collects additional information from stakeholders.

PTAC Areas of Interest:

PTAC is particularly interested in perspectives on targeting improvements in patient safety through APMs. Particular topics of interest include identifying approaches and opportunities to improve patient safety in APMs; ascertaining how patient safety should be measured;

¹ Department of Health and Human Services. Office of Inspector General. Office of Evaluation and Inspections. Issue Brief. The Patient Safety Organization Program: Key Barriers Impeding Nationwide Progress Toward Reducing Patient Harm in Hospitals. September 2025. <https://oig.hhs.gov/documents/evaluation/10961/OEI-01-24-00150.pdf>

² PTAC received 35 proposals between 2016 and 2020 and one proposal in 2025.

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delineating the technologies needed to improve reporting and transparency; and determining potential payment models and incentives to promote patient safety.

PTAC seeks to build upon the insights of stakeholders and use those insights and considerations to further inform the Committee's review of proposals and recommendations that the Committee may provide to the Secretary relating to this topic. Therefore, PTAC requests stakeholders' input on the questions listed below.

Please submit written input regarding any or all of the following questions to PTAC@HHS.gov. Questions about this request may also be addressed to PTAC@HHS.gov.

Questions to the Public:

- 1) What are opportunities to address patient safety challenges?
- 2) What are opportunities to engage providers to help reduce adverse events and improve patient safety?
- 3) What solutions or insights can patients provide on improving patient safety?
- 4) How can patient protections (e.g., consumer rights, appeals process, transparency) be used to reduce adverse events and errors and improve patient safety?
- 5) What are ways in which Alternative Payment Models (APMs) can effectively promote patient safety (e.g., models that target adherence to checklists and infection prevention protocols, incentivize meeting certain safety benchmarks)?
- 6) What have been the successes and shortfalls of current programs and strategies to improve patient safety?
 - a) What are the key aspects of these strategies that can be improved with different payment strategies, performance measures, and technologies?
- 7) What are opportunities to improve the measurement of patient safety?
- 8) What is the composition or balance of patient safety measures needed?
- 9) How can patient-reported data be used more effectively to ensure that patient safety measures are complete and accurate?
- 10) What is the role and impact that electronic Clinical Quality Measures (eCQMs) have in improving patient safety?

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- 11) What are the types of technologies (e.g., prospective, retrospective) that can be used to effectively reduce provider burden and positively impact patient safety?
- 12) What are opportunities to address barriers to integrating AI/technology (e.g., data sharing, data quality, interoperability, security) that aid in improving patient safety?
- 13) What are ways to utilize AI to improve patient safety? For example,
 - a) What are approaches to integrate AI predictive models into the provider workflow to aid in the identification of potential medical errors?
 - b) What are ways in which AI/machine learning can be used to develop patient safety metrics?
- 14) What are potential payment sources for integrating AI and other new technologies to aid in improving patient safety?
- 15) How can patient safety and high-quality care be incentivized in Alternative Payment Models (APMs) (e.g., safety holdbacks or non-payment, no-bill rule for repairs, diagnostic safety bonus)?
- 16) How can financial incentives be used while also ensuring unintended consequences (e.g., stinting on care, cherry-picking, early discharge) do not occur?

Where to Submit Comments/Input: Please submit written input regarding any or all of the following questions to PTAC@HHS.gov. Questions about this request may also be addressed to PTAC@HHS.gov.

Note: Any comments that are not focused on the topic of targeting improvements in patient safety through APMs; APMs and PFPMs; and efforts by physicians and related providers caring for Medicare FFS beneficiaries, or are deemed outside of PTAC's statutory authority, will not be reviewed and included in any document(s) summarizing the public comments that were received in response to this request.

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Appendix: Working Definitions Related to APMs

PTAC is using the following working definition of TCOC:

Total cost of care is a composite measure of the cost of all covered medical services delivered to an individual or group. In the context of Medicare Alternative Payment Models, TCOC typically includes Medicare Part A and Part B expenditures, and is calculated on a per-beneficiary basis for a specified time period.

Within this context, some examples of existing models/programs that include components that are relevant for the development of APMs include:

- *Advanced primary care models (APCMs)* that promote the use of Advanced Primary Care, an approach that enables primary care innovations to achieve higher quality care and allows providers more flexibility to offer a broader set of services and care coordination.
- *Accountable Care Organization (ACO) programs* where physicians or health systems assume responsibility for TCOC associated with a patient population.

While some existing APMs may include shared savings with upside risk only, PTAC anticipates that value-based care models/programs will include pathways for allowing providers and organizations to gradually assume more downside financial risk over time.