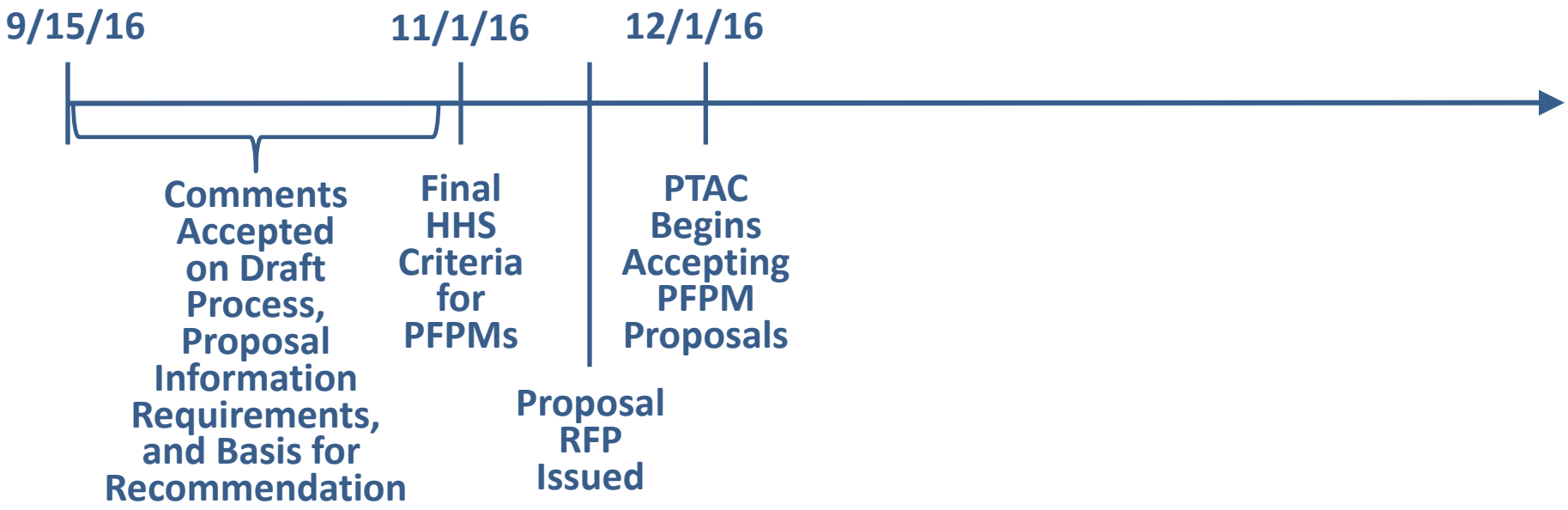
PROPOSED PROCESS TO REVIEW PROPOSALS FOR PHYSICIAN-FOCUSED PAYMENT MODELS

PTAC Review Processes Being Developed While HHS Finalizes Criteria for PFPMs

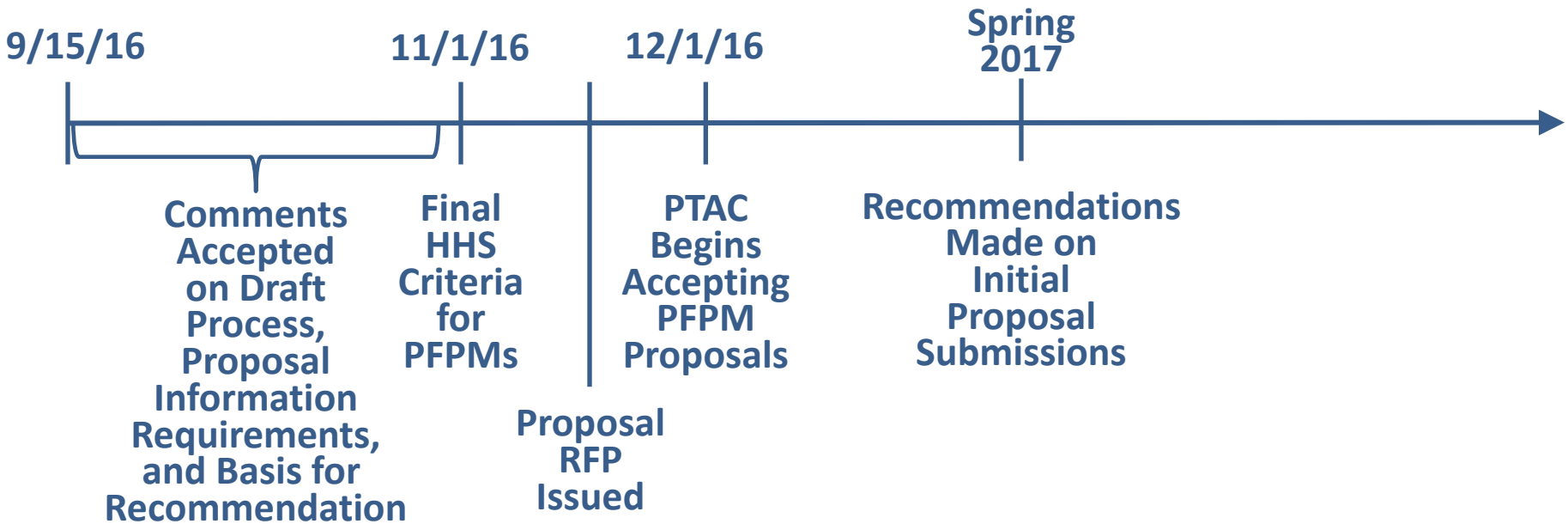
PFPM = Physician-Focused Payment Model

PTAC Expects to Issue RFP and Begin Accepting Proposals by December 1



