

PHYSICIANS

January 4, 2017

LAWRENCE R. KOSINSKI,
MD, MBA, AGAF, FACG

JAMES STINNEFORD, MD

JOSEPH LOSURDO, MD

GREGORY GAMBLA, DO

SUNIL JOSEPH, MD

WEI M. SUN
MD, PhD, FACG

RAJESH S. PILLAI, MD

SONJA GODAMBE, MD

WILLIAM LEVIS, MD

JENNIFER DORFMEISTER, MD

KELLY WINKELMAN, ANP-BC

LOCATIONS

ELGIN
745 FLETCHER DRIVE
SUITE 202
ELGIN, IL 60123

ALGONQUIN
600 SOUTH RANDALL ROAD
ALGONQUIN, IL 60102
(SHERMAN FAMILY HEALTHCARE FACILITY)

SOUTH ELGIN
2000 McDONALD ROAD
SUITE 260
SOUTH ELGIN IL 60177
(SHERMAN FAMILY HEALTH FACILITY)

BARRINGTON
27750 W. HIGHWAY 22
MOB #2, SUITE 150
BARRINGTON, IL 60010
(GOOD SHEPHERD HOSPITAL)

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. 20201

PTAC@hhs.gov

Re: Project Sonar (PS)

To: The Physician Focused Payment Model Technical Advisory Committee

We are writing this letter in support of Project Sonar (PS), a proposal currently under consideration by the PTAC. The proposal aims to broaden CMS' APM portfolio by addressing an issue in payment policy in a new manner by including APM entities whose opportunities to participate in APMs have been limited. Project Sonar is a novel episode of care model that engages patients and encourages collaboration with practitioners to coordinate care across settings to more effectively manage patients with chronic diseases. PS is designed to improve health care quality while providing cost savings to patients and the Medicare system, preserving patient choice and enhancing patient safety, which meets the criteria for PFPMs as established by the Secretary of HHS in regulations at 42 CFR §414.1465.

PS has been designed to affect practitioners' behavior to achieve higher value care using payment and other incentives. Proactive engagement of patients with early identification and management of decompensation is a forward thinking Physician-Focused Payment Model. We recommend that this Committee recommend that CMS implement this proposed payment model as a high priority.

Sincerely,



Sunil Joseph, M.D.
Illinois Gastroenterology Group



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Sincerely,

James Stinneford, M.D.
Illinois Gastroenterology Group



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Sincerely,

A handwritten signature in black ink, appearing to read 'Sonia Godambe', with a long horizontal flourish extending to the right.

Sonia Godambe, M.D.
Illinois Gastroenterology Group



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January 4, 2017

LAWRENCE R. KOSINSKI,
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Sincerely,

A handwritten signature in black ink, appearing to read 'William Levis', is written over a large, light-colored, textured graphic that resembles a stylized 'S' or a wave.

William Levis, M.D.
Illinois Gastroenterology Group



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Sincerely,

Joseph Losurdo, M.D.
Illinois Gastroenterology Group

ELGIN INTERNAL MEDICAL ASSOCIATES, S.C.

DENNIS M. FLYNN, M.D.
RICHARD M. BAILEY, M.D.
JOHN T. FIEDLER, M.D.
JESSICA TOMASIEWICZ, M.S.N., C.N.P.
ANNE MAYNARD, M.S.N., C.N.P.

745 FLETCHER DRIVE, SUITE 101
ELGIN, ILLINOIS 60123
TELEPHONE: 847-742-3525

January 4, 2017

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. 20201
PTAC@hhs.gov

Re: Project Sonar (PS)

To: The Physician Focused Payment Model Technical Advisory Committee

We are writing this letter in support of Project Sonar (PS), a proposal currently under consideration by the PTAC. The proposal aims to broaden CMS' APM portfolio by addressing an issue in payment policy in a new manner by including APM entities whose opportunities to participate in APMs have been limited. Project Sonar is a novel episode of care model that engages patients and encourages collaboration with practitioners to coordinate care across settings to more effectively manage patients with chronic diseases. PS is designed to improve health care quality while providing cost savings to patients and the Medicare system, preserving patient choice and enhancing patient safety, which meets the criteria for PFPMs as established by the Secretary of HHS in regulations at 42 CFR §414.1465.

