

November 4, 2016

Physician-Focused Payment Model Technical Advisory Committee C/o U.S. DHHS Asst. Secretary of
Planning and Evaluation Office of Health Policy 200 Independence Avenue S.W. Washington, D.C.
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Letter of Intent – University of New Mexico Health Sciences Center – ACCESS Project – Howard Yonas,
MD – Primary Investigator

Designing a Sustainable Telemedicine Model from the Ground Up

Dear Committee Members,

On behalf of University of New Mexico ACCESS Project (supported by CMMI Grant Number 1C1CM331351) I would like to express intent to submit a Physician-Focused Payment Model for PTAC review on or before December 15, 2016.

Our payment model is based on supporting the Triple Aim of better care for individuals, better health for populations, and lowering costs to the healthcare system. We started developing the payment model by designing a pricing structure for tele-neurology/neurosurgery. Because there was not a Fair Market Value for tele-neurosurgery we had to develop a price by accessing salary benchmarks through the MGMA and Sullivan Cotter, Association of American Medical Colleges and the Neurosurgery Executive Resources Value and Education Society. Then we had to test the design with an Alpha hospital that would prove the value proposition. We have done these steps on a small scale and already have saved CMS more money in unnecessary transports than what we have spent from the grant funds to implement the model.

We are currently preparing an application to the AMA for the development of telemedicine neurology and neurosurgery consult CPT codes to assist hospitals in getting reimbursements for using telemedicine and provide more timely treatments when time is of the essence (administering Tissue Plasminogen Activator (tPA) to stroke patients within four-hour window) which could avoid expensive rehabilitation costs in the future.

We are working with federal and state legislators to obtain policy support for telemedicine and are working with our local state government to collaborate with Medicaid and MCO's to encourage hospitals to enroll in ACCESS and use the CMS funds to support this new healthcare delivery model through the end of the grant.

As a CMMI innovation grant awardee we would qualify as an advanced alternative model per the Medicare Access and CHIP Reauthorization Act of 2015 Quality Payment Program.

The goals of the model are to 1) build a professional telemedicine infrastructure with legal, financial, contracting and clinical operations; 2) design the business model to treat all patients presenting to the Emergency Department; and 3) demonstrate that the model works and is sustainable, replicable and scalable to other clinical disciplines.

The healthcare savings to CMS and private insurance companies by providing more timely patient care while avoiding unnecessary transport costs has already been realized and will be well vetted and documented through the time of the grant.

Expected participants include all patients who present with neuro-emergent conditions to an Emergency Department of any NM Hospital enrolled in the ACCESS Grant. To date we have 10 hospitals live, 1 in credentialing and another 11 in the process of being contracted. As of September 30th we've had 800 consults. Our goal is to have 200 neuro-consults per month by August 31, 2017, which could give us another 2400 consults if we receive the one year no-cost extension through August 31, 2018 we are applying for. Regardless of when the grant ends our preliminary data has provided proof of concept and if we get the No Cost Extension (NCE) we will have ample consults to continue proving the model is sustainable, replicable and will provide more timely patient care.

Currently there are three types of physicians working through the ACCESS Grant. They are Emergency Medicine physicians in the local hospitals; Neurosurgeons from the University of New Mexico (UNM) and Neurologists contracted from UNM, Blue Sky Neurology (a Colorado company) and independent contractors through our technology and call center partner.

Critical Care telemedicine services provided by UNM Critical Care physicians will start this month in one of the ACCESS frontier hospitals using the platform we developed. Based on our experiences and data, we believe many medical specialties will be able to use our telemedicine platform to provide services to rural, frontier and specialty hospitals.

I am Howard Yonas, MD the Chairman of the Department of Neurosurgery at the University of New Mexico and the primary investigator of a 15.1 million dollar CMMI Round 2 Grant (ACCESS) to set-up neuro-emergent telemedicine services to hospitals throughout New Mexico. We are supported by the UNM Health Sciences Center, the UNM Medical Group and UNM Hospital in implementing this grant and payment model.

My team plans on submitting the proposal on or before December 15, 2016. Since we have already introduced the payment model through our grant in order to provide equal services to the non CMS patients not covered by the ACCESS grant, we've had approximately one year testing the payment model with 10 spoke hospitals. Our expectations are to bring on at least another 6 to 12 hospitals by August 31, 2017 and then transition into full sustainability by August 31, 2018 when the NCE expires if granted.

Sincerely,



Howard Yonas, MD
Distinguished Professor and Chairman
ACCESS Grant PI
Department of Neurosurgery
University of New Mexico