

Physician-Focused Payment Model Technical Advisory Committee

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

Harold Miller, PTAC Member
Dr. Kavita Patel, PTAC Member

November 16, 2016

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

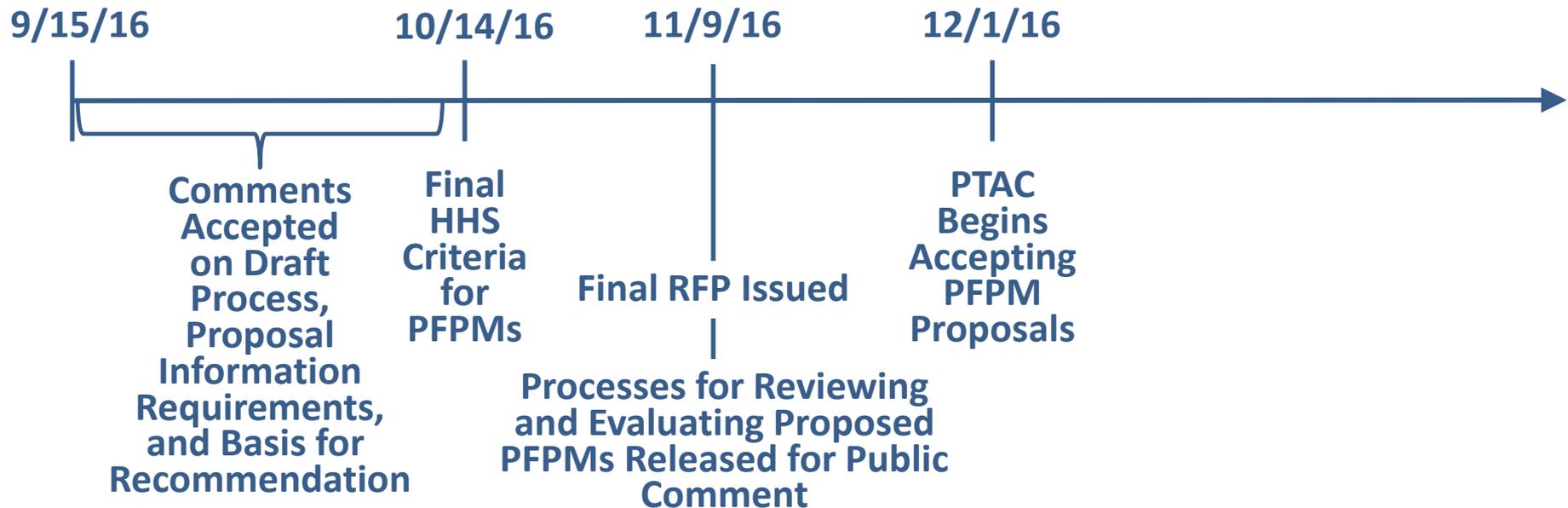
- Paul Casale, MD
- Rhonda M. Medows, MD
- Harold D. Miller
- Kavita Patel, MD

