Physician-Focused Payment Model Technical Advisory Committee
Public Meeting Minutes

December 10, 2018
12:30 p.m. – 3:30 p.m. EST
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 (CEO, Envision Genomics)
Paul N. Casale, MD, MPH (Executive Director, New York Quality Care)
Harold D. Miller (President and CEO, Center for Healthcare Quality and Payment Reform)
Len M. Nichols, PhD (Director, Center for Health Policy Research and Ethics, George Mason University)
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

Angelo Sinopoli, MD, (CCO, Prisma Health)

PTAC Members Not in Attendance

Kavita Patel, MD, MSHS (Nonresident Senior Fellow, Brookings Institution)
Rhonda M. Medows, MD (President, Population Health Management, Providence St. Joseph's Hospital)
Tim Ferris, MD, MPH (CEO, Massachusetts General Physicians Organization)

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

Sarah Selenich, Designated Federal Officer (DFO), Office of the Assistant Secretary for Planning and Evaluation (ASPE)
Steven Sheingold, PhD, ASPE
Julia Driessen, PhD, ASPE

List of Proposals, Submitters, Public Commenters, and Handouts

1. **Innovative Oncology Business Solutions, Inc. (IOBS): Making Accountable Sustainable Oncology Networks (MASON)**

   Submitter Representatives

   Barbara L. McAneny, MD, MACP, FASCO, Chief Technology Officer, Innovative Oncology Business Solutions, Inc. and New Mexico Oncology Hematology Consultants, Ltd.
   Kameron Baumgardner, Chief Technology Officer, Resilient Solutions 21
   Terrill Jordan, LL.M, JD, President, Chief Executive Officer, Regional Cancer Care Associates, LLC

Public Commenters
Sandy Marks, Assistant Director of Federal Affairs, American Medical Association (AMA)
Stephen Grubbs, Vice President Clinical Affairs, American Society of Clinical Oncology (ASCO)
Robert Carlson, Chief Executive Officer, National Comprehensive Cancer Network (NCCN)
Anne Hubbard, Director of Health Policy, American Society for Radiation Oncology (ASTRO)
Steve D'Amato, Chief Executive Officer, New England Cancer Specialists
Gregory Rasp, Medical Director, Dayton Physicians, LLC
Charles Bane, President, Dayton Physicians Network

Handouts

- Agenda
- Committee Member Disclosures
- Preliminary Review Team (PRT) Presentation
- PRT Report
- Submitter's Response to PRT Report
- Initial Feedback of PRT
- Response to Initial Feedback of PRT
- Additional Information from the Submitter
- Additional Information or Analyses/Data Tables
- Public Comments
- Proposal
- Staff Biographies
- PTAC Deliberation and Voting Procedures

[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 December 10, 2018 PTAC public meeting.

Innovative Oncology Business Solutions, Inc. (IOBS): Making Accountable Sustainable Oncology Networks (MASON)

Welcome
Jeffrey Bailet, PTAC Chair, welcomed attendees to the December 2018 public meeting. He opened by thanking stakeholders who have put time and energy into the 28 full proposals that the PTAC received over the past two years. He then welcomed Dr. Jennifer Wiler and Dr. Angelo Sinopoli as two new members of PTAC and Grace Terrell as the new PTAC Vice Chair.

The Chair stated that beyond the proposal discussed today there are four additional proposals that Preliminary Review Teams (PRT) are actively reviewing.

The Chair also stated that a summary of the public comments and actions that PTAC is taking as a response to the request for public comments on process and requirements can be found on the ASPE PTAC website: https://aspe.hhs.gov/system/files/pdf/255731/PTACResponsesPublicComm508.pdf.

