

**Physician-Focused Payment Model Technical Advisory Committee  
Public Meeting Minutes**

**September 16, 2019  
12:53 p.m. – 2:43 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 Baillet, MD (PTAC Chair; President and CEO, Altas)  
Grace Terrell, MD, MMM (PTAC Vice Chair; CEO, Envision Genomics)  
Paul N. Casale, MD, MPH (Executive Director, NewYork 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; CEO of Care Coordination Institute)  
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 in Attendance via Teleconference**

Rhonda M. Medows, MD (President, Population Health Management, Providence St. Joseph Health, and CEO, Ayin Health Solutions)  
Harold D. Miller (President and CEO, Center for Healthcare Quality and Payment Reform)

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

Stella (Stace) Mandl, PTAC Staff Officer  
Sarah Selenich, Designated Federal Officer  
Sally Stearns, PhD

**List of Proposals, Submitters, Public Commenters, and Handouts**

- 1. ACCESS Telemedicine: An Alternative Healthcare Delivery Model for Rural Cerebral Emergencies submitted by the University of New Mexico Health Sciences Center (UNMHSC)**

**Submitter Representatives**

Ryan Stevens, MHA, FACHE  
Neeraj Dubey, MD, FAAN  
Susy Salvo-Wendt (via teleconference)

**Public Commenters**

Dick Govatski (CEO, Net Medical Xpress)  
Deirdre Kearny (Clinical Educator, University of New Mexico)  
Sandy Marks (Assistant Director Federal Affairs, American Medical Association)

## Handouts

- Agenda
- Committee Member Disclosures
- Preliminary Review Team (PRT) Presentation
- PRT Report
- Submitter's Response to PRT Report
- Additional Information from Submitter
- Additional Information or Analyses/Data Tables
- Public Comments
- Proposal

[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 the presentation slides and a video recording of the September 16, 2019, PTAC public meeting.

## Welcome

Jeffrey Baillet, PTAC Chair, welcomed the public to the PTAC meeting and provided an update on PTAC's recent work. He noted that PTAC sent a report to the Secretary of Health and Human Services (HHS) that included its comments and recommendations on the *CAPABLE* Provider Focused Payment Model proposal, which PTAC voted on during its last public meeting on June 17, 2019. He also indicated that PTAC currently has several proposals under review.

The Chair also reminded the audience of the steps in the deliberation process and then introduced the PRT that reviewed the *ACCESS Telemedicine: An Alternative Healthcare Delivery Model for Rural Cerebral Emergencies* proposal submitted by the University of New Mexico Health Sciences Center (UNMHSC).

## **ACCESS Telemedicine: An Alternative Healthcare Delivery Model for Rural Cerebral Emergencies**

### **Committee Member Disclosures**

Ten committee members disclosed no conflicts.

Kavita Patel stated that while she had not reviewed the proposal previously, she has been in contact with Dr. Sanjeev Arora and his team from the University of New Mexico about their program called Project ECHO, which has similar features to the program detailed in the *ACCESS* proposal. While employed at the Brookings Institution full-time, Dr. Patel and her colleagues published a report highlighting the ECHO model.

### **PRT Report to the Full PTAC**

The PRT for the *ACCESS Telemedicine: An Alternative Healthcare Delivery Model for Rural Cerebral Emergencies* proposal consisted of Len Nichols (PRT Lead), Rhonda Medows, and Grace Terrell. Dr. Nichols presented an overview of the proposed Physician-Focused Payment Model (PFPM), which:

- Is based on a pilot that was funded as a Health Care Innovation Award.

- Uses telemedicine to address an unmet need for cerebral emergent care management in rural hospitals by connecting rural providers with neurological and neurosurgical experts who would use a two-way audio-visual program to provide consulting services.
- Uses a bundled payment model to the rural hospital that includes follow-up consultation on the same case within a 24-hour time period.
- Is designed to expand access to specialty care expected to reduce unnecessary utilization related to transfers to regional referral centers, and improve timeliness of care.