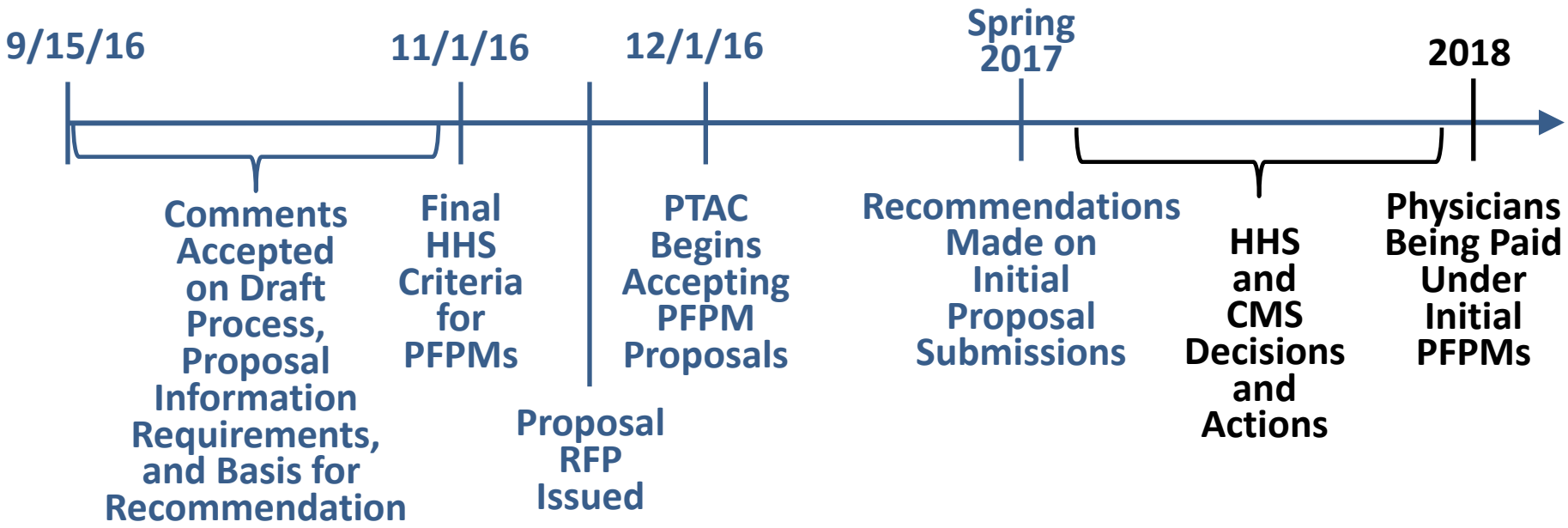
PFPM = Physician-Focused Payment Model

Goal: Having Some PFPMs Approved in Spring 2017…



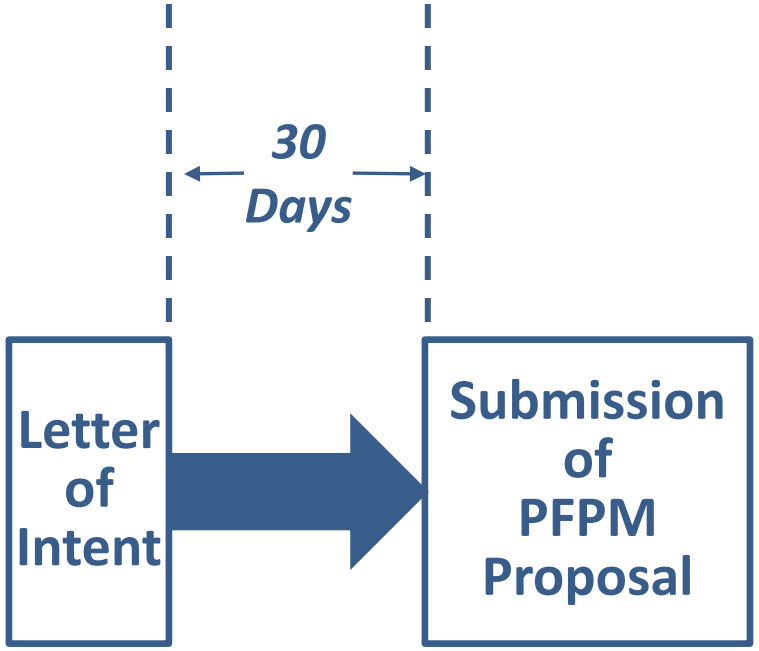
PFPM = Physician-Focused Payment Model

Goal: Having Some PFPMs Approved in Spring 2017 and Implemented in 2018