The Chair noted that the new voting categories for the overall recommendations to the Secretary will be debuted today. He explained that voting will first occur using the following three categories: Not recommended for implementation as a Physician-Focused Payment Model (PFPM), recommended for implementation as a PFPM or referred for other attention by HHS. The Chair explained that if two thirds of members vote to recommend the proposal, members will then vote on several sub-categories to determine the nature of the recommendation to the Secretary. The sub-categories are: 1) Proposal substantially meets the Secretary's criteria for PFPMs. PTAC recommends implementing proposal as a payment model, 2) PTAC recommends further developing and implementing the proposal as a payment model as specified in PTAC comments 3) PTAC recommends testing the proposal as specified in PTAC comments to inform payment model development, and 4) PTAC recommends implementing the proposal as part of an existing or planned CMMI model.

The Chair provided an update on the Secretary's response to the PTAC discussion around the models that have already been approved and what activities the Center for Medicare and Medicaid Innovation (CMMI) has been involved in to date. The Chair noted that PTAC had a call with the Director of CMMI, Adam Boehler, who plans to come to the next public meeting, and that there are models based on submissions to PTAC that are under consideration. CMMI plans to release a letter that provides guidance to proposal submitters on areas in which CMMI is interested in pursuing new payment models.

The Chair then introduced the PRT that reviewed the MASON proposal submitted by Innovative Oncology Business Solutions, Inc.

Committee Member Disclosures
Seven committee members disclosed no conflicts.

Jeffery Bailet disclosed that he had served on the AMA's large group advisory board advising the AMA board of directors for four years ending in 2012. Barbara McAneny was on the AMA board of directors at that time so she attended the quarterly meetings for the last year or so. Jeffery Bailet also testified before Congress as one of four physicians including McAneny in April 2016. Bailet indicated these terms on his disclosure form, but does not feel they represent a conflict or challenge impartiality but wanted PTAC and ASPE to be aware.

Harold Miller stated that he was not involved in the preparation of the proposal, and approval of it would not have an effect on him, however, Miller disclosed that he had worked with McAneny on issues related to oncology payment for several years. Miller had visited her practice in New Mexico and provided information to her and to Laura Stevens, the COO at IOBS, on several occasions. In addition, Miller does consulting work for the AMA of which McAneny is President. Consequently, to avoid appearance of bias, Miller recused himself from deliberations and voting on the proposal.

PRT Report to the Full PTAC
The PRT for the MASON proposal consisted of Grace Terrell (PRT Lead), Robert Berenson, and Bruce Steinwald.

The PRT Lead summarized and presented the PRT's report to PTAC and stated the proposed model would:

- Guide community-based oncologists in providing evidence-based care while receiving appropriate payments and incentives to reward quality of care and cost savings.

- Improve care for patients at increased risk of hospitalization by providing these patients with a physician who cares for them in both the clinic and hospital settings.
- Potentially allow practices to only be at risk for factors they can control.
- Use a combination of claims and clinical data to create an Oncology Payment Category (OPC) visible online to practices and CMS that does not require revision of already existing payer or financial software systems. It would create an accurate cost target that would allow providers to optimize patient management.
- Enable OPCs to change over time based on the nature of oncology practice changes and data.

Key issues identified by the PRT included:

- OPCs are not currently operational and developing them is a time-intensive and costly process.
- Generalizability of the OPCs may be limited based on the utilization patterns of a select group not reflecting the broader population.
- It is unclear whether a service related to a cancer episode is included in the OPC price.
- It was not clear how off-pathway decisions made by providers would be factored into the quality scoring process to avoid penalizing practices for appropriate deviations.
- Delineating cancer and non-cancer care may disincentivize care coordination beyond the core team of cancer care providers.
- Shared decision making should play a more robust role in the overall program.
- There are possible unintended incentives to disenroll patients who are relatively more expensive within a given OPC.

[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. The Chair highlighted the OPCs as a principal reservation of the PRT but stated that the proposers' recent response to the PRT suggested a modification that would address these concerns.

There were no further questions or topics discussed by PTAC committee members.

Submitter's Statement
The Chair invited the submitter representatives to make a statement to PTAC. They introduced themselves as Barbara McAneny, Kameron Baumgardner, and Terrill Jordan.