Key issues identified by the PRT included the following:

- The proposed program has the potential to improve quality and outcomes for patients while saving costs to Medicare and patients/families, in addition to reducing unnecessary transfers.
- Aspects of the proposed payment model depart from how Medicare currently pays for telemedicine services, such as: proposing to make differential payments to the consulting neurologist and neurosurgeon; proposing to make the bundled payment to the rural hospital, rather than the entity delivering the telemedicine services; and proposing to pay for infrastructure-related costs.
- The fair market value calculations that were used to determine the proposed model payment amounts may need more detailed specification.

The PRT unanimously agreed that the proposed model meets and deserves priority consideration for three of the Secretary’s 10 criteria (“Scope,” “Quality and Cost,” and “Value over Volume”). The PRT unanimously agreed that the proposed model meets seven of the 10 criteria (“Payment Methodology,” “Flexibility,” “Ability to Be Evaluated,” “Integration and Care Coordination,” “Patient Choice,” “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 Chair opened the floor for PTAC members’ questions to the PRT. The discussion focused on the following topics:

- Ability of the model to cover fixed costs, given anticipated low volumes in rural areas.
- Applicability of the model outside of rural areas.
- Whether licensure across state borders is a concern, as it is with other telemedicine models.
- Logic behind payments to the hospitals versus to the consulting physicians.
- The scope of services proposed for inclusion in the bundle, and why the model is preferable as an Alternative Payment Model (APM) rather than for reimbursement through the Medicare Physician Fee Schedule.

#### **Submitter’s Statement**

The Chair invited the submitter representatives, Ryan Stevens, Dr. Neeraj Dubey, and Susy Salvo-Wendt, to make a statement to PTAC.

The submitter representatives stated that the proposed model promises to reduce health inequality rooted in geography. They described what they see as four unique aspects of the proposed model. First, a variable cost structure ensures that participating hospitals pay only for specialist services as needed

for cerebral emergencies. Second, administrative simplification follows from facilities being reimbursed for physician services rather than having specialists bill for their services. Third, the proposed model's combined provision of access to specialist consults via telemedicine, plus targeted clinical education, has demonstrated an ability to change provider behavior—reducing transfers for these conditions and keeping patients in their own communities. Fourth, the program focuses on keeping patients in their home communities when appropriate. The submitter representatives also identified four challenges that need to be addressed, related to outcomes validation, risk-sharing, variable reimbursement, and facility eligibility.

### **PTAC Questions for the Submitters and Discussion**

PTAC and the submitters engaged in Q&A on the following topics:

- Whether cost-based reimbursement (e.g., as with critical access hospitals) is compatible with the proposed model.
- The justification for billing to be done by the participating rural hospital (e.g., the remote provider), rather than by the referral center providing the consulting services.
- Ways to incorporate accountability for quality into the payment model, including local hospital review of provider credentials, referral center certifications, monthly case reviews, and targeted clinical education.
- How a focus on increased, medically appropriate volume for rural hospitals may be considered higher value care, as well as sustaining rural hospitals economically.
- The scope of diagnoses that may trigger a bundle.

### **Public Comments**

Chair Baillet thanked the submitter representatives and opened the floor for public comments. The following individuals made comments on the *ACCESS Telemedicine: An Alternative Healthcare Delivery Model for Rural Cerebral Emergencies* proposal:

1. Dick Govatski (CEO, Net Medical Xpress)
2. Deirdre Kearny (Clinical Educator, University of New Mexico)
3. Sandy Marks (Assistant Director Federal Affairs, American Medical Association)

[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**

Eleven PTAC members deliberated and voted on the extent to which the *ACCESS Telemedicine: An Alternative Healthcare Delivery Model for Rural Cerebral Emergencies* proposal meets each of the Secretary's 10 criteria.

[NOTE: A simple majority vote will establish PTAC's determination for each of the Secretary's criteria. Members' individual criterion votes remain anonymous. However, the distribution of votes and the voting outcomes 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 ACCESS Telemedicine: An Alternative Healthcare Delivery Model for Rural Cerebral Emergencies**