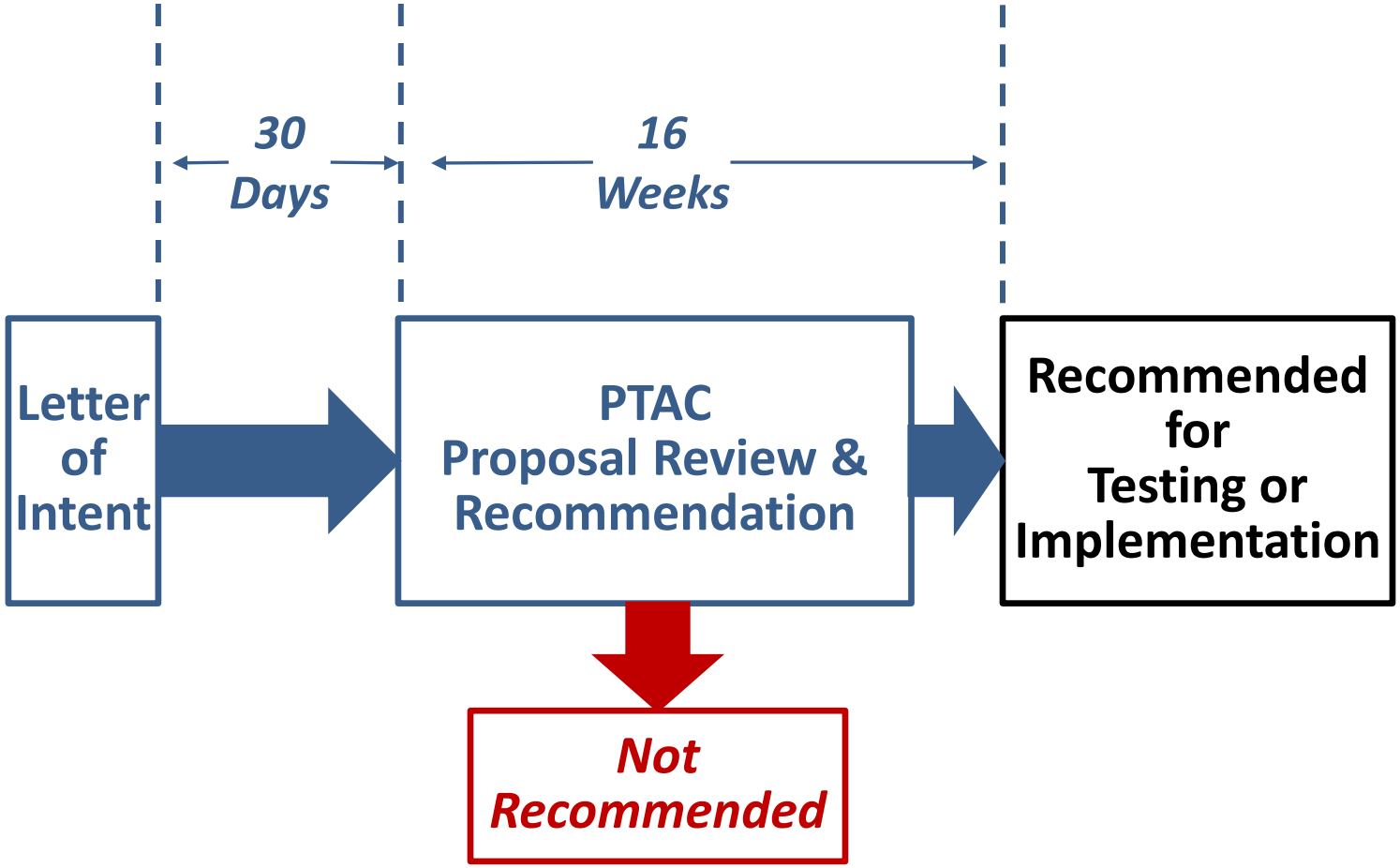


PFPM = Physician-Focused Payment Model

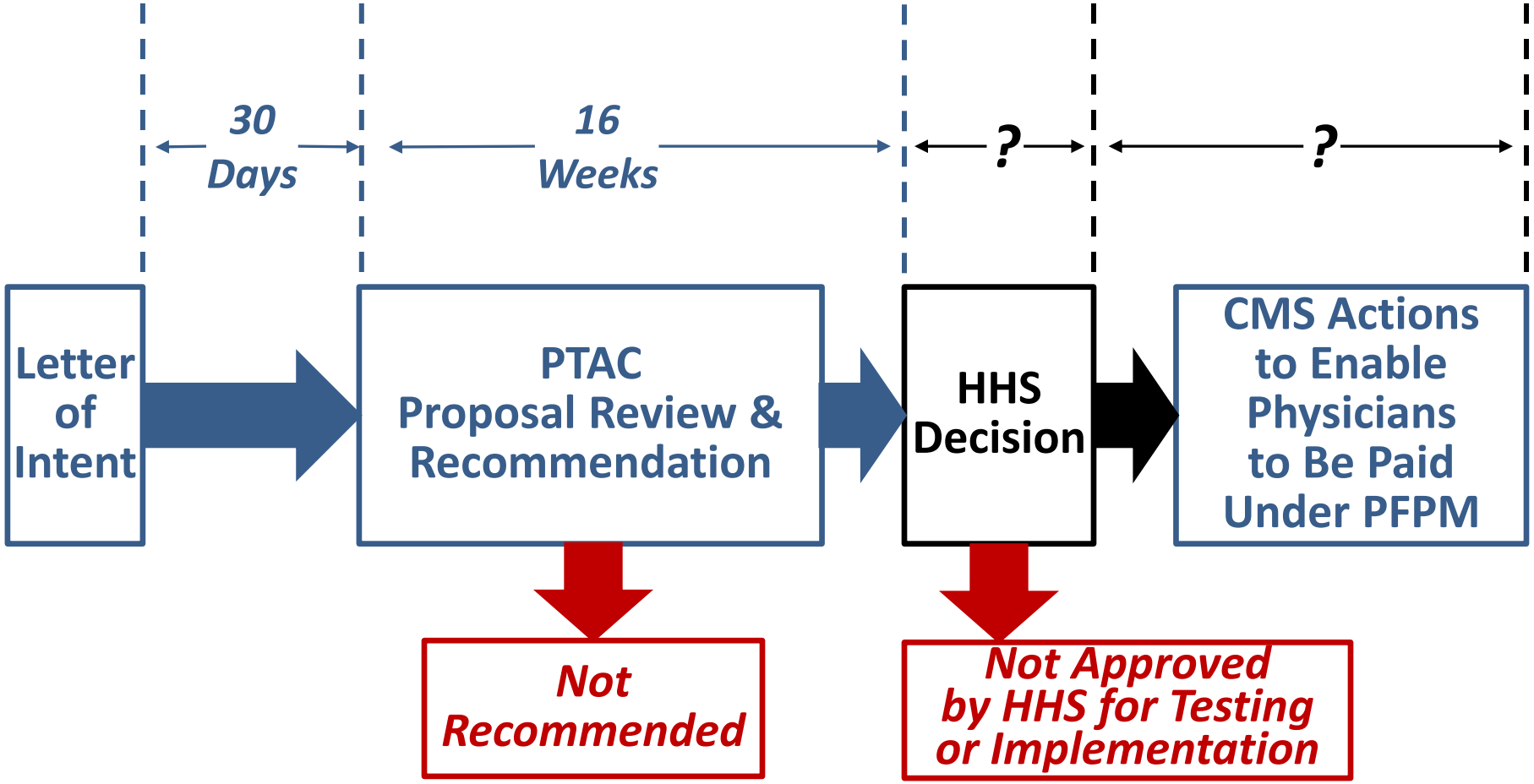
Proposed Process: Letter of Intent Submitted 30 Days in Advance of Proposal



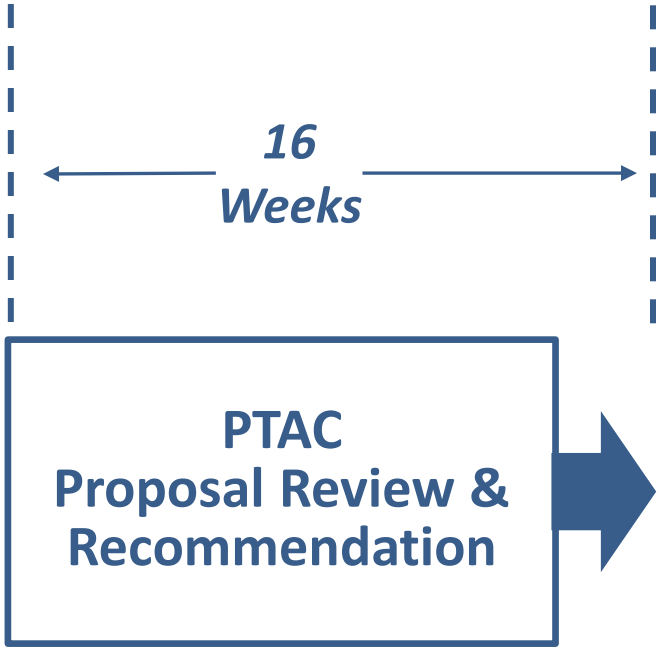
Proposed Process: Proposal Review and Recommendation Will Take ~ 16 Weeks