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Sincerely,





Glenn D Littenberg MD, MACP, FASGE
Chief Medical Officer
Insite Digestive Healthcare
630 S Raymond Ave Ste 240
Pasadena CA 91105

January 6, 2017

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.
20201 PTAC@hhs.gov

Re: Project Sonar (PS)

To: The Physician Focused Payment Model Technical Advisory Committee

We are writing this letter in support of Project Sonar (PS), a proposal currently under consideration by the PTAC. The proposal aims to broaden CMS' APM portfolio by addressing an issue in payment policy in a new manner by including APM entities whose opportunities to participate in APMs have been limited, specifically medical subspecialists. Project Sonar is a novel episode of care model that engages patients and encourages collaboration with practitioners to coordinate care across settings to more effectively manage patients with chronic diseases. PS is designed to improve health care quality while providing cost savings to patients and the Medicare system, preserving patient choice and enhancing patient safety, which meets the criteria for PFPMs as established by the Secretary of HHS in regulations at 42 CFR §414.1465.

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inSite Digestive Healthcare is the largest integrated (single TIN) independent gastroenterology group in California, with over 50 physicians and other mid level professionals engaged in management of a very large population of inflammatory bowel disease patients. Our group is working with SONAR MD to implement its management platform, enrolling our patients and having hired a clinical coordinator primarily to assist us in the implementation and ongoing care of these patients. Despite the potential of SONAR to improve quality and reduce costs, based on substantial verified clinical and financial data, our group is like many across the country who have not been able to successfully engage private payors to support a specialty intensive medical home, though we remain in discussions with one very large payer and with a very large managed care medical group in California. Being able to engage in SONAR as an advanced APM for IBD patients now, and for other GI populations in the future, offers us and offers the healthcare system a clear way forward to value-based care.

We strongly endorse the SONAR project and the proposal before the PTAC. We recommend that this Committee recommend that CMS implement this proposed payment model as a high priority.

Sincerely,

Glenn Littenberg MD

Glenn D Littenberg MD, MACP, FASGE

Kenneth Hepps MD

Kenneth Hepps, MD

President, inSite Digestive Healthcare



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

DIVISION OF GASTROENTEROLOGY AND HEPATOLOGY
BIOINFORMATICS BUILDING
130 MASON FARM RD. T 919.966.0141
CAMPUS BOX 7080 F 919.966.8929
CHAPEL HILL, NC 27599-7080

SPENCER D. DORN, MD, MPH, MHA
Vice Chief, Clinical Operations
Associate Professor of Medicine, Health Policy & Management

January 9, 2017

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. 20201

Re: Project Sonar (PS)

Dear Committee,

I am writing to support the application of Project Sonar for inclusion as a Physician Focused Payment Model. Dr. Kosinski and his colleagues have developed, refined and validated an innovative platform that improves the value of care provided to patients with Crohn's disease. The data they have collected suggest this program is quite effective.

As they point out in their application, there is a dearth of options for gastroenterologists to participate in alternative payment models. Project Sonar encourages gastroenterologists to follow guideline-based care pathways, closely coordinate care with other clinicians, and engage patients and encourage self-care. Including Project Sonar as an alternative payment model will enable and encourage gastroenterologists to participate in newer value-based payment programs.

Sincerely,

A handwritten signature in black ink, appearing to read "Spencer Dorn".

Spencer Dorn, MD, MPH, MHA



CHARLOTTE GASTROENTEROLOGY & HEPATOLOGY, P.L.L.C.

January 10, 2017

Physician-Focused Payment Model Technical Advisory Committee
c/o Angela Tejeda, ASPE
200 Independence Avenue S.W.
Washington, D.C. 20201

PTAC@hhs.gov

Re: Public Comment - ProjectSonar (PS)

To: The Physician Focused Payment Model Technical Advisory Committee

We are writing this letter in support of Project Sonar (PS), a proposal currently under consideration by the PTAC. The proposal aims to broaden CMS' APM portfolio by addressing an issue in payment policy in a new manner by including APM entities whose opportunities to participate in APMs have been limited. Project Sonar is a novel episode of care model that engages patients and encourages collaboration with practitioners to coordinate care across settings to more effectively manage patients with chronic diseases. PS is designed to improve health care quality while providing cost savings to patients and the Medicare system, preserving patient choice and enhancing patient safety, which meets the criteria for PFPMs as established by the Secretary of HHS in regulations at 42 CFR §414.1465.

