How to Submit a Proposal to the Physician-Focused Payment Model Technical Advisory Committee

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Webinar Information

• The slides used in this webinar will be sent to participants and posted on the PTAC website.
• Following the presentation, questions will be moderated by the operator. You may also use the chat function.
• This webinar is being recorded and will be distributed to participants and posted on the PTAC website.
Presentation Overview

• PTAC’s role and membership
• Proposal submission process and key dates
• Proposal review and evaluation process
• Timeline for PTAC evaluation and recommendation to the Secretary
• Supporting information requested
• Opportunities for public participation in PTAC work
• Q&A
PTAC’s Role

• Section 101 (e)(1) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) creates the Physician-Focused Payment Model Technical Advisory Committee (PTAC) to make comments and recommendations to the Secretary of the Department of Health and Human Services (the Secretary, HHS) on proposals for physician-focused payment models (PFPMs) submitted by individuals and stakeholder entities.

• The Secretary is required by MACRA to establish criteria for PFPMs and to respond to the recommendations of PTAC.
PTAC Members

Chair: Jeffrey Bailet, MD
- Bob Berenson, MD
- Tim Ferris, MD
- Len Nichols
- Grace Terrell, MD
- Bruce Steinwald

Vice Chair: Elizabeth Mitchell
- Paul Casale, MD
- Rhonda M. Medows, MD
- Harold D. Miller
- Kavita Patel, MD
Timeline of PTAC Review Process

9/15/16
Comments Accepted on Draft Process, Proposal Information Requirements, and Basis for Recommendation

10/14/16
Final HHS Criteria for PFPMs

PFPM = Physician-Focused Payment Model
PTAC Will Begin Accepting Proposals December 1, 2016

Comments Accepted on Draft Process, Proposal Information Requirements, and Basis for Recommendation

Final HHS Criteria for PFPMs

Final RFP Issued

Processes for Reviewing and Evaluating Proposed PFPMs Released for Public Comment

PTAC Begins Accepting PFPM Proposals

PFPM = Physician-Focused Payment Model
Goal: First Recommendations to the Secretary by Spring 2017

9/15/16
Comments Accepted on Draft Process, Proposal Information Requirements, and Basis for Recommendation

10/14/16
Final HHS Criteria for PFPMs

11/9/16
Final RFP Issued

12/1/16
PTAC Begins Accepting PFPM Proposals

Spring 2017
Recommendations Made on Initial Proposal Submissions

PFPM = Physician-Focused Payment Model
Goal: Review, Evaluate and Make Recommendations on New PFPMs

- **9/15/16**: Comments Accepted on Draft Process, Proposal Information Requirements, and Basis for Recommendation
- **10/14/16**: Final HHS Criteria for PFPMs
- **11/9/16**: Final RFP Issued
- **12/1/16**: PTAC Begins Accepting PFPM Proposals
- **Spring 2017**: Recommendations Made on Initial Proposal Submissions
- **11/9/16**: Final RFP Issued
- **9/15/16**: Processes for Reviewing and Evaluating Proposed PFPMs Released for Public Comment

**PFPM = Physician-Focused Payment Model**
Process: Letter of Intent Submitted at Least 30 Days in Advance of Proposal

Note: there is no deadline for submitting a letter of intent
Review and Recommendation Process Will Take Approximately 16 Weeks

- Letter of Intent
- At least 30 Days
- 16 Weeks

PTAC Proposal Review & Recommendation

Not Recommended

Recommend for:
- Limited-scale testing of the proposed payment model;
- Implementation of the proposed payment model; or
- Implementation of the proposed payment model as a high priority
PTAC Can Only Recommend; HHS Decides Whether and When to Implement PFPMs

- Letter of Intent
- 30 Days
- 16 Weeks
- PTAC Proposal Review & Recommendation
- HHS Decision
- CMS Actions to Enable Physicians to Be Paid Under PFPM

- Not Recommended
- Not Approved by HHS for Testing or Implementation
What Takes 16 Weeks?