Timeline of PTAC Review Process



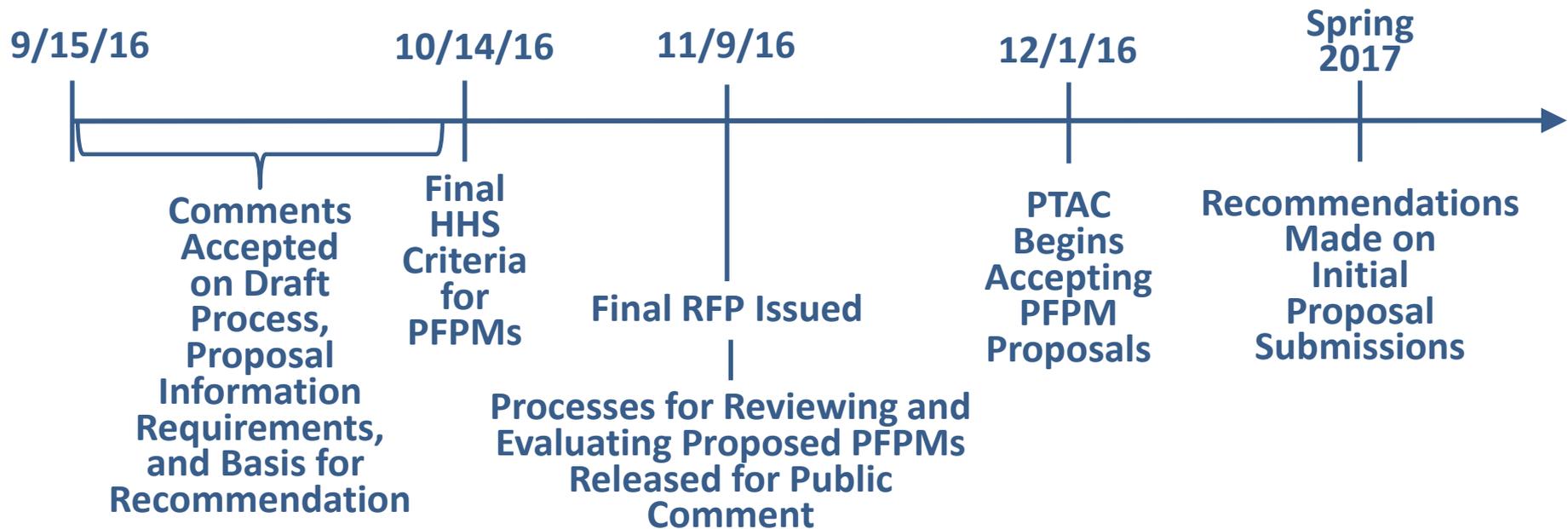
PFPM = Physician-Focused Payment Model

PTAC Will Begin Accepting Proposals December 1, 2016



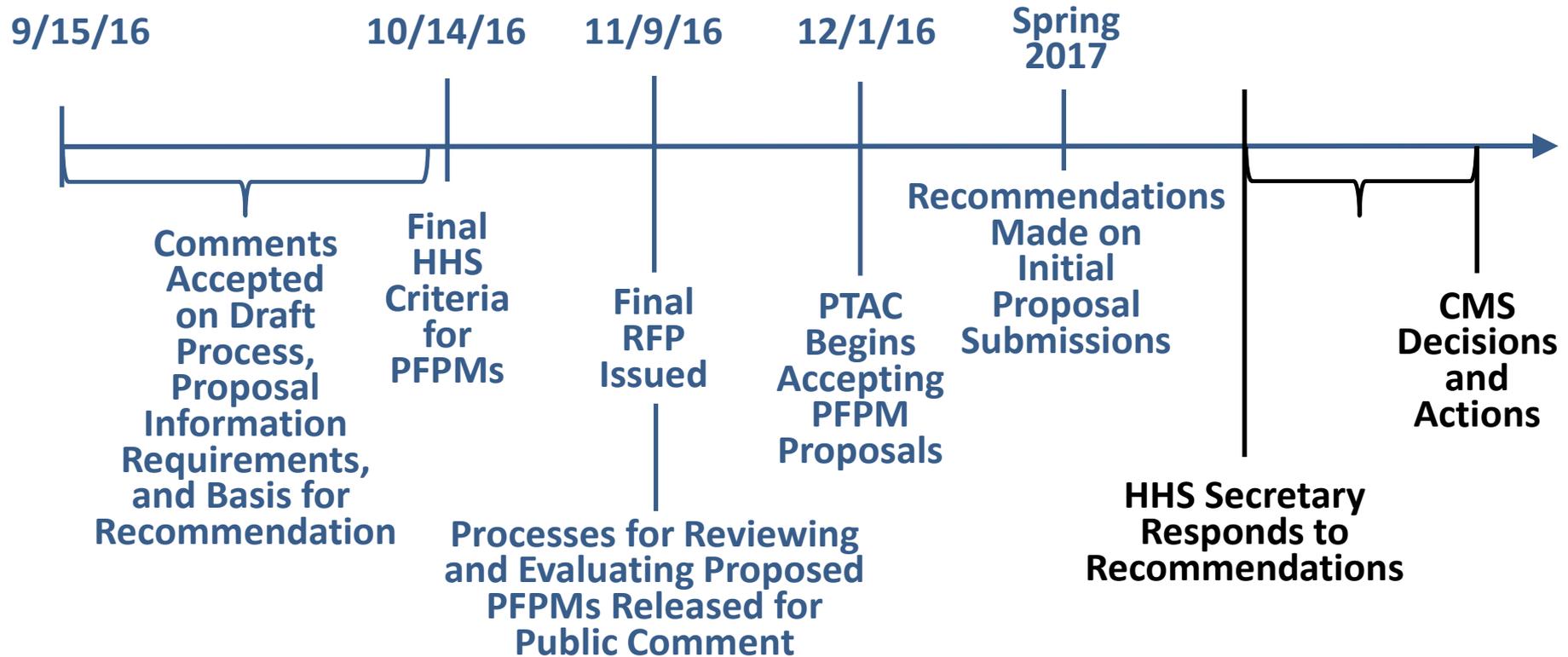
PFPM = Physician-Focused Payment Model

Goal: First Recommendations to the Secretary by Spring 2017