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

- Clarification that the submitters developed the Oncology Payment Categories (OPC)
- Clarification on whether the methodology and/or categories are proprietary
- Questions about how many patients it would take to create a critical mass for OPC for a larger range of cancers and where the data would come from
- Concerns about timeframe of adjustments to OPCs
- Clarification on whether there will be a national database or if there will be multiple databases, driven by multiple cognitive computer partners across the country
- Differences from the Hackensack-Cota model previously recommended by PTAC

- Questions about who will be paying for access to the pathways and who will pay for the cost associated with OPC algorithm updates
- Concerns about when the episode ends and how adjustments on active treatment versus remission compare
- Reasons why outcomes were not described in the model

Public Comments
The Chair thanked the submitter representatives and opened the floor for public comments. The following individuals made comments on the MASON proposal:

1. Sandy Marks, Assistant Director of Federal Affairs at the AMA
2. Stephen Grubbs, Vice President Clinical Affairs at the ASCO
3. Robert Carlson, Chief Executive Officer of the NCCN & Medical Oncologist
4. Anne Hubbard, Director of Health Policy at the American Society for Radiation Oncology (ASTRO)
5. Steve D'Amato, Chief Executive Officer of New England Cancer Specialists
6. Gregory Rasp, Medical Director and Radiation Oncologist from Dayton Physicians Network, LLC
7. Charles Bane, President & Medical Oncologist from the Dayton Physicians Network, LLC

[NOTE: A transcript of these commenters' remarks is available on the ASPE PTAC website located at: https://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee.]
The public meeting recessed at 14:46 p.m. and reconvened at 14:54 p.m.

PTAC Criterion Voting
PTAC discussed and voted on the extent to which the MASON 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.]

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

PTAC Member Votes on MASON

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	0
	3 – Meets the criterion	0
	4 – Meets the criterion	2

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

Criteria Specified by the Secretary (42 CFR§414.146)	PTAC Vote Categories	PTAC Vote Distribution
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	2
	4 – Meets the criterion	4
	5 – Meets the criterion and deserves priority consideration	1
	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	0
	3 – Meets the criterion	3
	4 – Meets the criterion	2
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	1
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	0
	3 – Meets the criterion	4
	4 – Meets the criterion	3
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 7.		
8. Patient Choice	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	2
	4 – Meets the criterion	3

Criteria Specified by the Secretary (42 CFR§414.146)	PTAC Vote Categories	PTAC Vote Distribution
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	1
PTAC DECISION: Proposal Meets Criterion 8.		
9. Patient Safety	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	1
	4 – Meets the criterion	4
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	1
PTAC DECISION: Proposal Meets Criterion 9.		
10. Health Information Technology	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	0
	4 – Meets the criterion	3
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	3
PTAC DECISION: Proposal Meets and Deserves Priority Consideration for 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. 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 if a two-thirds vote to recommend the proposal is achieved, then a second round of voting on different categories will determine PTAC's final overall recommendations to the Secretary.]

Given that seven PTAC members participated in deliberation and voting on the proposal, four PTAC votes were required for the final PTAC recommendation vote.

PTAC Recommendation Category	PTAC Vote Distribution
Not recommended for implementation as a PFPM	0
Recommended for implementation as a PFPM	7
Referred for other attention by HHS	0

Based on the voting distribution, the MASON proposal was recommended for implementation as a PFPM and PTAC continued to the secondary vote to determine the final recommendations to the Secretary.

PTAC Recommendation Category	PTAC Member Recommendation Vote
Proposal substantially meets the Secretary's criteria for PFPMs. PTAC recommends implementing the proposal as a payment model.	*No PTAC members voted for this recommendation category*
PTAC recommends further developing and implementing the proposal as a payment model as specified in PTAC comments.	Jeffrey W. Bailet Paul N. Casale Len M. Nichols Angelo Sinopoli Bruce Steinwald Jennifer Wiler
PTAC recommends testing the proposal as specified in PTAC comments to inform payment model development.	Grace Terrell
PTAC recommends implementing the proposal as part of an existing or planned CMMI model.	*No PTAC members voted for this recommendation category*

As a result of the vote, the PTAC recommended further developing and implementing the MASON proposal as a payment model as specified in PTAC comments below.

