American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

September 6, 2017

Physician-Focused Payment Model Technical Advisory Committee
C/o U.S. DHHS Asst. Secretary for Planning and Evaluation
Office of Health Policy
200 Independence Avenue S.W.
Washington, D.C. 20201
PTAC@hhs.gov

Letter of Intent: American College of Emergency Physicians *Acute Unscheduled Care Model: An Advanced Alternative Payment Model in Emergency Medicine*

Dear Committee Member:

On behalf of the 37,000 members of the American College of Emergency Physicians (ACEP), I would like to express intent to submit a Physician-Focused Payment Model (PFPM) for PTAC review in September 2017.

Payment Model Overview

Emergency department (ED) physicians directly impact Medicare expenditures when they choose to admit beneficiaries to acute care settings as opposed to treating and discharging them home. This proposed Acute Unscheduled Care Model (AUCM) is designed to facilitate safe, appropriate discharges and to create savings in three ways. The first is by reducing hospital inpatient admissions or observation stays. The second is by enhancing the ability of emergency physicians to coordinate, manage and avoid unnecessary postdischarge services, when appropriate. The third is by avoiding post-ED visit patient safety events and their associated costs. The proposed monitoring of postdischarge events (death, repeat ED visits, inpatient admissions and observation stays) protects Medicare beneficiaries and will ensure that attempts to decrease the cost of care do not result in decreased quality.

Goal

The goal of the AUCM is to improve the care of Medicare beneficiaries receiving unscheduled care in emergency departments, by providing emergency physicians and their teams with care coordination tools and services.

The model will support shared decision making with patients and their families, in order to increase the number of beneficiaries discharged home to the community, or returned to skilled nursing facilities or long-term care.

The model aims to decrease cost by reducing postdischarge ED costs over 30 days, limiting admissions post-discharge, limiting return ED visits. And coordinating with primary care physicians in developing a patient-specific, efficient transition back to the outpatient provider.

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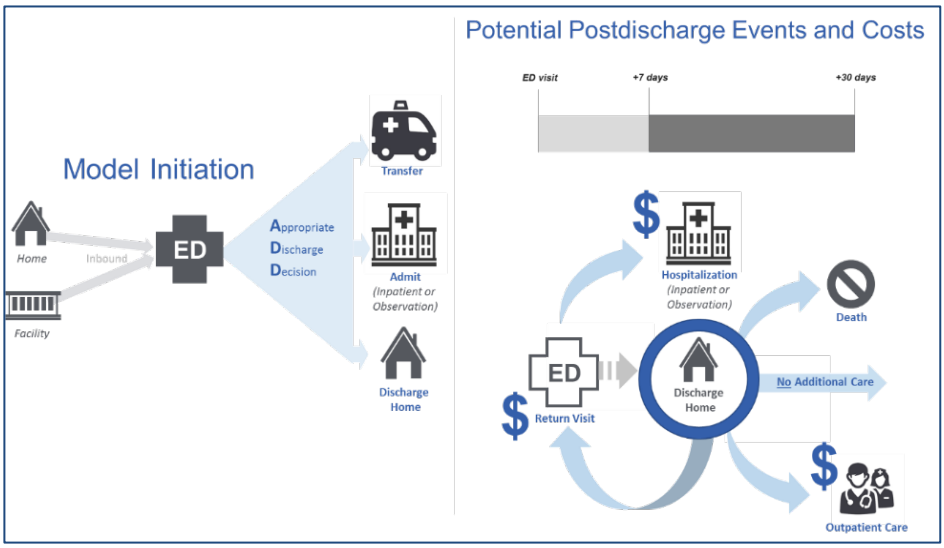
Overview of AUCM – A PFPM for Emergency Physicians



Expected Participants

ACEP expects that emergency physicians and other Part B-eligible professionals employed in a variety of practice models including hospital employees, independent groups staffing one hospital, academic physicians, and in large regional or national groups will participate. Participating facilities would include rural, suburban, urban, and teaching facilities. The model is designed to function independently or to complement other hospital-focused AAPMs.

Implementation Strategy

ACEP is committed to working with its members, hospitals and practice groups who provided over 22 million visits for Medicare eligible patients in 2014 to test the models on a regional basis in 2019. We anticipate continuing engagement of our members with CMS in setting appropriate targets for cost savings that meet AAPM requirements.

Timeline

ACEP will formally submit the AUCM proposal to the PTAC by September 12th, 2017 with the goal of implementation in 2019.

If there are any additional information that you would like prior to formal submission of the proposal, please contact me at 904-427-4993 or jbettingert@bsanda.com.

Thank you,

Dr. Jeff Bettinger
Co-Chair, ACEP APM Taskforce

Dr. Randy Pilgrim
Co-Chair, ACEP APM Taskforce