PTAC Can Only Recommend; HHS Decides Whether and When to Implement PFPMs

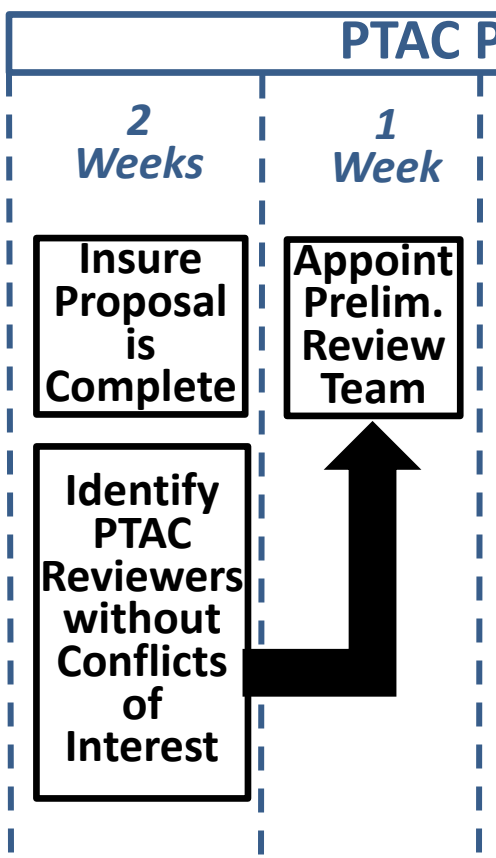


What Takes 16 Weeks?



Two Weeks for (1) Completeness Review and (2) Identify Conflicts of Interest by PTAC Members

1 Week to Appoint Preliminary Review Team



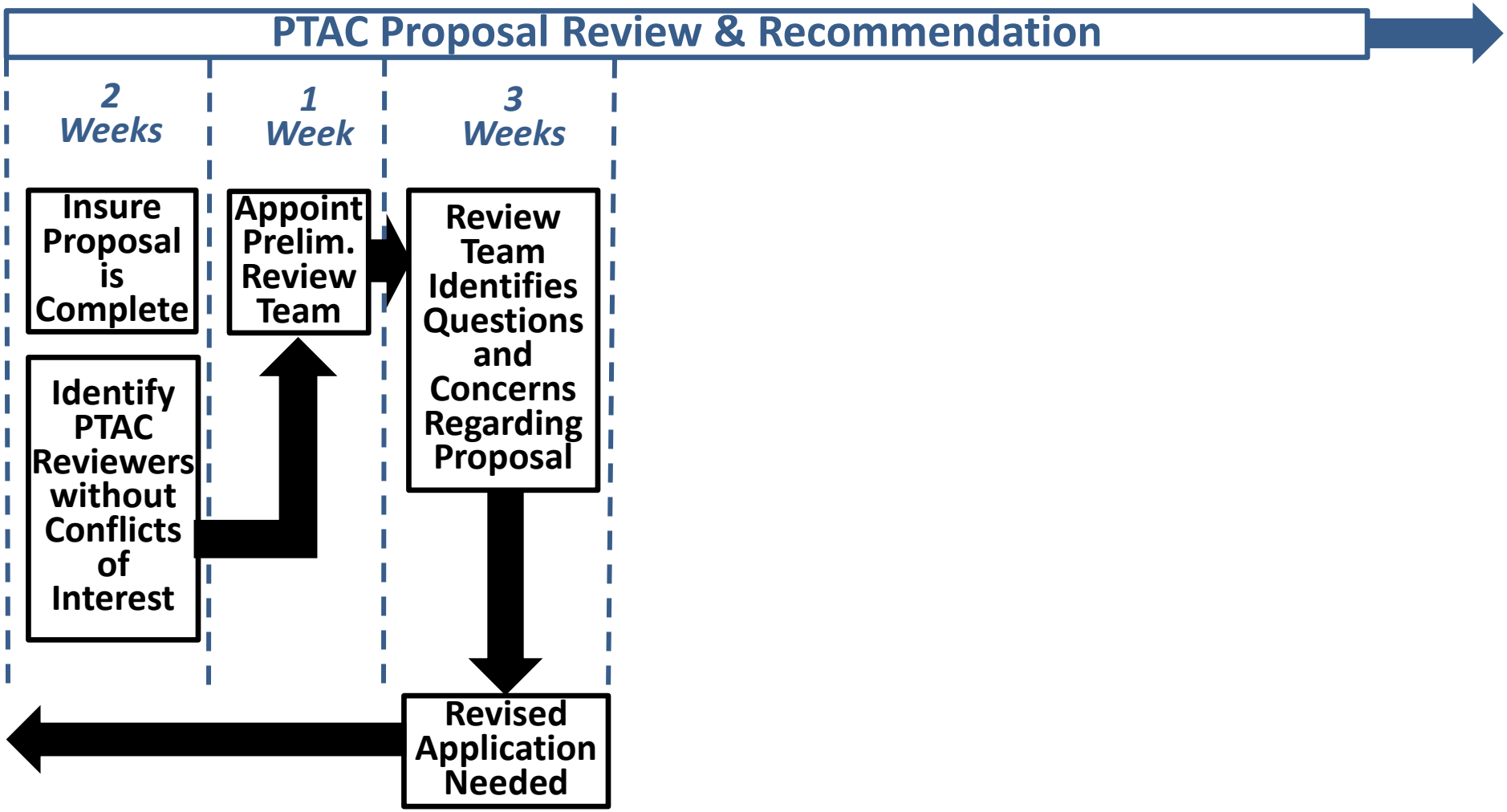
Composition of Preliminary Review Team:

- Only members of the PTAC
- At least one physician
- No one with a conflict of interest
- One individual as Lead Reviewer

