Physician-Focused Payment Model Technical Advisory Committee
Public Meeting Minutes

March 11, 2019
9:30 a.m. – 3:30 p.m. EDT
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Attendance

Physician-Focused Payment Model Technical Advisory Committee (PTAC) Members In-Person

Jeffrey W. Bailet, MD (PTAC Chair; Executive Vice President of Health Care Quality and Affordability, Blue Shield of California)
Grace Terrell, MD, MMM (PTAC Vice-Chair; CEO, Envision Genomics)
Paul N. Casale, MD, MPH (Executive Director, New York Quality Care)
Tim Ferris, MD, MPH (CEO, Massachusetts General Physicians Organization)
Len M. Nichols, PhD (Director, Center for Health Policy Research and Ethics, George Mason University)
Kavita Patel, MD, MSHS (Vice President, Payer and Provider Integration, Johns Hopkins Health System)
Angelo Sinopoli, MD, (Chief Clinical Officer, Prisma Health)
Bruce Steinwald, MBA (Consultant, Bruce Steinwald Consulting)
Jennifer Wiler, MD, MBA (Executive Vice Chair and Professor, Department of Emergency Medicine, University of Colorado School of Medicine)

PTAC Members via Teleconference

Harold D. Miller (President and CEO, Center for Healthcare Quality and Payment Reform)
Rhonda M. Medows, MD (Executive Vice President of Population Health, Providence Health & Services)

U.S. Department of Health and Human Services (HHS) Guest Speakers

Adam Boehler (Deputy Administrator, Centers for Medicare & Medicaid Services (CMS), and Director, Center for Medicare & Medicaid Innovation [CMMI]; Senior Advisor to the Secretary on Value-Based Transformation and Innovation)

Office of the Assistant Secretary for Planning and Evaluation (ASPE) Staff

Ann Page, Acting PTAC Designated Federal Officer (DFO)
Audrey McDowell
Steven Sheingold, PhD

ASPE Contractor Team, NORC at the University of Chicago (NORC)

Adele Shartzer, PhD (Urban Institute)

List of Proposals, Submitters, Public Commenters, and Handouts

1. **Seha Medical and Wound Care: Bundled Payment for All Inclusive Outpatient Wound Care Services in Non Hospital Based Setting**

   Submitter Representative
   Dr. Ikram Farooqi, MD, CWS-P (Seha Medical and Wound Care) (attending by teleconference)

Public Commenters
Christopher Pittman, MD (Board Member, American Vein & Lymphatic Society)
Helen Gelly, MD (HyperbaRxs)
Louis Savant (Director, Osiris Therapeutics)
Brian Liljenquist, DPM (Managing Partner, Surgical Wound Care Associates)
William Tettelbach, MD (Associate Chief Medical Officer, MiMedx)
Marcia Nusgart (Executive Director, Alliance of Wound Care Stakeholders)

2. **Upstream Rehabilitation: CMS Support of Wound Care in Private Outpatient Therapy Clinics: Measuring the Effectiveness of Physical or Occupational Therapy Intervention as the Primary Means of Managing Wounds in Medicare Recipients**

Submitter Representatives
Krisi Probert, OTD, OTR/L, CHT (Senior Vice President of Clinical Development, Upstream Rehabilitation)
David Van Name (President and CEO, Upstream Rehabilitation)
Stephen Huntsman (Vice President of Clinical Services and Chief Compliance Officer, Upstream Rehabilitation)
Greg Bennett, PT (Executive Vice President, Upstream Rehabilitation)

Public Commenter
William Tettelbach, MD (Associate CMO, MiMedx; Medical Director, Landmark Hospitals)

Handouts
- Agenda
- PTAC Deliberation and Voting Procedures
- Committee Member Disclosures
- Preliminary Review Team (PRT) Presentations
- PRT Reports
- Additional Information from Submitter
- Additional Information or Analyses/Data Tables
- Public Comments
- Proposals

[NOTE: A transcript of all statements made by PTAC members, submitter representatives, and public commenters at this meeting is available on the ASPE PTAC website located at: http://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee].