16 Weeks

PTAC Proposal Review & Recommendation
First Two Weeks

1. Proposal reviewed for completeness
2. PTAC Members identify all conflicts of interest
Assignment of Preliminary Review Team

PTAC Proposal Review & Recommendation Process

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
- Subject matter experts if needed
  - No one with a conflict of interest
  - All outside experts will be publicly identified
Preliminary Review Team Actions

1. Ensure Proposal is Complete
2. Identify PTAC Reviewers without Conflicts of Interest
3. Appoint Prelim. Review Team
4. Review Team Identifies Questions and Concerns Regarding Proposal
5. Revised Application Needed

PTAC Proposal Review & Recommendation Process
Ensuring the Proposal is Complete

Identify PTAC Reviewers without Conflicts of Interest

Appoint Preliminary Review Team

Review Team Identifies Questions and Concerns Regarding Proposal

Revised Application Needed

Public Comment Period

Responses to Questions & Concerns from Submitter
Preliminary Review Team Report

PTAC Proposal Review & Recommendation Process

Ensure Proposal is Complete

Identify PTAC Reviewers without Conflicts of Interest

Appoint Prelim. Review Team

Review Team Identifies Questions and Concerns Regarding Proposal

Public Comment Period

Responses to Questions & Concerns from Submitter


Revised Application Needed
Public Deliberation

PTAC Proposal Review & Recommendation Process

Ensure Proposal is Complete

Identify PTAC Reviewers without Conflicts of Interest

Appoint Prelim. Review Team

Review Team Identifies Questions and Concerns Regarding Proposal

Public Comment Period

Responses to Questions & Concerns from Submitter


Discussion and Decision on Recommendation by PTAC

Factors Affecting PTAC Meeting Schedule:
- Feasibility of Submitter to Attend
- Volume of Applications
Report to HHS Secretary

PTAC Proposal Review & Recommendation Process

1. Ensure Proposal is Complete
2. Identify PTAC Reviewers without Conflicts of Interest
3. Appoint Prelim. Review Team
4. Review Team Identifies Questions and Concerns Regarding Proposal
5. Revised Application Needed
6. Responses to Questions & Concerns from Submitter
7. Public Comment Period
9. Discussion and Decision on Recommendation by PTAC
10. Recommend - Not Recommended
11. Report to HHS Secy

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

PTAC Proposal Review & Recommendation

12/1/16  1/1/17  2/1/17  3/1/17  4/1/17  5/1/17  6/1/17  7/1/17  8/1/17
• PTAC will assess the extent to which each submitted proposal meets criteria for PFPMs established by the Secretary of HHS in regulations at 42 CFR §414.1465. The Secretary is required by MACRA to establish these PFPM criteria.

• MACRA also requires PTAC to review proposed models and submit comments and recommendations to the Secretary regarding whether each model meets the Secretary’s criteria. PTAC will do so by reviewing information submitted as part of each proposal.
Criteria

1. Scope of Proposed PFPM (high priority)
2. Quality and Cost (high priority)
3. Payment Methodology (high priority)
4. Value over Volume
5. Flexibility
6. Ability to be Evaluated
7. Integration and Care Coordination
8. Patient Choice
9. Patient Safety
10. Health Information Technology
Supporting Information: Scope of Proposed PFPM

- The proposal aims to broaden or expand CMS’ APM portfolio by either: (1) addressing an issue in payment policy in a new way, or (2) including APM Entities whose opportunities to participate in APMs have been limited.
- The goal of this section is to explain the scope of the PFPM by providing PTAC with a sense of the overall potential impact of the proposed model on physicians or other eligible professionals and beneficiary participation.
- Proposals should describe the scope and span of the payment model and discuss practice-level feasibility of implementing this model as well as clinical and financial risks.
The proposal is anticipated to (1) improve health care quality at no additional cost, (2) maintain health care quality while decreasing cost, or (3) both improve health care quality and decrease cost.

The goal of this section is to better understand the “value proposition” that will be addressed by the proposed PFPM.

Proposals should describe how the components of the value proposition will be achieved. Proposals should describe any current barriers to achieving desired value/quality goals and how they would be overcome by the payment model.

Proposals should identify any novel clinical quality and health outcome measures that will be included in this proposed model. In particular, measures related to outcomes and beneficiary experience should be noted.
Supporting Information: Payment Methodology

- Pays APM Entities with a payment methodology designed to achieve the goals of the PFPM Criteria.
- Addresses in detail through this methodology how Medicare, and other payers if applicable, pay APM entities, how the payment methodology differs from current payment methodologies, and why the PFPM cannot be tested under current payment methodologies.
- The goal of this section is to better understand the payment methodology for the proposed model, including how it differs from both existing payment methodologies and current alternative payment models.
- Proposals should describe the role of physicians or other eligible professionals in setting and achieving the PFPM objectives, as well as the financial risk that the entity/physicians will bear in the model. A goal of this section is to better understand any regulatory barriers at local, state, or federal levels that might affect implementation of the proposed model.
The proposal is anticipated to provide incentives to practitioners to deliver high-quality health care.