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

<b>Criteria Specified by the Secretary (42 CFR§414.146)</b>	<b>PTAC Vote Categories</b>	<b>PTAC Vote Distribution</b>
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	3
	4 – Meets the criterion	4
	5 – Meets the criterion and deserves priority consideration	4
	6 – Meets the criterion and deserves priority consideration	0
<b>PTAC DECISION: Proposal Meets Criterion 4.</b>		
<b>5. Flexibility</b>	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	2
	4 – Meets the criterion	7
	5 – Meets the criterion and deserves priority consideration	2
	6 – Meets the criterion and deserves priority consideration	0
<b>PTAC DECISION: Proposal Meets Criterion 5.</b>		
<b>6. Ability to Be Evaluated</b>	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	3
	4 – Meets the criterion	7
	5 – Meets the criterion and deserves priority consideration	1
	6 – Meets the criterion and deserves priority consideration	0
<b>PTAC DECISION: Proposal Meets Criterion 6.</b>		
<b>7. Integration and Care Coordination</b>	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	1
	3 – Meets the criterion	0
	4 – Meets the criterion	5

<b>Criteria Specified by the Secretary (42 CFR§414.146)</b>	<b>PTAC Vote Categories</b>	<b>PTAC Vote Distribution</b>
	5 – Meets the criterion and deserves priority consideration	3
	6 – Meets the criterion and deserves priority consideration	2
<b>PTAC DECISION: Proposal Meets Criterion 7.</b>		
<b>8. Patient Choice</b>	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	0
	4 – Meets the criterion	6
	5 – Meets the criterion and deserves priority consideration	5
	6 – Meets the criterion and deserves priority consideration	0
<b>PTAC DECISION: Proposal Meets Criterion 8.</b>		
<b>9. Patient Safety</b>	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	0
	4 – Meets the criterion	6
	5 – Meets the criterion and deserves priority consideration	3
	6 – Meets the criterion and deserves priority consideration	2
<b>PTAC DECISION: Proposal Meets Criterion 9.</b>		
<b>10. Health Information Technology</b>	* – 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
	5 – Meets the criterion and deserves priority consideration	2
	6 – Meets the criterion and deserves priority consideration	4
<b>PTAC DECISION: Proposal Meets and Deserves Priority Consideration for Criterion 10.</b>		

**PTAC Vote on Recommendation to the Secretary**

[NOTE: A two-thirds majority is required to determine the final recommendation to the HHS Secretary. If a two-thirds majority votes to not recommend the proposal for implementation as a PFPM or to refer the proposal for other attention by HHS, that category is the Committee’s final recommendation to the Secretary. If the two-thirds majority votes to recommend the proposal, the Committee proceeds to a secondary vote with four categories to determine the final, overall recommendation to the Secretary. PTAC members’ votes on the recommendation to the Secretary are presented in the tables below.]

Given that 11 PTAC members participated in deliberation and voting on the proposal, a two-thirds majority of eight votes was 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	11
Referred for other attention by HHS	0

Based on the final voting distribution, the *ACCESS Telemedicine: An Alternative Healthcare Delivery Model for Rural Cerebral Emergencies* 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.	Grace Terrell Rhonda Medows
PTAC recommends further developing and implementing the proposal as a payment model as specified in PTAC comments.	Jeffrey Bailet Paul Casale Tim Ferris Harold Miller Kavita Patel Len Nichols Angelo Sinopoli Bruce Steinwald Jennifer Wiler
PTAC recommends testing the proposal as specified in PTAC comments to inform payment model development.	
PTAC recommends implementing the proposal as part of an existing or planned Center for Medicare & Medicaid Innovation (CMMI) model.	

As a result of the vote, PTAC recommended further developing and implementing the *ACCESS Telemedicine: An Alternative Healthcare Delivery Model for Rural Cerebral Emergencies* proposal as a payment model, as specified in PTAC deliberation.

**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 enthusiasm for the proposed model, with acknowledgement of the importance of the problem, the elegance of model design, and the model’s potential to increase access to care, improve quality, and promote savings in rural and underserved communities.
- Additional testing would be appropriate to develop and refine the payment model, to ensure appropriate payment amounts for consulting providers and better understand the functioning of the proposed bundle.
- The model should be further examined for its replicability and scalability.
- Clarification is needed regarding the model’s accountability for quality through various forms of certification or accreditation, with the possibility of exploring the concept of centers of excellence.
- The model is not restricted to use of the specific technology platform discussed at the meeting; other platforms that meet the required specifications may be considered.

**The public meeting adjourned at 2:43 p.m. EDT.**

**Approved and certified by:**

//Sarah Selenich//

10/10/19

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

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Date

//Jeffrey Bailet//

10/9/19

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

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Date