The website also includes copies of all presentation slides and a video recording of the March 11, 2019 PTAC public meeting.

Welcome
Jeffrey Bailet, PTAC Chair, welcomed the public to the PTAC meeting. He noted that at the last meeting on December 10, 2018, the Making Accountable Sustainable Oncology Networks (MASON) model was deliberated and voted upon. PTAC sent a report and its recommendation to the Secretary. The Chair also noted that based on public feedback, PTAC updated its proposal submission instructions.

Dr. Bailet noted that PTAC currently had five proposals under review. The two proposals scheduled for the day's meeting were focused on wound care. The PTAC Chair reminded the audience of the steps in the deliberation process and that PRT reports are not binding. Following the meeting, PTAC will write a new report to the Secretary that reflects the deliberations.

The Chair then introduced the PRT that reviewed the *Bundled Payment for All Inclusive Outpatient Wound Care Services in Non Hospital Based Setting* proposal submitted by Dr. Ikram Farooqi of Seha Medical and Wound Care.

Seha Medical and Wound Care: Bundled Payment for All Inclusive Outpatient Wound Care Services in Non Hospital Based Setting

Committee Member Disclosures
All 11 committee members disclosed no conflicts.

PRT Report to the Full PTAC
The PRT members for the *Bundled Payment for All Inclusive Outpatient Wound Care Services in Non Hospital Based Setting* proposal were Bruce Steinwald (the PRT Lead), Angelo Sinopoli, and Grace Terrell.

Bruce Steinwald presented the PRT's report to PTAC and summarized the proposed model, saying that it would:

- Develop a fixed-price bundled payment model for office-based wound care services to provide a substitute for hospital-based/outpatient facility-based wound care.
- Allow for an office-based wound care provider or clinic to serve as the Alternative Payment Model (APM) entity.
- Create a $400 flat fee bundled payment per visit for all wound care services typically provided to patients who are enrolled in the participating wound clinic.
- Provide some wound care services under the model, but not all (example: hyperbaric oxygen treatments or any service provided outside of the office-based wound clinic).
- Utilize quality metrics from the U.S. Wound Registry to measure improvement and efficacy.

Key issues identified by the PRT included:

- The proposed model does not provide sufficient assurances that the quality of wound care services would be better under the proposed model.
- It is unclear whether a $400 per visit all-inclusive bundled amount is necessary for office-based providers to be able to deliver high-quality wound care services.
- Use of bundled payments for each visit (as opposed to a bundled payment for an episode) could incentivize providers to increase the volume of wound care visits to maximize revenue, thereby affecting total cost of care and utilization.
- The proposed model does not include a severity or complexity component to account for comorbidities and other factors.
- Providers/clinics are not required to bear any financial risk.
- The proposed model lacks process quality metrics or an evaluation methodology to ensure best practices.
- Care coordination incentives are not present.

- Patient safety may be compromised by revenue incentives and could induce cherry-picking.
- The proposed model does not include provisions to facilitate information exchange with other providers.

Mr. Steinwald reported that the PRT had unanimously agreed that the proposed model met three out of 10 of the Secretary's criteria ("Scope," "Flexibility," and "Patient Choice"). The PRT unanimously agreed that the model did not meet six criteria ("Quality and Cost," "Payment Methodology," "Value over Volume," "Integration and Care Coordination," "Patient Safety," and "Health Information Technology"). A majority of the PRT felt that the model did not meet one criterion ("Ability to Be Evaluated").

[NOTE: The PRT's presentation slides and full report are available on the ASPE PTAC website located at: https://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee.]

Clarifying Questions from PTAC to the PRT
The Chair opened the floor for PTAC members' questions to the PRT. PTAC members raised no questions.

Submitter's Statement
The PTAC Chair invited the submitter representative, Dr. Ikram Farooqi, to make a statement to PTAC.