The goal of this section is to better understand how the model is intended to affect practitioners’ behavior to achieve higher value care through the use of payment and other incentives.

PTAC acknowledges that a variety of incentives might be used to move care towards value, including financial and nonfinancial ones; please describe any unique and innovative approaches to promote the pursuit of value including nonfinancial incentives such as unique staffing arrangements, patient incentives, etc.
Supporting Information: Flexibility

• Provide the flexibility needed for practitioners to deliver high-quality health care
• The goal of this section is to better understand:
  – How the proposed payment model could accommodate different types of practice settings and different patient populations
  – The level of flexibility incorporated into the model to include novel therapies and technologies
  – Any infrastructure changes that might be necessary for a physician or other eligible professionals to succeed in the proposed model
Supporting Information: Ability to be Evaluated

- Have evaluable goals for quality of care, cost, and any other goals of the PFPM
- The goal of this section is to describe the extent to which the proposed model or the care changes to be supported by the model can be evaluated and what, if any, evaluations are currently under way that can identify evaluable goals for individuals or entities in the model
- If there are inherent difficulties in conducting a full evaluation, please identify such difficulties and how they are being addressed
Supporting Information: Integration and Care Coordination

• Encourage greater integration and care coordination among practitioners and across settings where multiple practitioners or settings are relevant to delivering care to the population treated under the PFPM

• The goal of this section is to describe the full range of personnel and institutional resources that would need to be deployed to accomplish the proposed model’s objectives

• Describe how such deployment might alter traditional relationships in the delivery system, enhance care integration, and improve care coordination for patients
Supporting Information: Patient Choice

- Encourage greater attention to the health of the population served while also supporting the unique needs and preferences of individual patients.
- The goal of this section is to describe how patient choice and involvement will be integrated into the proposed PFPM.
- Describe how differences among patient needs will be accommodated and how any current disparities in outcomes might be reduced. For example, please share how the demographics of the patient population and social determinants of care may be addressed.
Supporting Information: Patient Safety

- The extent to which the proposal aims to maintain or improve standards of patient safety
- The goal of this section is to describe how patients would be protected from potential disruption in health care delivery brought about by the changes in payment methodology and provider incentives
- Describe how disruptions in care transitions and care continuity will be addressed
- Safety in this instance should be interpreted to be all-inclusive and not just facility-based
Supporting Information: Health Information Technology

- Encourage use of health information technology to inform care.
- The goal of this section is to understand the role of information technology in the proposed payment model.
- Describe how information technology will be utilized to accomplish the model’s objectives with an emphasis on any innovations that improve outcomes, improve the consumer experience and enhance the efficiency of the care delivery process.
- Describe goals for better data sharing, reduced information blocking and overall improved interoperability to facilitate the goals of the payment model.
• 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 infrastructure investments that might be needed from CMS in addition to changes in the payment model (e.g. different mechanisms for claims processing, data flows, quality reporting, etc.)
Submitting a Proposal

• PTAC began accepting letters of intent (LOI) on October 1, 2016. All LOIs may be sent to PTAC@hhs.gov. A template and full instructions can be found online: https://aspe.hhs.gov/proposal-submissions-physician-focused-payment-model-technical-advisory-committee

• PTAC will begin accepting full proposals on December 1, 2016. Instructions will be posted on the PTAC website.

• PTAC is accepting comments from the public on its draft document “Processes for Reviewing and Evaluating Proposed Physician-Focused Payment Models”, which can be found here: https://aspe.hhs.gov/sites/default/files/pdf/226781/ProcessesforReviewingandEvaluatingProposedPFPMs.pdf
Opportunities for Public Participation

• At least quarterly public meetings
• Public comments are invited at all public meetings and on all key documents
• We invite you to visit PTAC’s website, https://aspe.hhs.gov/ptac-physician-focused-payment-model-technical-advisory-committee
• Email us at PTAC@hhs.gov with questions and join our listserv (https://list.nih.gov/cgi-bin/wa.exe?A0=PTAC) to stay updated on all PTAC activities
• Questions?