

A Proposal to the Physician-Focused Payment Model Technical Advisory Committee

From A Coalition of Small Independent PCPs, Jean Antonucci ,MD primary author

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Contact person

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Physician-Focused Payment Model Technical Advisory Committee
C/o Assistant Secretary of Planning and Evaluation Office of Health Policy
U.S. Department of Health and Human Services
200 Independence Avenue S.W.
Washington, DC 20201

Letter of Intent

Proposal – An innovative model for primary care office payment (APC-APM)

Dear PTAC Committee Members:

On behalf of a national group of independent small primary care practices, I am delighted to declare intent to submit a proposal for a new physician focused payment model.

Throughout this letter and the proposal ,the word "we" is used to refer to the stakeholder physicians who have given input into, and who wish to submit, a proposal ,under the authorship of Jean Antonucci, MD.

Strengthening primary care is critical to driving greater value for beneficiaries, payers, and communities.

Transformation efforts over the last several years have experimented with various models for practice redesign, collecting quality data and changing payment. To our knowledge, other than the potential of CPC+ (which is ongoing, not available to all, complex, and has some faults that concern us), no model has succeeded in driving down costs, and improving situations for both PCPs and their patients. Most initiatives have been top down, frustrating to physicians, and very

complex. PCPs have been told to reinvent themselves, but without reduction in the many daily barriers to their work flow, without proper tools, and despite an ever increasing work load.

We have something better. The author has trialed this model for almost ten years, and believes it is now ready for expansion. Our proposal derives from the work of grassroots innovative physicians who have often been under the radar, working and testing best practices every day for years.

Goals of this project are to describe and propagate a “real world payment-capitation -model “that is elegantly simple and pays physicians fairly, while gathering actionable data in a low impact manner. This is what PCPs need and want.

A further goal is to begin to make primary care a rewarding and sustainable profession again. In recent years PCPs have been pressured to redesign their work flows, often without proper tools and with only minor payment change that came with the price of burdensome unhelpful data collection and complex rules. We could talk at some length about the barriers to doing primary care well. We simply take this opportunity to make the committee aware of the depth of our knowledge and experience. While we are not health policy pros, we are self-educated, and fairly well educated, in health policy as it relates to primary care, and we are passionate about sustainable quality primary care. We make this proposal thoughtfully. We often speak simply but we understand the complexities in the current system.

Participants will be any primary care physician in any market, and their patients. Any payer may participate. In the proposal we will detail the attribution of patients.

Implementation time will only depend on the participants’ learning to use the quality measurement tool, the attribution of the patient panel, and the administrative time payers need to get systems ready. To truly measure results the plan would have to last 5 years at a minimum. The tool can be self-taught and learned easily. In other markets it has been put in place by webinars. Very soon it will be implemented in RI and that model can be replicated. If approved and administrator and payers move, this plan could start by June 1 2018.(The author has used this proposal with one payer. It took just several weeks to set up.

Sincerely

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