Dr. Farooqi agreed with the PRT members that the model did have some of the weaknesses they cited, but wanted to emphasize the existing limitations Medicare imposes on providing wound care in an independent setting outside of the hospital. He noted that under existing Medicare policy, providers are limited in the types of wound care services they can provide. He addressed some of the weaknesses of the proposed model identified by the PRT, including concerns regarding the bundled payment, utilization challenges, the lack of severity and complexity indexes, and risks of cherry-picking.

PTAC Questions for the Submitter and Discussion

PTAC and Dr. Farooqi engaged in Q&A on the following topics:
- The extent to which the proposal's aim is to provide wound care earlier.
- The types of providers that would participate in the model including family practice and internal medicine physicians who provide wound care in their office settings.
- The fact that the model includes no risk to providers based on quality measures; rather, there is an upper limit on the amount that can be charged in a visit.
- The potential for the model to create a financial disincentive to refer to specialists when appropriate.

Public Comments
The Chair thanked Dr. Farooqi and opened the floor for public comments. The following individuals made comments on the *Bundled Payment for All Inclusive Outpatient Wound Care Services in Non Hospital Based Setting* proposal:
1. Christopher Pittman, MD (Board Member, American Vein & Lymphatic Society)
2. Helen Gelly, MD (HyperbaRxs)
3. Louis Savant (Director, Osiris Therapeutics)
4. Brian Liljenquist, DPM (Managing Partner, Surgical Wound Care Associates)
5. William Tettelbach, MD (Associate Chief Medical Officer, MiMedx)
6. Marcia Nusgart (Executive Director, Alliance of Wound Care Stakeholders)

[NOTE: A transcript of commenters' remarks is available on the ASPE PTAC website located at: https://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee.]

PTAC Voting on Secretary's Criteria
PTAC deliberated and voted on the extent to which the *Bundled Payment for All Inclusive Outpatient Wound Care Services in Non Hospital Based Setting* proposal meets each of the Secretary's 10 criteria.

[NOTE: PTAC's "*Processes for Reviewing and Evaluating Proposed Physician-Focused Payment Models and Making Recommendations to the Secretary for the Department of Health and Human Services"* states that a simple majority vote will establish PTAC's determination for each of the Secretary's criteria. PTAC criterion votes remained anonymous and are presented in the table below. Individual member comments are available in the meeting transcript located on the ASPE PTAC website at: http://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee.]

Given that 11 PTAC members participated in deliberation and voting on the proposal, six PTAC votes constituted a simple majority.

PTAC Member Votes on *Bundled Payment for All Inclusive Outpatient Wound Care Services in Non Hospital Based Setting* Model

Criteria Specified by the Secretary (42 CFR§414.146)	PTAC Vote Categories	PTAC Vote Distribution
1. Scope (High Priority)	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	2
	3 – Meets the criterion	2
	4 – Meets the criterion	4
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	2
PTAC DECISION: Proposal Meets Criterion 1.		
2. Quality and Cost (High Priority)	* – Not Applicable	0
	1 – Does not meet criterion	6
	2 – Does not meet criterion	5
	3 – Meets the criterion	0
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0

PTAC DECISION: Proposal Does Not Meet Criterion 2.		
3. Payment Methodology (High Priority)	* – Not Applicable	0
	1 – Does not meet criterion	8
	2 – Does not meet criterion	3
	3 – Meets the criterion	0
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Does Not Meet Criterion 3.		
4. Value over Volume	* – Not Applicable	0
	1 – Does not meet criterion	4
	2 – Does not meet criterion	7
	3 – Meets the criterion	0
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Does Not Meet Criterion 4.		
5. Flexibility	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	2
	3 – Meets the criterion	8
	4 – Meets the criterion	1
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 5.		
6. Ability to be Evaluated	* – Not Applicable	0
	1 – Does not meet criterion	2
	2 – Does not meet criterion	7
	3 – Meets the criterion	2
	4 – Meets the criterion	0