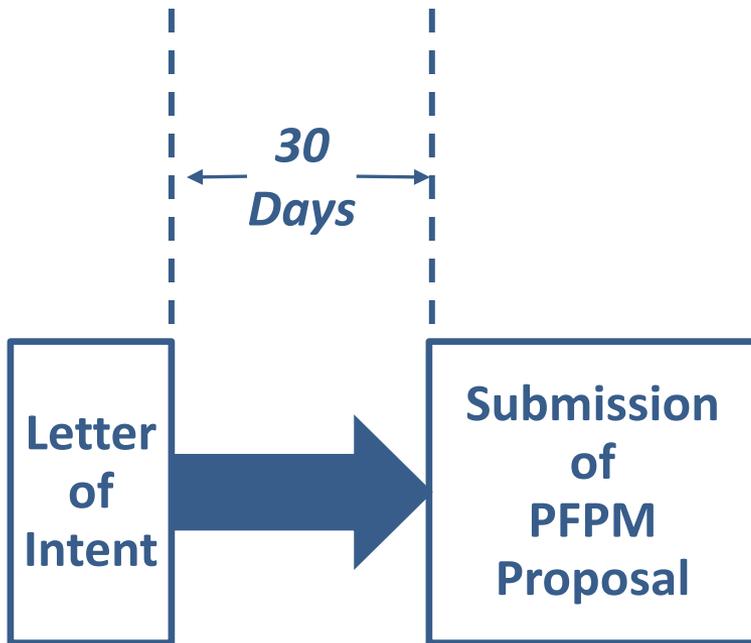
PFPM = Physician-Focused Payment Model

Goal: Review, Evaluate and Make Recommendations on New PFPMs



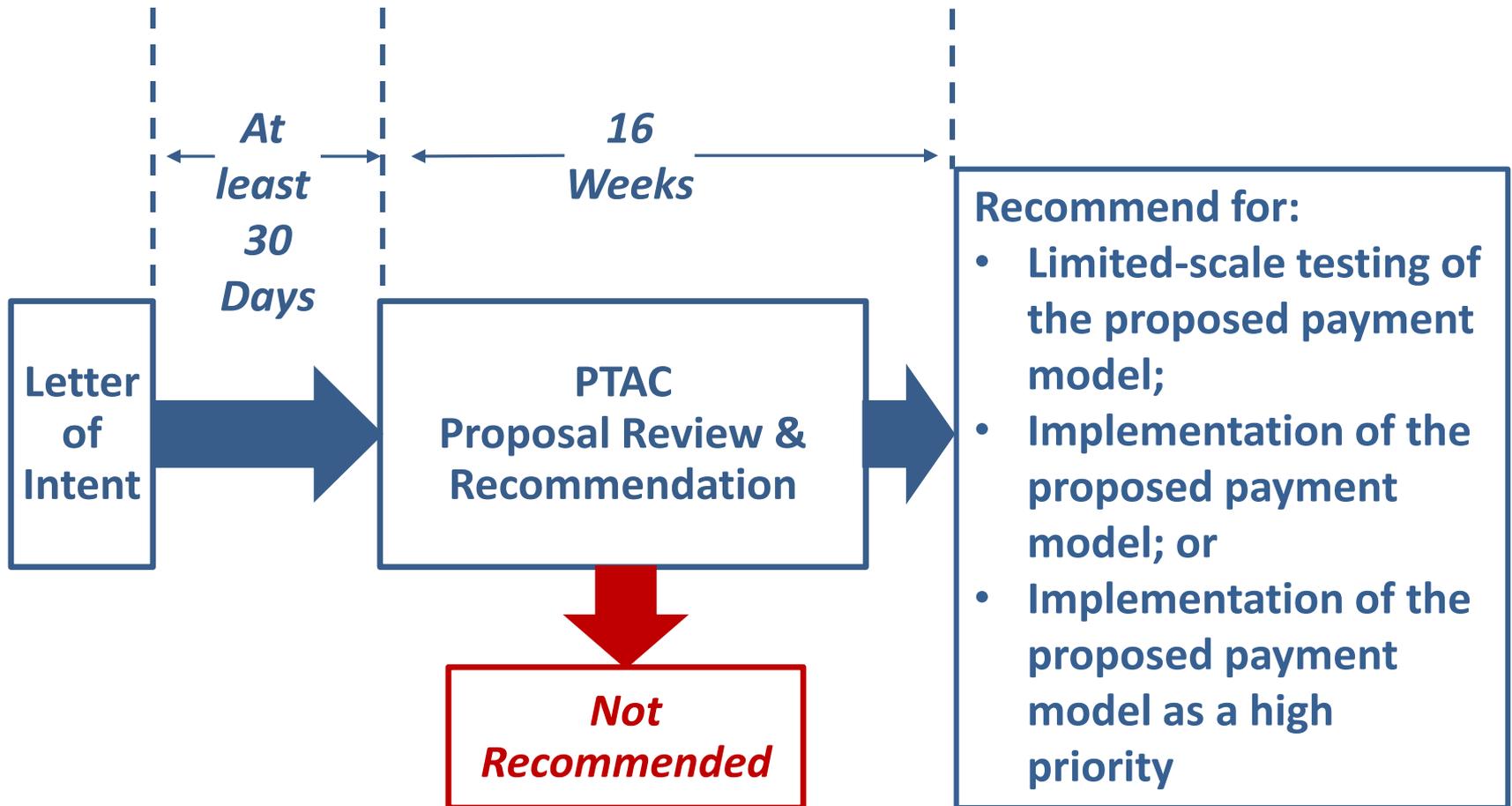
PFPM = Physician-Focused Payment Model

Process: Letter of Intent Submitted at Least 30 Days in Advance of Proposal