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

- Despite a lot of effort to date, cancer care still remains highly variable.
- The proposed model is elegant, comprehensive, and has the potential to be transformative.
- The proposal builds on a CMMI-funded project that showed improved quality and decreased costs.
- The Oncology Payment Categories (OPCs) should be able to be developed; the submitter demonstrated a proof of concept. However, more time and evaluation are needed. CMMI should support the efforts around looking at the data and modeling.
- The rapid cycle of continuous learning and leveraging machine learning in that process is an incredibly valuable aspect of this proposed model. The potential for updating over time, which allows both reclassification of patients and a resetting of the targeting, is exactly what is needed in a field this dynamic.
- Hopefully, there is competitiveness in the marketplace so that the novel digital health solutions in this proposed model are not proprietary. The methodology and the ability for others to generate similar models across the country should be supported.

- Shared decision-making, which is part of this model, is critically important. That is a huge gap that this model will help fill. The model also makes a significant move in the way drugs are priced.
- Implementing this model will be complex. It is important to get this model right. It needs to be broadly applicable and flexible to ensure physician participation.
- CMS should be encouraged to devote their resources to develop and test this proposal on a large scale as soon as possible.

Public Comments on PTAC's Process
The chair opened the floor for public general comments.

Sandy Marks from the American Medical Association (AMA) described AMA's independent survey of stakeholders to learn about their experience with PTAC and the follow-up by CMS after PTAC's recommendations were made. Fourteen organizations were contacted by the AMA whose models were recommended by PTAC to CMS. All responses were confidential and each submitter had the option to opt out of individual questions. The responses were as followed: four submitters had discussions with CMMI before submitting their proposal; five were contacted by CMMI after PTAC's recommendation; two described their involvement with CMMI as involving limited collaboration; two characterized their discussions as CMMI asking them for information; three of five who met with CMMI after PTAC's recommendation stated that they had meetings recently or have meetings planned with CMMI, the other two last met with CMMI in the summer; one submitter felt almost certain that CMMI would implement the model proposed or something close to it, but said that CMMI had suggested a different payment model; two submitters said they thought it was possible that CMMI will implement a model close to what they proposed or a different model covering the same patients; three said they think it's unlikely their model will be implemented; and two are unsure of what will happen.

All but three submitters felt they had been able to obtain the data they needed to develop their proposal, but some noted the data had been expensive to obtain. The others said they would have been better able to respond to PTAC questions if they had been able to access CMS claims data. Some submitters said that it would have been helpful to have technical assistance in modeling impacts and overcoming barriers to implementation, including financial risk, quality measures, and operational and legal challenges to implementation. Many believed that PTAC would foster collaboration between CMS and the physician community on APMs, and they are disappointed in the lack of progress so far.

Ms. Marks stated that the AMA hoped that a more interactive and collaborative process can be developed, with a clear roadmap for submitters, that can result in more physician-focused APMs.

The PTAC Chair thanked Ms. Marks and the AMA for their report. PTAC members commented that success in implementing new payment models was more likely if physicians were involved in developing the models, and urged that any modifications CMMI makes to the models recommended by PTAC be done in collaboration with the physicians who developed them. PTAC members also urged that a clear roadmap be developed so that submitters know what is needed for a model to be accepted and implemented.

The meeting adjourned at 15:04 p.m. EST.

Approved and certified by:

_____/Sarah Selenich/_____ _____03/27/2019_____

Sarah Selenich, Designated Federal Officer
Physician-Focused Payment Model Technical
Advisory Committee

Date

_____/Jeffrey Bailet/_____ _____03/14/2019_____

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

Date