	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Does Not Meet Criterion 6.		
7. Integration and Care Coordination	* – Not Applicable	0
	1 – Does not meet criterion	7
	2 – Does not meet criterion	3
	3 – Meets the criterion	1
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Does Not Meet Criterion 7.		
8. Patient Choice	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	2
	3 – Meets the criterion	8
	4 – Meets the criterion	1
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 8.		
9. Patient Safety	* – Not Applicable	0
	1 – Does not meet criterion	3
	2 – Does not meet criterion	7
	3 – Meets the criterion	1
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Does Not Meet Criterion 9.		
10. Health Information Technology	* – Not Applicable	0
	1 – Does not meet criterion	4
	2 – Does not meet criterion	5

	3 – Meets the criterion	2
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Does not Meet Criterion 10.		

PTAC Vote on Recommendation to the Secretary

Eleven (11) PTAC members participated in deliberation and voting on the proposal. A two-thirds majority (eight) PTAC votes were required to determine the final PTAC recommendation. As a two-thirds majority was not reached during the initial round of voting, there was further deliberation and a second round of voting.

PTAC Recommendation Category	PTAC Member Recommendation Vote
Not recommended for implementation as a PFPM (10)	Jeffrey W. Bailet Paul N. Casale Tim Ferris Harold Miller Len M. Nichols Kavita Patel Angelo Sinopoli Bruce Steinwald Grace Terrell Jennifer Wiler
Recommended for implementation as a PFPM	*No PTAC members voted for this recommendation category*
Referred for other attention by HHS (1)	Rhonda M. Medows

As a result of the vote, PTAC did not recommend the *Bundled Payment for All Inclusive Outpatient Wound Care Services in Non Hospital Based Setting* proposal to the Secretary.

Instructions on the Report to the Secretary
For PTAC's Report to the Secretary regarding this proposal, individual PTAC members made the following comments:

- There is a disconnect between the clinical aspects of wound care and its current payment structure (e.g., importance of multidisciplinary teams, advances in therapies outpacing current payment system)
- Stakeholders in wound care should work together to create a more comprehensive care model and then a payment model to support the care model.
- If stakeholders do come together to do so, they should have better data to help them. The data would need to come from HHS in some manner and should include data on variation in treatments and providers by geography and patient type.

The public meeting recessed at 11:54 a.m. and reconvened at 12:49 p.m.

Introduction of the CMS Deputy Administrator and CMMI Director
The PTAC Chair welcomed Adam Boehler, Deputy Administrator, CMS, and Director, CMMI, and Senior Advisor to the Secretary on Value-Based Transformation and Innovation.

The CMS Deputy Administrator and CMMI Director's Remarks
Mr. Boehler began by expressing the vision of the CMS Innovation Center to transform health care into a patient-centered, consumer-driven model where providers compete for patients on the basis of lower cost and better quality. He explained the four areas on which HHS is focusing to achieve this transformation, as noted in the Value Considerations for Model Development and Testing Fact Sheet, which had been recently published by CMMI. The four areas of concentration for value-based transformation are:

- Patients as consumers—enabling access to competitive pricing and allowing patients to share financially in the benefit of choosing high-performing providers for high-quality, affordable elective procedures;
- Providers as accountable patient navigators—paying providers for patient outcomes and removing unnecessary burdens so they can focus on delivery of care, not administrative tasks;
- Payment for outcomes—modernizing outdated payment rules that pay providers different amounts based solely on the location where the service is delivered, and expanding efforts to pay for successful episodes of care rather than discrete services; and
- Prevention of disease before it occurs—considering a patient's health holistically and focusing on early life interventions to deliver improvements over the course of a lifetime.