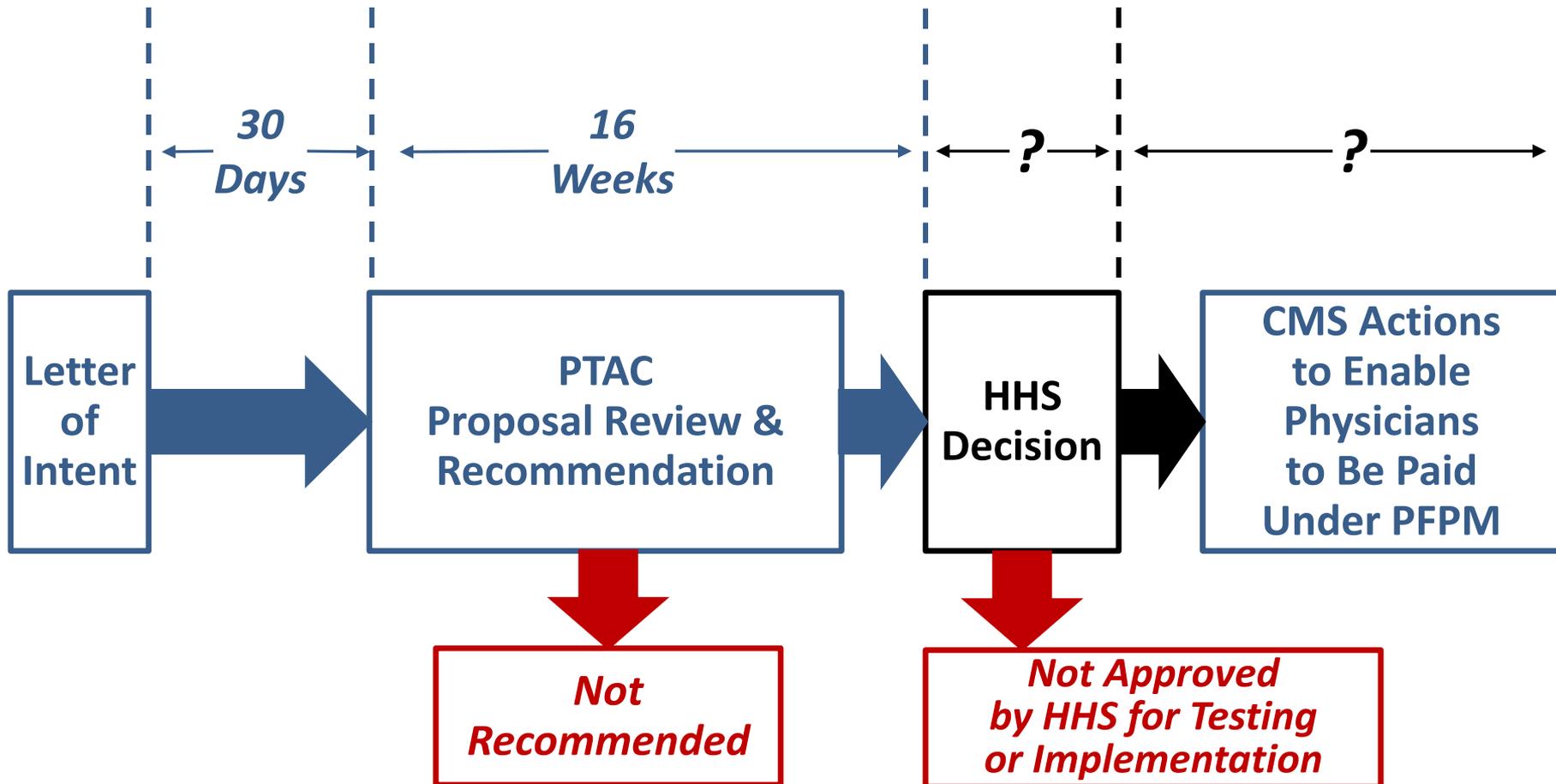


Note: there is no deadline for submitting a letter of intent

Review and Recommendation Process Will Take Approximately 16 Weeks



PTAC Can Only Recommend; HHS Decides Whether and When to Implement PFPMs



What Takes 16 Weeks?