PS has been designed to affect practitioners' behavior to achieve higher value care using payment and other incentives. Proactive engagement of patients with early identification and management of decompensation is a forward thinking Physician-Focused Payment Model. We recommend that this Committee recommend that CMS implement this proposed payment model as a high priority.

Sincerely,

Kathy J. Sammis
Chief Executive Officer

Dennis D. Kokenes, MD
President

KJS/aj

John H. Moore, III, M.D.
Thomas J. Gavigan, M.D.
James L. Toussaint, M.D.
David G. Scholz, M.D.
Sam R. Fulp, M.D.
Dennis D. Kokenes, M.D.
Gardiner Roddey, M.D.
Steven A. Josephson, M.D.
Robert J. Schmitz, M.D.
Scott A. Brotze, M.D.
Simon Prendiville, M.D.
Sanjib P. Mohanty, M.D.
Michael W. Ryan, M.D.
Jason A. Wilson, M.D.
Jeffrey S. Zaidman, M.D.
Ashish D. Thekdi, M.D.
Nicole R. Cullen, M.D.
Atul Khanna, M.D.
Devi Thangavelu, M.D.
Vinaya Maddukuri, M.D.
Rebecca E. Rawl, M.D.
Ruth Jameson, FNP-C
Michelle Moulton, FNP-C
Marcie Pickett, ANP
Aimee Lawson, PA-C
Colleen Wisnosky, PA-C
Chris Maambo, PA-C
Erica DaCosta, PA-C

Kathy J. Sammis, CEO

All Locations (704) 377-4009

Appointments (704) 377-0246

Charlotte

2015 Randolph Rd., Ste. 208
Charlotte, NC 28207-1200
(704) 377-7406 Fax

Matthews

Matthews Township Office Park
1340 Matthews Township Pkwy.
Suite 301
Matthews, NC 28105
(704) 844-2679 Fax

Ballantyne

Ballantyne Medical Two
15830 Ballantyne Medical Place
(formerly John J. Delaney Dr.)
Suite 175
Charlotte, NC 28277
(704) 543-3198 Fax

Huntersville

The Park
13808 Professional Center Dr.
Huntersville, NC 28078
(704) 892-6638 Fax

Mooresville

Fairview Center
150 Fairview Rd., Ste. 120
Mooresville, NC 28117
(704) 235-2899 Fax

Paul A. Akerman, M.D.
Pedro M. Barros, M.D.
Eric P. Berthiaume, M.D.
William T. Chen, M.D.
John J. Cribb, M.D.
Jason D. Ferreira, M.D.
Angela Fishman, D.O.
Sheldon Lidofsky, M.D.
Peter S. Margolis, M.D.
Philip A. McAndrew, M.D.
Thomas P. McMahan, M.D.
Lisa A. Mueller, M.D.
Ravi V. Nadimpalli, M.D.
Eric. B. Newton M.D.
Kevin S. Palumbo, M.D.
Theodore C. Palumbo, M.D.
Edward A Pensa, M.D.
Pranith N. Perera, M.D.
Joseph D. Pianka, M.D.
Thomas E. Sepe, M.D.
Joel S. Spellun, M.D.
Philip M. Trupiano, D.O.

Martha Feldman, APRN
Bridget Fitzgibbon, APRN
Mary Fortuna-Silva, APRN
Colleen Fullerton, APRN
Virginia Pierce, APRN
Kristin Skelly, APRN

January 11, 2017

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. 20201
PTAC@hhs.gov

Re: Project Sonar (PS)

To: The Physician Focused Payment Model Technical Advisory Committee

We are writing this letter in support of Project Sonar (PS), a proposal currently under consideration by the PTAC.

University Gastroenterology is a single specialty private practice group located in Rhode Island. The 23 physicians and 8 nurse practitioners all specialize in Gastroenterology and treat approximately 70% of all the GI care in our state. We also have academic appointments at Brown University School of Medicine and University of New England School of Medicine. Our group has been active in supporting Primary care PCMH and ACO development in RI and have been actively involved in developing APM models of care locally as well as on a nationally. We have been an early adopter of Project Sonar as it is an excellent population care model for our patients with inflammatory bowel diseases.

Project Sonar aims to broaden CMS' APM portfolio by including gastroenterology in a specialty specific payment model allowing increased participation in meaningful APMs. Project Sonar is a novel episode of care model that engages patients and encourages collaboration with practitioners to coordinate care across settings to more effectively manage patients with chronic diseases. PS is designed to improve health care quality while providing cost savings to patients and the Medicare system, preserving patient choice and enhancing patient safety, which meets the criteria for PFPMs as established by the Secretary of HHS in regulations at 42 CFR §414.1465.