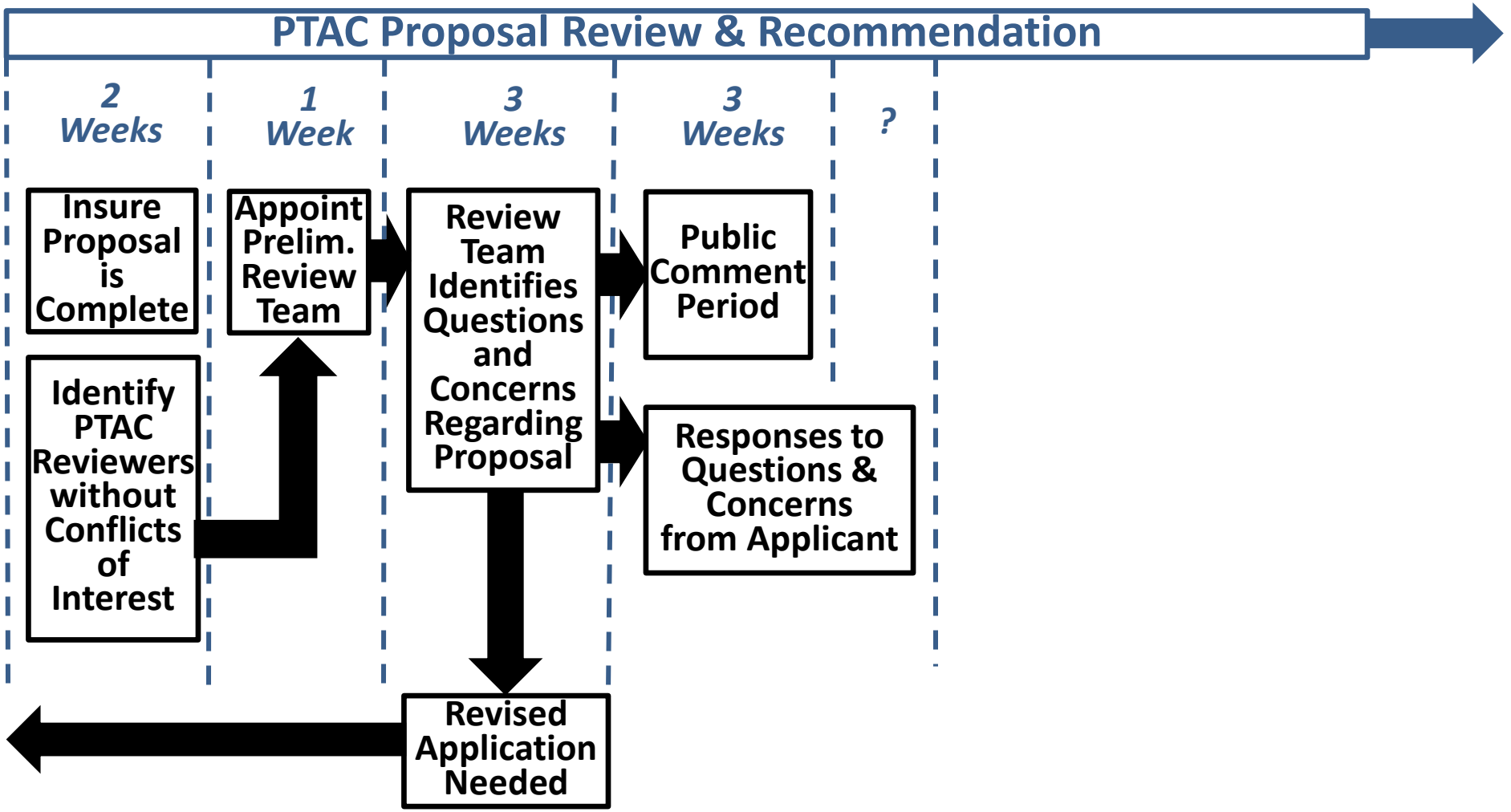
Support for Preliminary Review Team:

- ASPE Staff
- Outside experts if needed
  - No one with a conflict of interest
  - All outside experts will be publicly identified

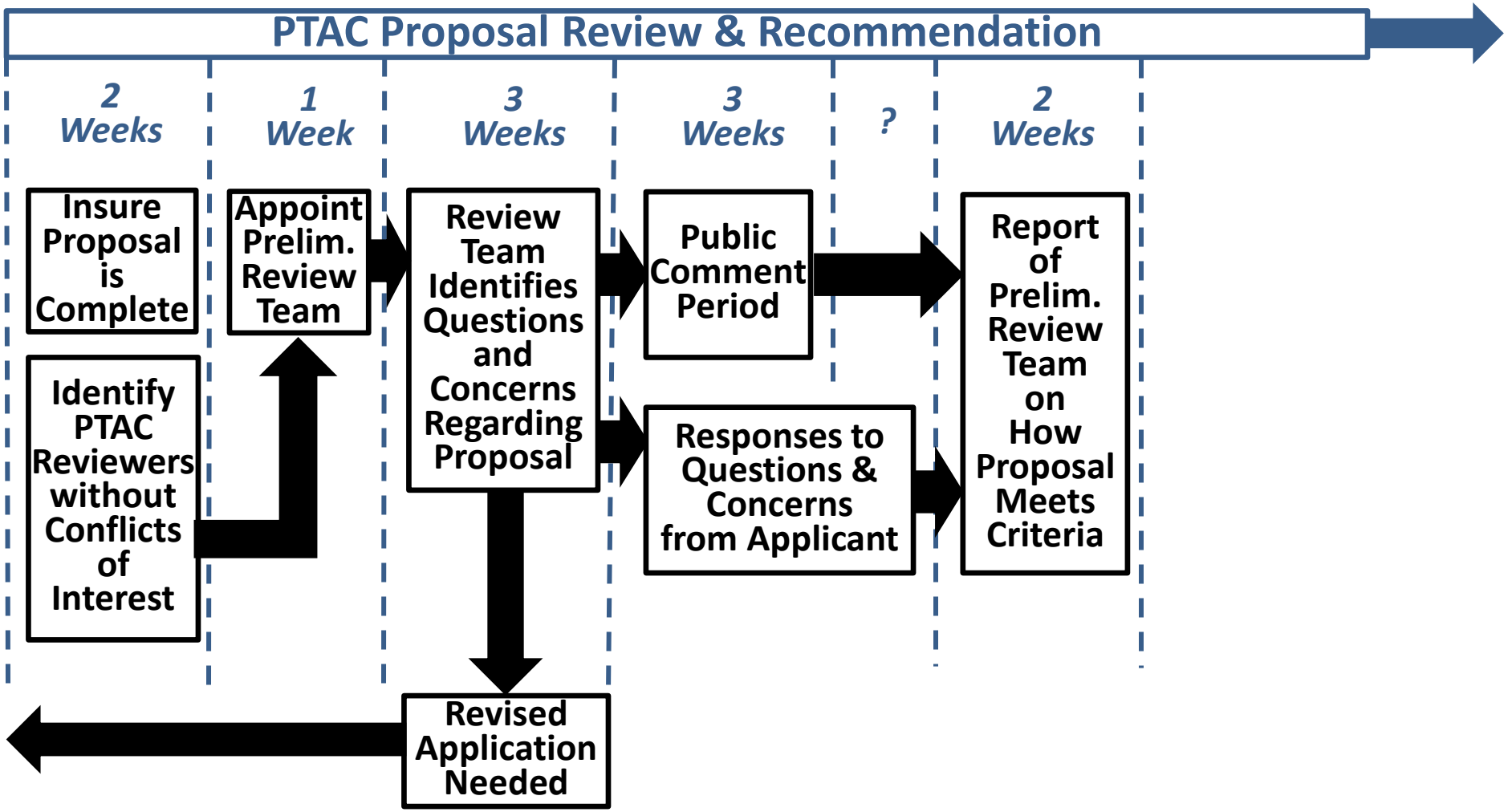
3 Weeks to Identify Questions/Concerns Regarding Proposal & Determine if Revised Proposal Is Needed