First Two Weeks

PTAC Proposal Review & Recommendation Process

*2
Weeks*

Ensure
Proposal
is
Complete

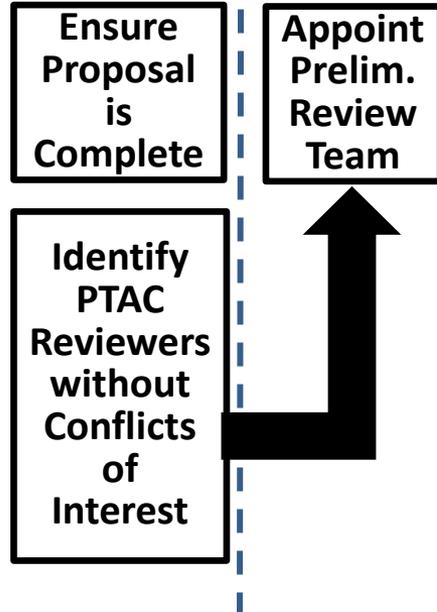
Identify
PTAC
Reviewers
without
Conflicts
of
Interest

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:

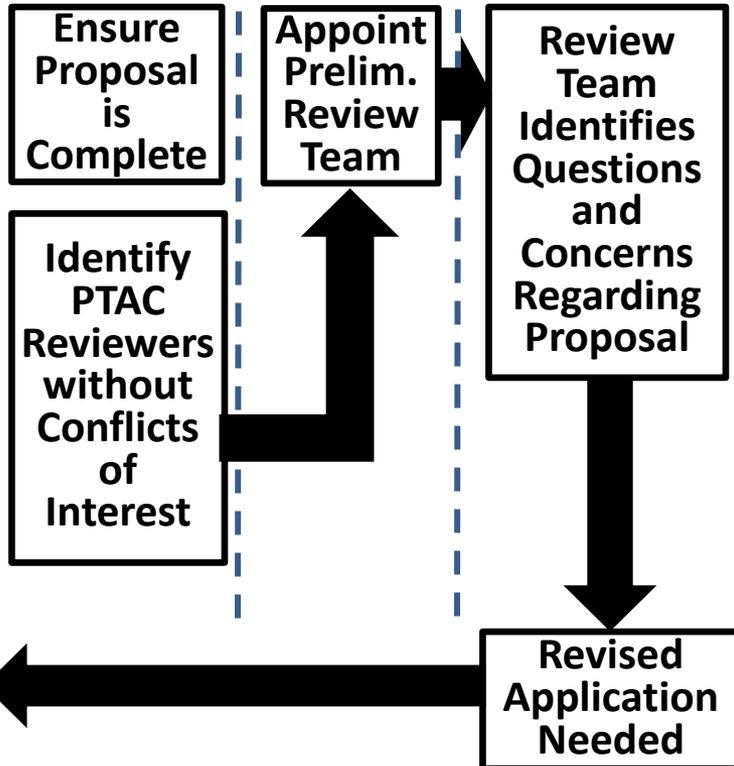
- Only members of the PTAC
- At least one physician
- No one with a conflict of interest
- One individual as lead reviewer