Mr. Boehler commented that the Innovation Center is working to develop payment models that are transparent, to empower consumers; simple, to reduce complexity and allow participants to understand them; and accountable, to encourage providers to take accountability for their patient population. Mr. Boehler also indicated that HHS is looking for multi-payer collaboration because of the intent to have a system that fully transforms from volume to value, which he explained cannot be done with Medicare and Medicaid alone.

Mr. Boehler briefly discussed a few recently released alternative payment models, which he called an "opening act:" the Emergency Triage, Treat, and Transport, or ET3, Model; an updated version of the Value-Based Insurance Design, or VBID, Model; and a new Part D Modernization Model.

Mr. Boehler noted that CMMI is currently working on other models, many of which are built upon themes in concepts and proposals reviewed by PTAC, including:

- Primary care reform—exploring ways to simplify the payment system, reduce administrative burden, and focus on patient outcomes;
- Full accountability models for advanced groups, similar to what is seen in Medicare Advantage;
- Optimizing care for seriously ill beneficiaries—reducing burden for organizations that want to focus on this population;
- Hospital-based care delivered in the home—defining care on the basis of what is delivered, not on the basis of physical walls, which will be considered largely irrelevant moving forward; and

- Patient-centered kidney care—focusing on care before end-stage renal disease.

Mr. Boehler concluded his remarks by thanking PTAC members for the time and experience they have brought to the role, noting the importance of the committee in furthering the Innovation Center's mission of improving quality and reducing costs for Americans.

Upstream Rehabilitation: CMS Support of Wound Care in Private Outpatient Therapy Clinics: Measuring the Effectiveness of Physical or Occupational Therapy Intervention as the Primary Means of Managing Wounds in Medicare Recipients

Committee Member Disclosures
All 11 committee members disclosed no conflicts.

PRT Report to the Full PTAC
The PRT members for the *CMS Support of Wound Care in Private Outpatient Therapy Clinics: Measuring the Effectiveness of Physical or Occupational Therapy Intervention as the Primary Means of Managing Wounds in Medicare Recipients* proposal were Harold Miller (PRT Lead), Kavita Patel, and Bruce Steinwald.

Harold Miller presented the PRT's report to PTAC and he said the proposed model was intended to:

- Enable physical therapists (PTs) and occupational therapists (OTs) to manage chronic wounds in Medicare beneficiaries.
- Improve access to wound care treatment in areas of low access, such as in rural settings.
- Identify Medicare beneficiaries for participation by an ICD-10 diagnosis code requiring wound care and a referral from a primary care provider (PCP) before being evaluated by a participating therapist.
- Focus on functional improvement when assessing the treatment of the wounds.
- Reimburse participating therapists by a true outcome-based payment; the PTs and OTs would receive payment only if a desirable outcome is achieved, and repay CMS if not achieved.
- Provide the PTs and OTs a one-time payment of $250 per patient for wound care supplies (except cellular and tissue-based products), in addition to the already-existing Medicare billing codes.
- Implement an episode cap on payment for PT/OT services that is stratified by risk ($3,500 for low-risk beneficiaries, $4,500 for moderate-risk, and $5,500 for high-risk).
- Provide a performance bonus of 3 percent of savings if average Medicare payments for PT/OT services per episode are below the risk-stratified cap over the two-year period.

Key issues identified by the PRT include:

- The model focuses only on services that can be delivered by PTs/OTs, which does not include all services many wound care patients would need.
- The model applies only to patients who also need physical or occupational therapy.
- The cap on average payments applies only to PT/OT services, not the total cost of wound care.
- The incentive to reduce spending below the cap is weak.

- There is no requirement to continue delivering services when the cap has been reached or a desirable outcome is not being achieved.
- There is no requirement to accept all patients who need services.
- Outcome measures are based on function and pain, rather than wound healing.

Mr. Miller reported that the PRT had unanimously agreed that the proposed model met five out of 10 of the Secretary's criteria ("Scope," "Value over Volume," "Flexibility," "Ability to Be Evaluated," and "Patient Choice"). The PRT unanimously agreed the model did not meet the remaining five criteria ("Quality and Cost," "Payment Methodology," "Integration and Care Coordination," "Patient Safety," and "Health Information Technology").