PS has been designed to affect practitioners' behavior to achieve higher value care using payment and other incentives. Proactive engagement of patients with early identification and management to help avoid decompensation is a forward-thinking Physician-Focused Payment Model. We recommend that this Committee recommend that CMS implement this proposed payment model as a high priority.

Sincerely,

Peter Margolis, MD
University Gastroenterology, LLC

Tejeda, Angela (OS/ASPE)

From: charles accurso <chasa57@aol.com>
Sent: Monday, January 16, 2017 7:11 AM
To: PTAC (OS/ASPE)
Subject: Public Comment -Sonar Project

Good morning

I am writing a letter in support of the Sonar Project.

Our practice is one of the first practices in NJ to develop value based programs in gastroenterology, and have been implementing Project Sonar in our 7 physician gastroenterology practice for some time. We have found that Project Sonar has increased quality and patient satisfaction while decreasing costs in the care of patients with Crohn's Disease.

We strongly support the Project Sonar as a Physician Focused Payment Model.

Thank you for your consideration of this program. Please don't hesitate to reach out if there is anything we can do to help.

regards

Charles Accurso,MD,FACG.
Digestive HealthCare Center
Central Jersey Ambulatory Surgery Center
511Courtyard Drive
Hillsborough, N.J. 08844
(908)218-9222 (o)
(732)261-6087 ©
Chasa57@aol.com
"Patients Come First"



Advanced Gastroenterology Associates
Atlantic Coast Gastroenterology Associates
Monmouth Gastroenterology
Red Bank Gastroenterology Associates
Shore Gastroenterology Associates

60 Highway 36, Suite B
West Long Branch, NJ 07764
P: 732-222-3805
F: 732-517-8589

January 17, 2017

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. 20201
PTAC@hhs.gov

Re: Project Sonar (PS)

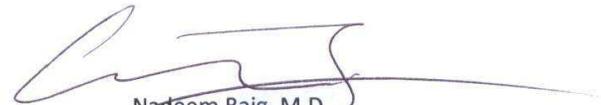
To: The Physician Focused Payment Model Technical Advisory Committee

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PS has been designed to affect practitioners' behavior to achieve higher value care using payment and other incentives. It supports the "Triple Aim" principles identified by Institute for Healthcare Improvement. Proactive engagement of patients with early identification and management of decompensation is a forward thinking Physician-Focused Payment Model. We recommend that this Committee recommend that CMS implement this proposed payment model as a high priority.

Sincerely,


Robert Gialanella, M.D.
President
Allied Digestive Health


Nadeem Baig, M.D.
Vice President
Allied Digestive Health



January 18, 2017

Physician-Focused Payment Model Technical Advisory Committee (PTAC)
c/o Angela Tejada
Assistant Secretary for Planning and Evaluation
200 Independence Ave. SW
Washington, DC 20201

Dear PTAC committee members and Ms. Tejada:

On behalf of the American Academy of Family Physicians (AAFP), which represents 124,900 family physicians and medical students across the country, I write regarding [Project Sonar](#), a proposed payment model submitted by the Illinois Gastroenterology Group and SonarMD, LLC in a December 21, 2016 letter to the PTAC.

The AAFP supports moving a larger percentage of payments from traditional fee-for-service (FFS) towards patient-centered alternative payment models (APMs) and we support the creation of innovative payment models that achieve better care, smarter spending, and healthier people. The proposed model changes both care delivery and payment, based on clinical care guidelines for chronic gastroenterology related conditions. First, the model proposes to give participating practices a prospective chronic care management payment for related services. The model also includes retrospective reconciliation for payments to determine if participants are eligible for shared savings or at risk for capped losses above a target amount.

However, the proposed model's delivery change is characterized as the "first specialty-based Intensive Medical Home". The AAFP is concerned with the use of this term – and more importantly – with the development of specialty "medical home" APMs that would simply replace fragmented care under fee-for-service with fragmented care under APMs. The [Patient-Centered Medical Home](#) concept focuses on comprehensive coordinated primary care for children, youth and adults. Patient centeredness refers to an ongoing, active partnership with a personal primary care physician who leads a team of professionals dedicated to providing proactive, preventive and chronic care management through all stages of life. These personal physicians are responsible for the patient's coordination of care across all health care systems. Since Project Sonar focuses only on chronic gastroenterology related conditions, it should not claim to be or associate themselves with the term medical home. In examining this proposal, we ask that the PTAC consider how this physician focused payment model would promote the delivery of continuous, longitudinal care for Medicare beneficiaries – and not provider-centric care.