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

PTAC Proposal Review & Recommendation Process



Public Comment Period

PTAC Proposal Review & Recommendation Process

Ensure Proposal is Complete

Appoint Prelim. Review Team

Review Team Identifies Questions and Concerns Regarding Proposal

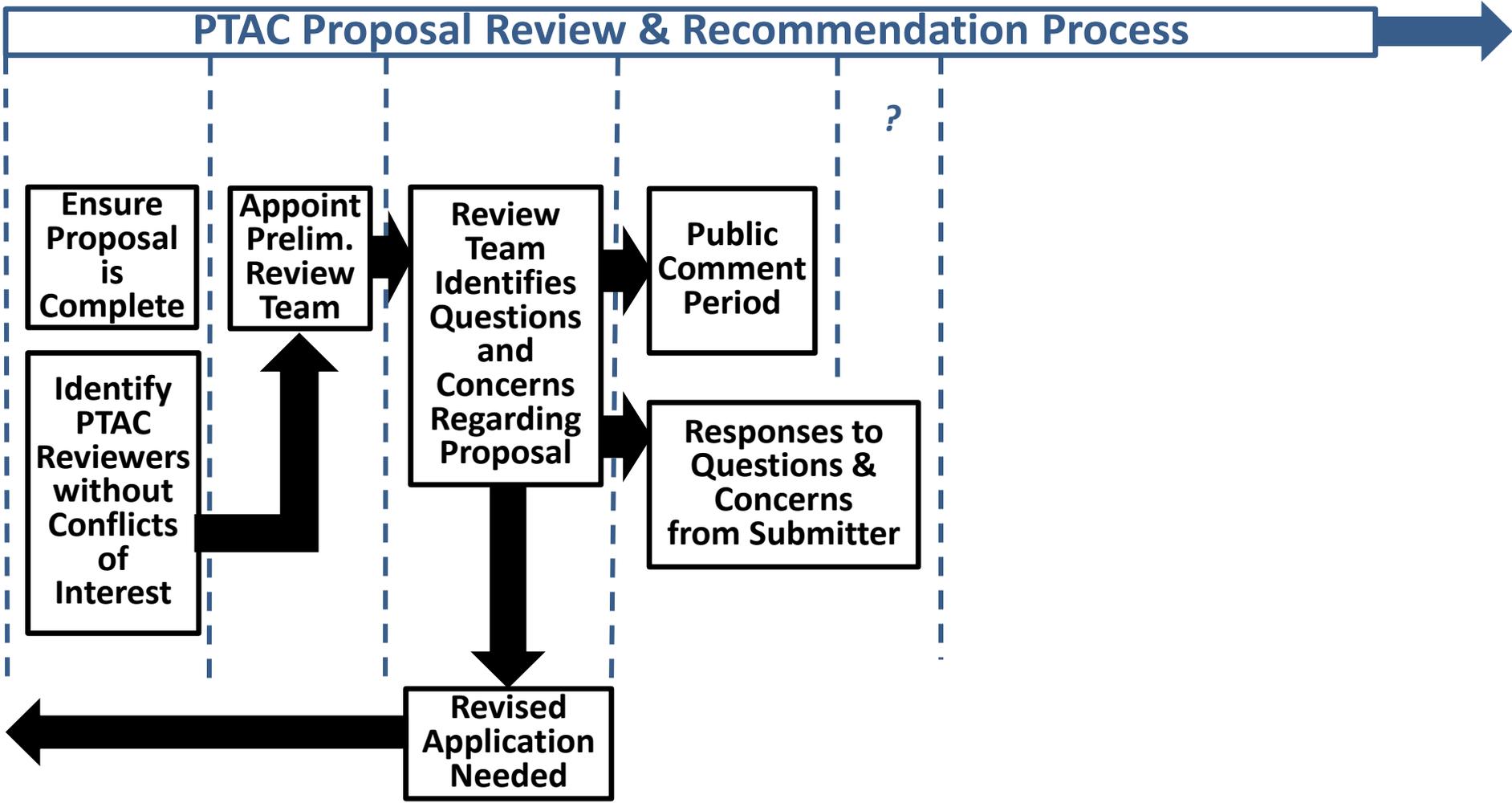
Public Comment Period

Responses to Questions & Concerns from Submitter

Identify PTAC Reviewers without Conflicts of Interest

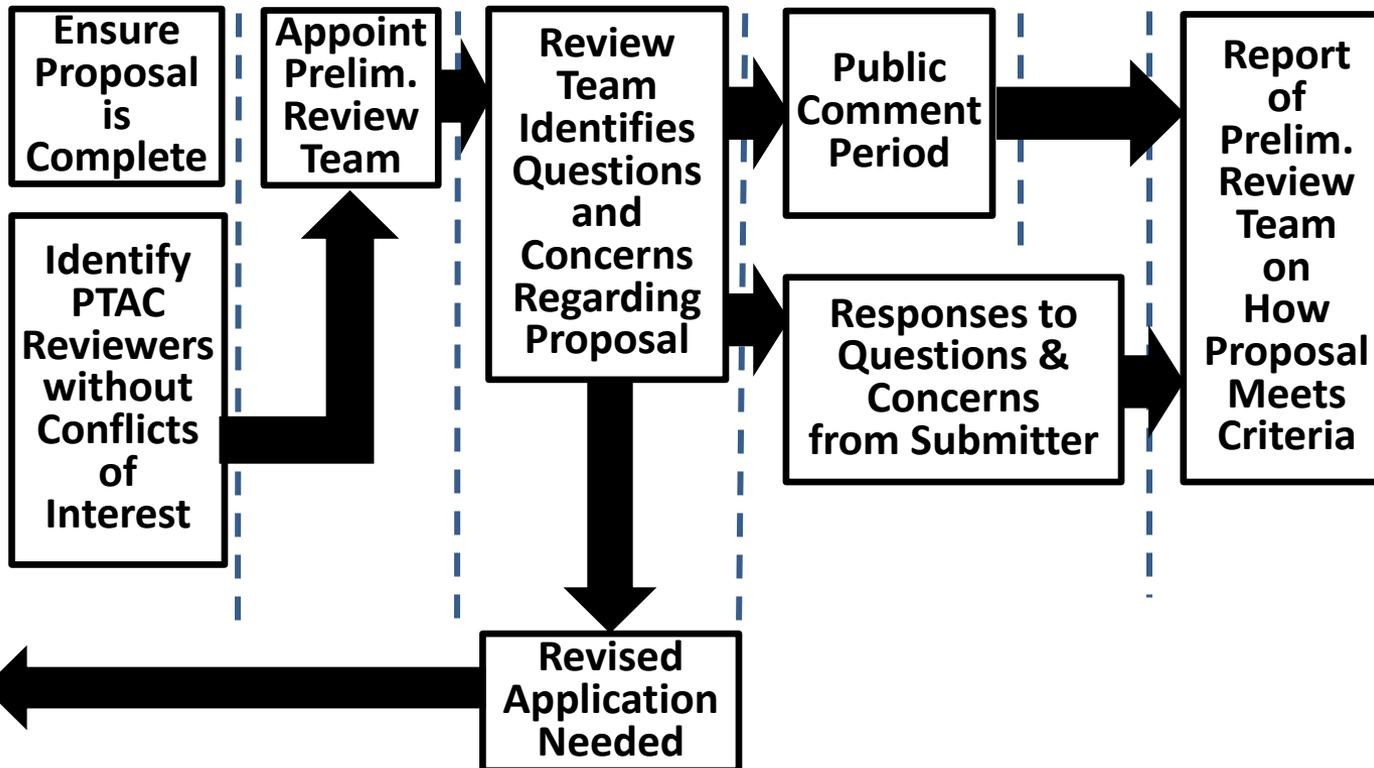
Revised Application Needed

?