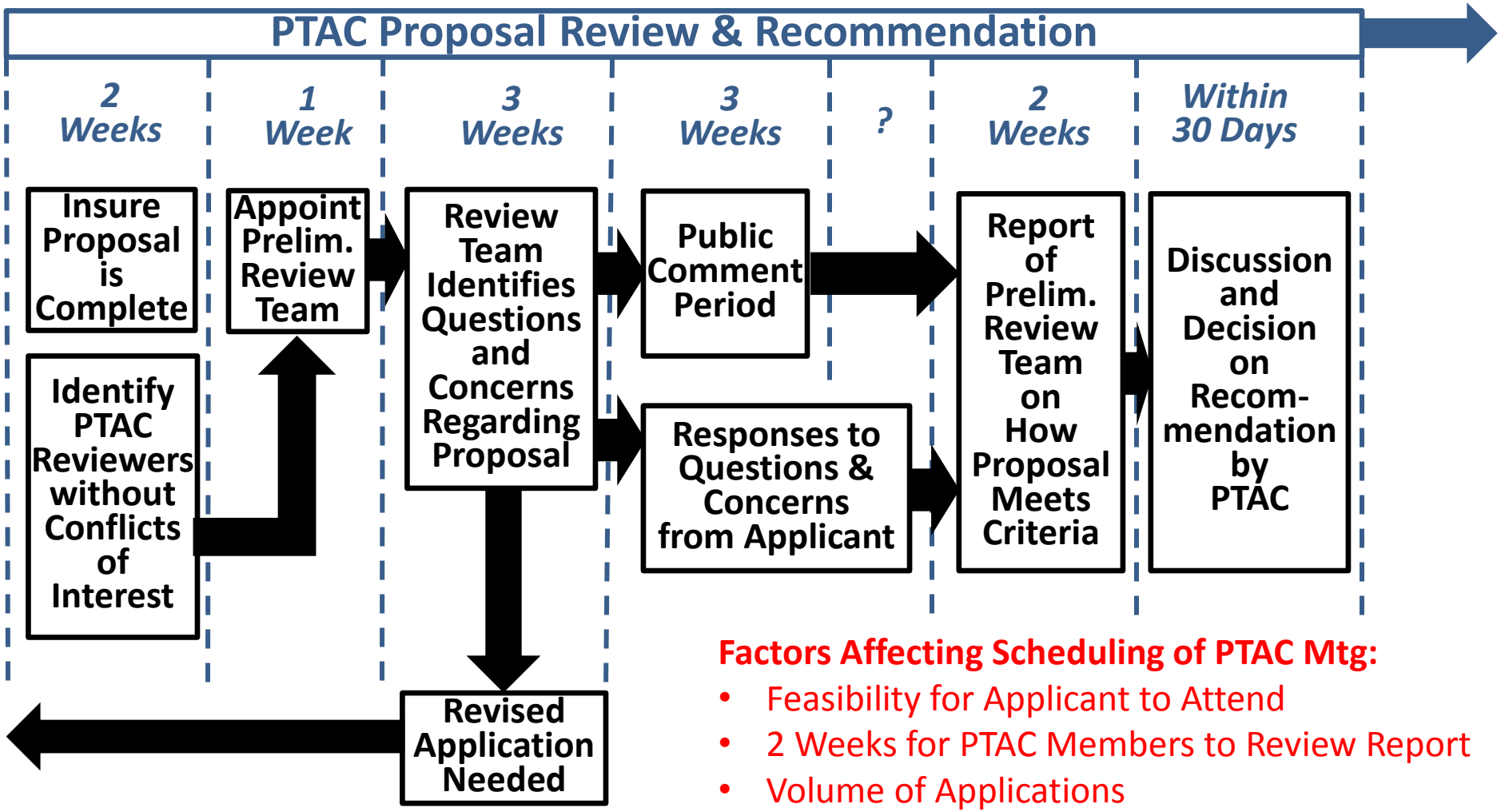
3 Weeks for Public Comment; Adequate Time for Applicant Responses



2 Weeks to Prepare Report to PTAC Based on Applicant Responses & Public Comment



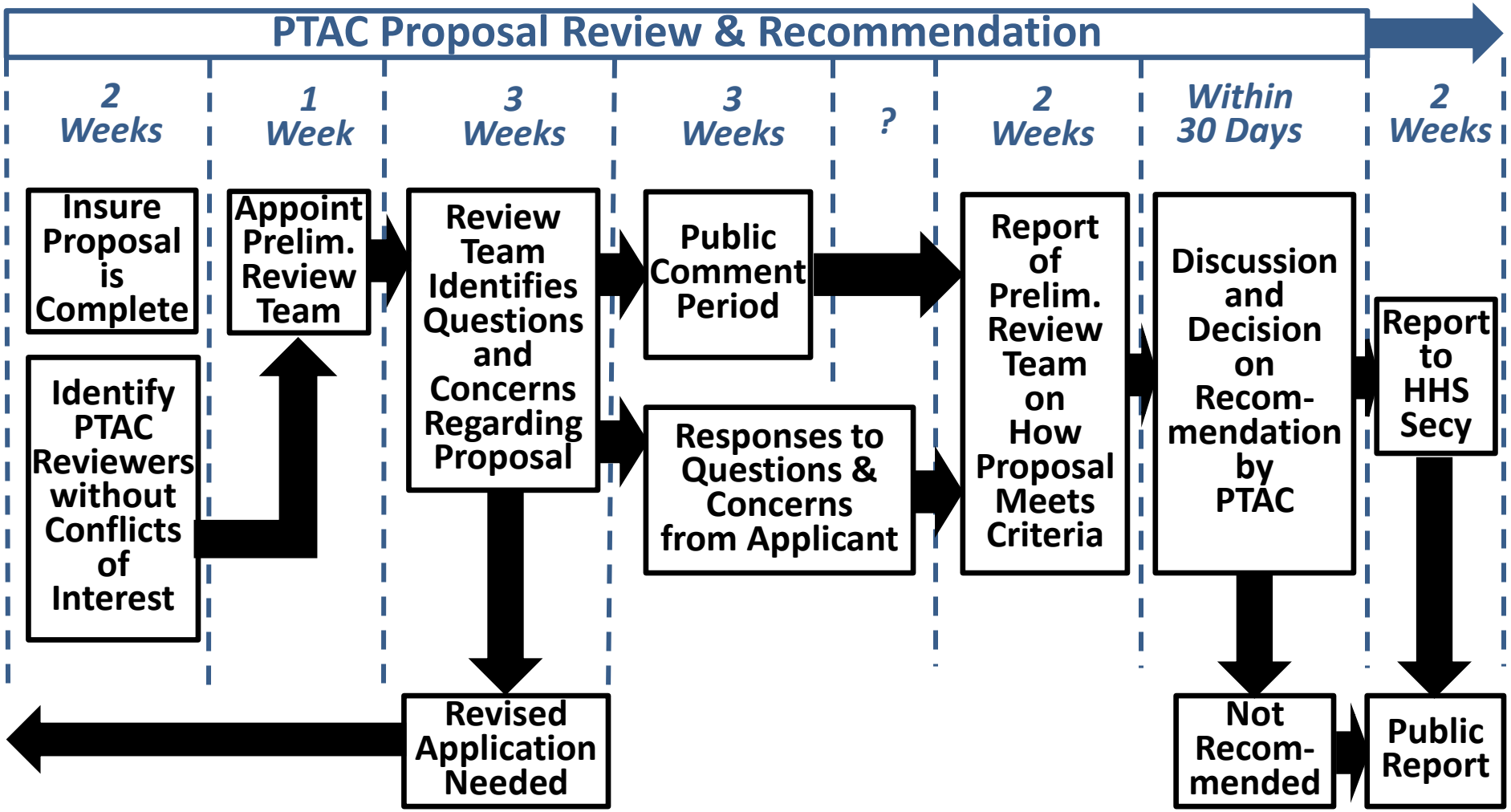
Proposals Considered at PTAC Public Meeting Within 30 Days If Desired/Feasible