[NOTE: The PRT's presentation slides and full report are available on the ASPE PTAC website located at: https://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee.]

Clarifying Questions from PTAC to the PRT
The PTAC Chair opened the floor for PTAC members' questions to the PRT. Topics discussed included:

- Implications for federal policy based on varying states' licensing laws around what PTs and OTs are permitted to do.
- Whether there are examples of this type of model in commercial insurance.
- Lack of robust evidence-based medicine on the topic of wound care in this setting.

Submitter's Statement
The PTAC Chair invited the submitter representatives to make a statement to PTAC. They introduced themselves as David Van Name, Krisi Probert, Stephen Huntsman, and Greg Bennett.

The submitter representatives stated this proposal was designed to launch a prospective analysis of the patient experience, functional outcomes, and reduction of cost per capita for patients who would have received similar, or identical, care in hospital-based settings as opposed to private, freestanding rehabilitation clinics. The submitter representatives addressed some of the weaknesses of the proposed model identified by the PRT, including concerns regarding maintaining open communication among all members of the patient's multidisciplinary care team, the outcomes based on functional status rather than wound healing, incentives to achieve high quality under the model, and varying licensing laws from state to state.

PTAC Questions for the Submitter and Discussion
PTAC and the submitters engaged in Q&A on the following topics:

- The possibility of engaging other partners/stakeholders in a larger demonstration model.
- Concern regarding care being too centered on therapy at the expense of other providers.
- Scaling the model beyond a pilot phase.
- How wound care should be provided for patients receiving or needing palliative care.
- The exclusion of nurses and the nursing home setting from the model.
- Whether the title of the proposal should be reworded to more accurately reflect that the model was designed to enable PTs/OTs to provide wound care to patients needing therapy, rather than a wound care solution for all patients.

Public Comment

The Chair thanked the submitter representatives and opened the floor for public comments. The following individual made comments on the *CMS Support of Wound Care in Private Outpatient Therapy Clinics: Measuring the Effectiveness of Physical or Occupational Therapy Intervention as the Primary Means of Managing Wounds in Medicare Recipients* proposal:

1. William Tettelbach, MD (Associate Chief Medical Officer, MiMedx)

PTAC Voting on the Secretary's Criteria

PTAC discussed and voted on the extent to which the *CMS Support of Wound Care in Private Outpatient Therapy Clinics: Measuring the Effectiveness of Physical or Occupational Therapy Intervention as the Primary Means of Managing Wounds in Medicare Recipients* proposal meets each of the Secretary's criteria.

[NOTE: PTAC's "*Processes for Reviewing and Evaluating Proposed Physician-Focused Payment Models and Making Recommendations to the Secretary for the Department of Health and Human Services"* states that a simple majority vote will establish PTAC's determination for each of the Secretary's criteria. PTAC criterion votes remained anonymous and are presented in the table below. Individual member comments are available in the meeting transcript located on the ASPE PTAC website at: http://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee.]

Ten (10) PTAC members participated in deliberation and voting on the proposal (Dr. Medows was not present for the voting). Six (6) PTAC votes constituted a simple majority.

PTAC Member Votes on the *CMS Support of Wound Care in Private Outpatient Therapy Clinics: Measuring the Effectiveness of Physical or Occupational Therapy Intervention as the Primary Means of Managing Wounds in Medicare Recipients* Model

Criteria Specified by the Secretary (42 CFR§414.146)	PTAC Vote Categories	PTAC Vote Distribution
1. Scope (High Priority)	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	1
	3 – Meets the criterion	2
	4 – Meets the criterion	4
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	2
PTAC DECISION: Proposal Meets Criterion 1.		
2. Quality and Cost (High Priority)	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	9
	3 – Meets the criterion	0
	4 – Meets the criterion	1
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Does Not Meet Criterion 2.		
3. Payment Methodology (High Priority)	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	7
	3 – Meets the criterion	2
	4 – Meets the criterion	1
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Does Not Meet Criterion 3.		
4. Value over Volume	* – Not Applicable	0