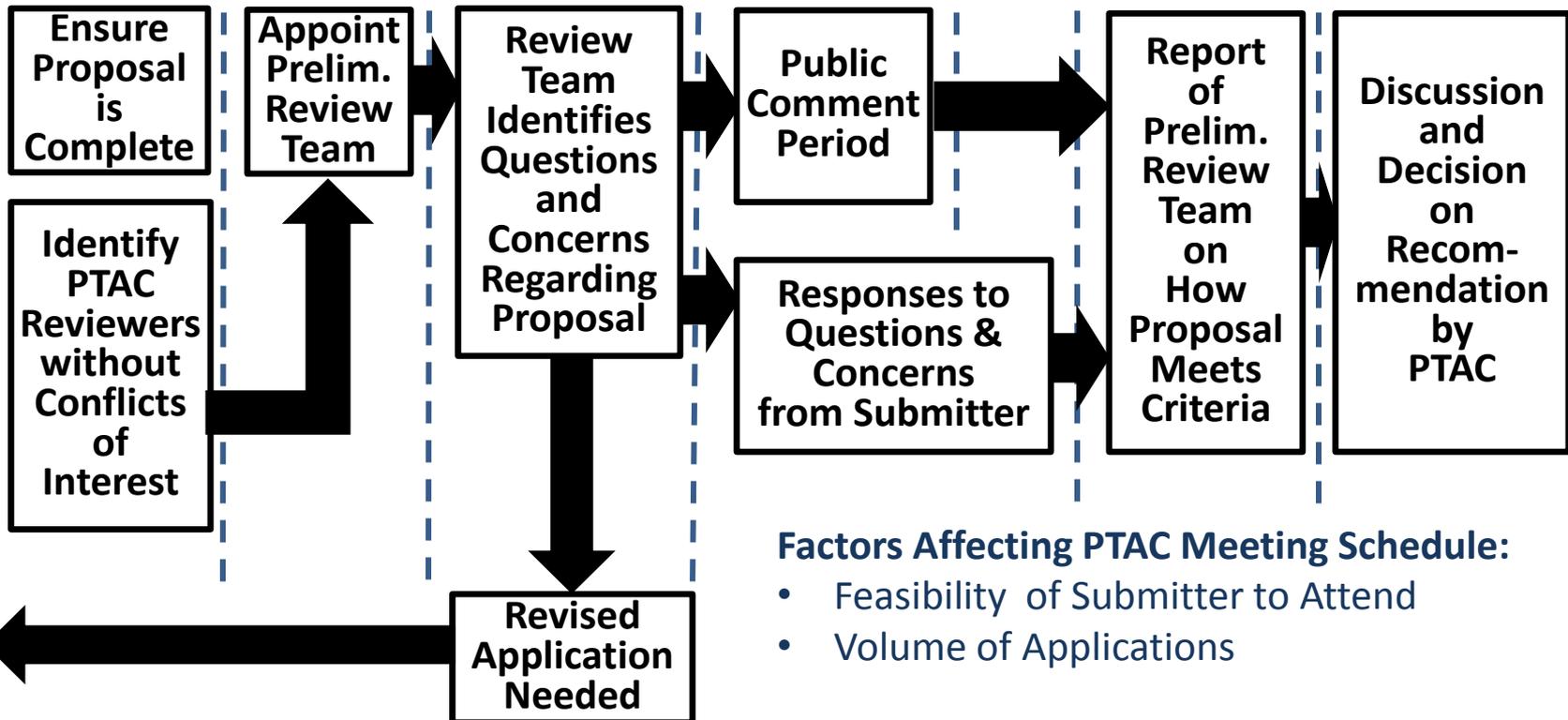
Preliminary Review Team Report

PTAC Proposal Review & Recommendation Process



Public Deliberation

PTAC Proposal Review & Recommendation Process



Factors Affecting PTAC Meeting Schedule:

- Feasibility of Submitter to Attend
- Volume of Applications

Report to HHS Secretary

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

Report of Prelim. Review Team on How Proposal Meets Criteria

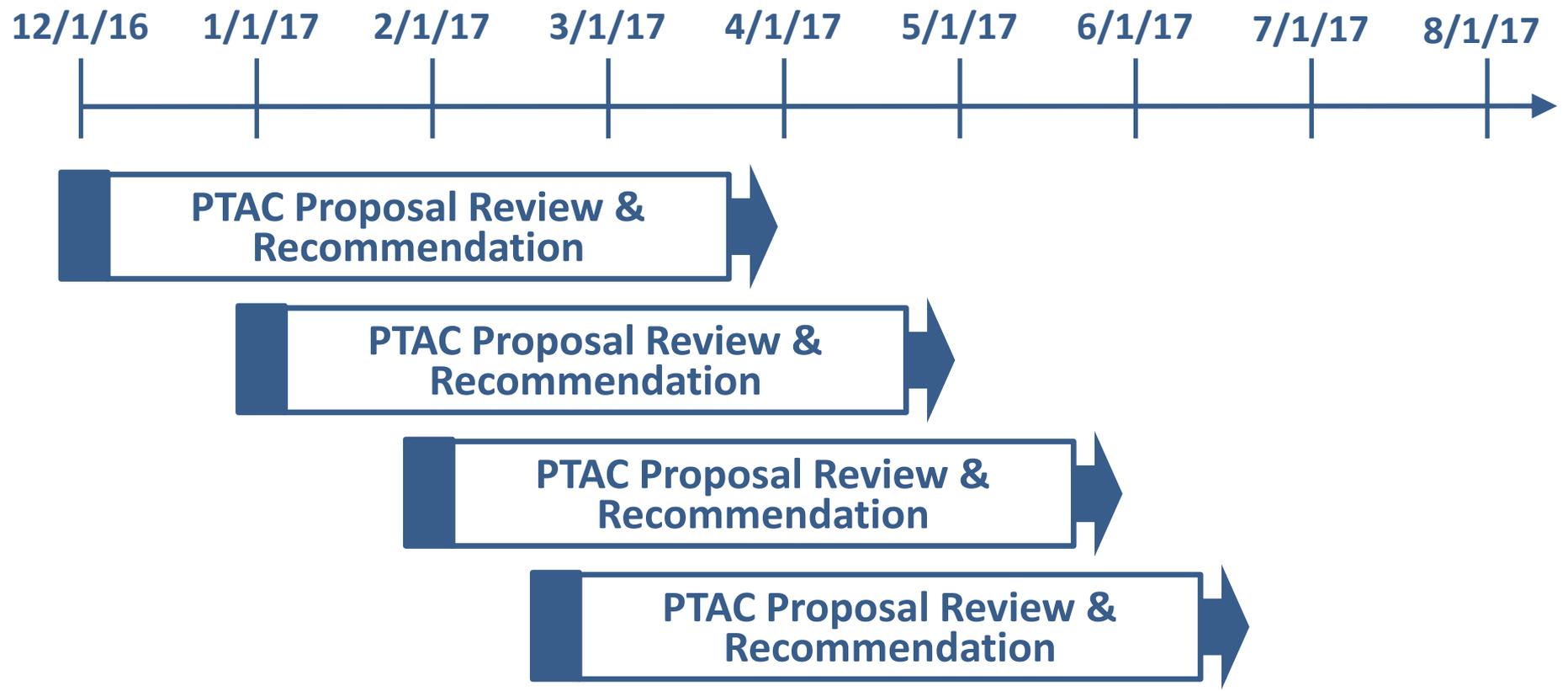
Discussion and Decision on Recommendation by PTAC
-Recommend
-Not Recommended

Report to HHS Secy

Revised Application Needed

Public Report

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



Supporting Information: Background

- 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 PFFM 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.

Supporting Information: Quality and Cost

- 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.

Supporting Information: Value over Volume

- 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 setting 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

Supplemental Information

- 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?