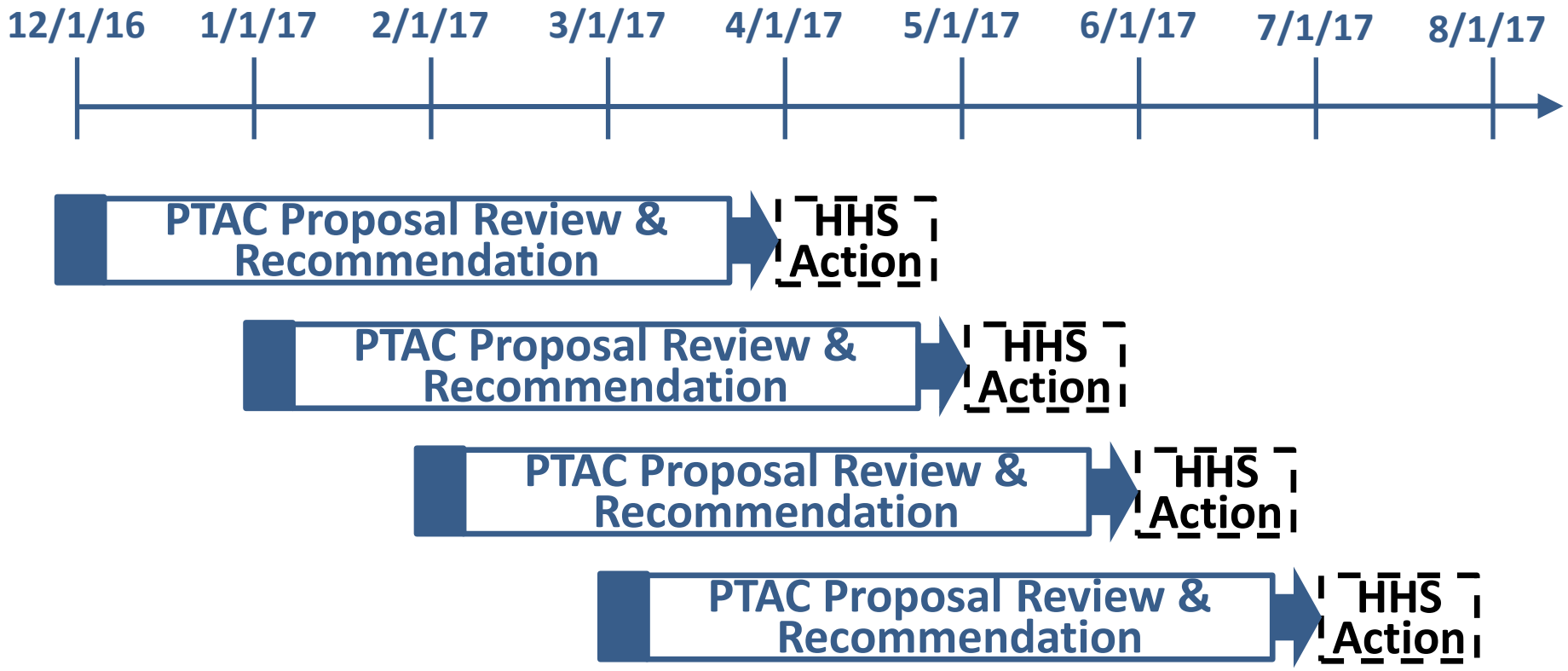
Factors Affecting Scheduling of PTAC Mtg:

- Feasibility for Applicant to Attend
- 2 Weeks for PTAC Members to Review Report
- Volume of Applications

Report on PTAC Decision Submitted to HHS and Posted on PTAC Website within 2 Wks



No Deadlines on When Proposals Can Be Submitted; Rolling Reviews & Decisions



Comments/Suggestions for Improvements in the Proposed Process are Welcome

- Comments can be made today
- Comments can be submitted in writing to PTAC@hhs.gov.

18

Physician-Focused Payment Model Technical Advisory Committee

Proposal Information Requirements

Kavita Patel, MD
PTAC Committee Member

Working draft. Open for public comment

Background

- MACRA requires the PTAC's review to address whether proposed models meet criteria established by the Secretary of the Department of Health and Human Services for PFPMs

- Based on its findings, the PTAC will make comments and recommendations to the Secretary with respect to the extent to which submitted proposals meet the Secretary's criteria.

Criteria

- PTAC to evaluate proposals using Secretary's criteria
- PTAC has drafted information requested for each criterion; i.e., questions we would like to see answered by proposals
- This **draft** of required information on PTAC website (https://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee) for public comment through Oct. 10; written comments greatly appreciated !