	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	9
	4 – Meets the criterion	1
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 4.		
5. Flexibility	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	5
	4 – Meets the criterion	5
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 5.		
6. Ability to be Evaluated	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	1
	3 – Meets the criterion	5
	4 – Meets the criterion	3
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 6.		
7. Integration and Care Coordination	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	7
	3 – Meets the criterion	1
	4 – Meets the criterion	1
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	0

PTAC DECISION: Proposal Does Not Meet Criterion 7.		
8. Patient Choice	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	3
	4 – Meets the criterion	6
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 8.		
9. Patient Safety	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	4
	3 – Meets the criterion	6
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 9.		
10. Health Information Technology	* – Not Applicable	0
	1 – Does not meet criterion	1
	2 – Does not meet criterion	6
	3 – Meets the criterion	3
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Does Not Meet Criterion 10.		

PTAC Vote on Recommendation to the Secretary

[NOTE: PTAC members' votes on the recommendation to the Secretary are presented in the table below. Ten (10) PTAC members participated in deliberation and voting on the proposal. Seven (7) PTAC votes (a two-thirds majority) were required for the final PTAC recommendation.

PTAC Recommendation Category	PTAC Member Recommendation Vote
Not recommended for implementation as a PFPM (9)	Jeffrey W. Bailet Paul N. Casale Tim Ferris Len M. Nichols Kavita Patel Angelo Sinopoli Bruce Steinwald Grace Terrell Jennifer Wiler
Recommended for implementation as a PFPM (1)	Harold Miller
Referred for other attention by HHS	*No PTAC members voted for this recommendation category*

Rhonda M. Medows abstained

As a result of the vote, PTAC did not recommend the *CMS Support of Wound Care in Private Outpatient Therapy Clinics: Measuring the Effectiveness of Physical or Occupational Therapy Intervention as the Primary Means of Managing Wounds in Medicare Recipients* proposal to the Secretary.

Instructions on the Report to the Secretary

For PTAC's Report to the Secretary regarding this proposal, individual PTAC members made the following comments:

- Wound care is important, and improvements are needed in the care model in addition to the need for better ways of paying for wound care.
- Several members suggested fitting the proposed model into a larger, more scalable model regarding wound care
- Some improvements to payment could be made through changes to the Medicare fee schedule.
- Delivery of services in rural areas should specifically be called out as an immediate need, since it may not be effectively addressed in a single model and may be in need of its own solution.
- The proposed model for payments to PT/OTs would be improved by including a clearer definition of the eligible patient population (i.e., patients who are receiving therapy and have a wound that is impeding their ability to achieve a functional status).
- Both of the day's two proposals discussed by PTAC should be reported in a single Report to the Secretary because of the importance of the topic of wound care, and the opportunity to create a larger, multidisciplinary model in the future.
- There needs to be more education of policy makers, including CMS and HHS, on the complex issues involved in wound care, including input from PT and OT experts.
- The importance of expanding the scope of certain areas of the health care workforce (i.e., what the model proposes to do with PTs/OTs) will be critical for reducing costs in the future.

PTAC unanimously agreed to submit a combination report of both the *Bundled Payment for All Inclusive Outpatient Wound Care Services in Non-Hospital Based Setting* and the *CMS Support of Wound Care in*

Private Outpatient Therapy Clinics: Measuring the Effectiveness of Physical or Occupational Therapy Intervention as the Primary Means of Managing Wounds in Medicare Recipients proposals.

The meeting adjourned at 2:41 p.m. EDT.

Approved and certified by:

/Jeffrey Bailet/ 04/26/2019

Jeffrey W. Bailet, MD, Chair
Physician-Focused Payment Model Technical Advisory Committee

Date