List of Criteria

1. Scope of Proposed Payment Model (high priority)
2. Promoting Quality and Value (high priority)
3. Flexibility for Practitioners
4. Payment Methodology (high priority)
5. Evaluation Goals
6. Integration and Care Coordination
7. Patient Choice
8. Patient Safety
9. Health Information Technology

Scope of Proposed Payment Model: Information Requirements

- Number / types of practices/physicians interested / able to participate
- Number of physicians/patients that could participate if model expanded to scale
- How the payment model would work for employed and independent physicians
- Description of any of investment of other payers in the model
- Feasibility of the models' costs / financial risks for small practices
- Size of population anticipated to benefit from the model in the pilot and if expanded to scale
- How patients are expected to benefit and be protected against unintended consequences
- Overall anticipated impacts on Medicare spending
- Expected spillover effects on Medicaid, SCHIP, TRICARE/VA, or private health spending, or on those beneficiaries/enrollees

Promoting Quality and Value: Information Requirements

- How care delivery expected to improve to achieve savings or improve quality, including:
  - Where and by how much healthcare services or costs will be reduced, and/or
  - If quality will be improved beyond a baseline, how and by how much quality will be improved; if quality will not be improved, then how quality will be maintained
- What evidence supports the expected changes in cost and/or quality and the strength of the evidence
- Probability of success of the model and nature and magnitude of barriers and risks to success
- Metrics used to assess models' performance, including impact of the model on total cost of care, and whether any metrics include patient reported outcome measures or measures of beneficiary experience of care
- Level of monitoring or auditing that will be required
- Any prior/planned statistical analyses to estimate impact of the model on spending and quality of care

Flexibility for Practitioners: Information Requirements

- Information about whether the proposed model can adapt to accommodate breadth and depth of differences in clinical settings and patient subgroups.
- Information about how proposed model can adapt to account for changing technology, including new drug therapies or devices.
- Whether and how practitioners will have to adapt to operational burdens and reporting requirements as a result of the proposed payment model
- Feasibility for model participants to prepare and build the infrastructure to implement the proposed model

Payment Methodology: Information Requirements

- How entities to be paid under proposed model including amount / method
- Whether proposed model could include other payers in addition to Medicare, and if so, whether a different payment method would be needed for those payers
- How model would enable entities to sustain the expected changes in care delivery
- How targets for success and penalties for failure would be defined
- Risk-adjustment method (if relevant)
- How payment methodology is different from current Medicare payment methodologies and why it cannot be tested under current payment methodologies/CMMI models
- Degree of financial risk the entity would bear
- Any barriers in the current payment system/barriers in laws or regulations
  - If no barriers exist, why need for proposed model ?
  - Whether proposed model will have an impact if regulatory barriers (if present) are not addressed
- Where relevant, how the model would address:
  - Establishing the accuracy and consistency of identification/coding of diagnoses/conditions
  - Clinical appropriateness of the payment unit
  - Accurately assigning claims for payment to particular episodes of care.

Evaluation Goals: Information Requirements

- Ability to evaluate impact of the PFPM on metrics included as part of the proposed model
- Evaluable goals at various levels (e.g. population, provider entity, individual physicians, etc.)
- Whether any evaluations exist or are under development, and whether findings from those can be shared

Integration and Care Coordination: Information Requirements

- Types of physicians and non-physicians likely be included in the implementation of this model in order to achieve desired outcomes
- How the model would lead to greater integration and care coordination among practitioners and across settings
- Whether model would result in changes in workforce requirements compared to more traditional arrangements

Patient Choice: Information Requirements

- How patient choice is preserved under the model by accommodating individual differences in patient characteristics, conditions, and health-related preferences while furthering population health outcomes
- How the payment model would affect disparities among Medicare beneficiaries by race, ethnicity, gender, disability, and geography
- How the payment model would expand the demographic, clinical, or geographic diversity of participation in APMs beyond existing CMS models (e.g., would model address populations not currently addressed in current CMMI models?)

Patient Safety: Information Requirements

- How proposed model would ensure patients not harmed by efforts to achieve savings or to improve specific aspects of quality/outcomes

- What measures may be used to ensure the provision of necessary care and monitor for any potential stinting of care

- Degree to which proposed model will ensure integrity of its intended benefits and what embedded monitoring and potential adjustments are under consideration, should unintended or other incongruent behaviors occur

Health Information Technology: Information Requirements

- How patients' privacy would be protected if new providers or caregivers will have access to personal health information (PHI)
- How the model could facilitate or encourage transparency related to cost and quality of care to patients and other stakeholders
- Whether interoperability of electronic health records would be needed to guide better decision-making
- Any information technology innovations that are available to support the improved outcomes, simplify the consumer experience or efficiency of the care delivery process to be achieved by the payment model.

Supplemental Information

- If the entity submitting the proposal wishes to serve as a recipient of the proposed payment, describe the proposed governance structure for entity.
- If known, describe any potential infrastructure investments needed from CMS, in addition to changes in the payment model (e.g. different mechanisms for claims processing, data flows, quality reporting, etc.)

Discussion

- Are the information requirements clear; do they need further explanation?
- Is there other information that the PTAC could receive to help address any of the criteria?
- Are some of the info requirements not feasible or appropriate? If so why, and are there remedies?
- Any other suggestions for improving these information requirements?

PTAC Request for Proposal Preview

Len Nichols, PhD
Paul Casale, MD, MPH
Tim Ferris, MD

Status

- The PTAC is preparing a request for proposal (RFP) to issue when the MACRA final rule is published.*
- A draft RFP will be posted for public comment soon.
- The RFP will incorporate the Proposal Information Requirement document that is currently posted for public comment.

*The PTAC cannot finalize the RFP until the final rule is published.

General Principles

In drafting an RFP, the PTAC is attempting to balance several principles:

- Giving succinct instructions.
- Providing ample information so the submission is complete.
- Making submission easy.
- Requesting sufficient details from submitters.
- Facilitating efficient evaluation.

Outline of RFP

The draft RFP is currently structured as follows:

- Introduction
- Guidance for Preparing Proposals
- Frequently Asked Questions
- Bibliography
- How to Submit Proposal
- Proposal Contents
- Proposal Submission Checklist

Letter of Intent Template

Stakeholders must submit a non-binding letter of intent (LOI) at least 30 days in advance of submitting a proposal.

- The letter should briefly (2 page maximum) describe:
  - Expected Participants
  - Goals of the Payment Model
  - Model Overview
  - Implementation Strategy
  - Timeline

Proposal Template

The PTAC may include the following elements in the proposal template:

- ✓ Narrative (with page limit)
- ✓ Asking stakeholders to adhere to a particular outline (with page and/or section limits)
- ✓ Opportunity to submit additional materials in an appendix

Discussion

1. Do stakeholders have suggestions about what elements should be included or excluded from the proposal?

2. Are there comments or concerns that stakeholders have about developing and submitting a proposal to PTAC?

3. Are there processes used by other committees that review proposals, which PTAC should emulate or adapt?