With implementation of the *Medicare Access and Children's Health Insurance Program Reauthorization Act of 2015 (MACRA)*, the development of new APMs, including physician-

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focused payment models, are accelerating. While some of these models may deliver comprehensive, longitudinal care, many run the risk of perpetuating (or even exacerbating) the fragmented care many patients receive under the current fee-for-service system. Evidence shows that health systems built with primary care as the foundation have positive impacts on quality, access, and costs. Of the clinically active AAFP members, nearly half (45 percent) work in an officially recognized patient centered medical home. This demonstrates family physicians' commitment to transitioning away from a model of symptom and illness based episodic care to a system of comprehensive coordinated primary care for children, youth and adults and illustrates the lack of need for specialty- and disease- focused APMs that can fragment care.

The AAFP is also concerned that the Project Sonar proposal neglects to detail how participants would coordinate with primary care physicians, which is essential to ensure that Medicare beneficiaries (many with multiple, co-morbid conditions) have a central provider that can coordinate and manage their care across settings. As detailed in the [AAFP's Principles to Support Patient-Centered Alternative Payment Models](#), the AAFP only supports patient-centered advanced primary care models that promote comprehensive, longitudinal care across settings, and hold clinicians appropriately accountable for outcomes and costs. We have developed the following principles to guide in the development and review of proposed payment models, and ask that the PTAC closely consider them in evaluating how the current proposed physician focused payment model advances patient-centered care.

Principle #1: APMs Must Provide Longitudinal, Comprehensive Care

- APMs should support the delivery of team-based, comprehensive care, which includes all acute, chronic, and preventive services, not just episodic care.
- APMs should provide continuous, coordinated, and connected longitudinal care in the most cost-effective setting.
- APMs should not fragment care across clinicians and settings for patients since fragmentation weakens clinician accountability for outcomes and/or costs, and negatively impacts patient experience and outcomes.
- Primary care APMs should be based on the core functions of the PCMH as articulated through the Joint Principles of the Patient-Centered Medical Home and CPC+ Initiative, which includes:
 - Access and continuity
 - Planned care and population health
 - Care management
 - Patient and caregiver engagement
 - Comprehensive and coordinated care

Principle #2: APMs Must Improve Quality, Access, and Health Outcomes

- APMs must demonstrate how they will contribute to improvements in quality of care, access to care, and positive health outcomes for patients.
- APMs should use the core measure sets developed by the multi-stakeholder Core Quality Measure Collaborative to ensure alignment, harmonization, and the avoidance of competing quality measures among payers in an effort to reduce administrative burden.
- APM payments should be appropriately risk adjusted to ensure accurate assessment of provider performance and accountability.

Principle #3: APMs Should Coordinate with Primary Care Team

- If condition-focused APMs are approved, they should be required to contact a patient's primary care physician and team (or primary care clinicians serving Medicare patients in a given geographic area). This will allow patients receiving care through a specialty- or disease-focused APM to also benefit from coordination with a primary care physician and team that will provide longitudinal care, in addition to treatment of a particular episode or condition.
- APMs should include agreements with primary care physicians to enhance the working relationship between the specialty- or disease-focused physicians and the primary care physician and team.

Principle #4: APMs Should Promote Evidence-based Care

- APMs should incent or require use of evidence-based recommendations to treat acute and chronic conditions and to provide preventive services.
- APMs should be physician-led, team-based, and primary care oriented to ensure they are patient centered. Patient centeredness requires an ongoing, active partnership with a personal primary care physician who leads a team of professionals dedicated to providing proactive, preventive, and chronic care management through all stages of life. This ensures that complex care management and care coordination issues are continually addressed.

Principle #5: APMs Should be Multi-payer in Design

- APMs should be multi-payer in design to ensure that all patients—regardless of payer—have access to promising care models that can improve their health outcomes and care, and reduce costs.
- APMs should be multi-payer in their design to allow the Centers for Medicare & Medicaid Services and other health care payer programs to leverage investments and learning in payment and delivery system reform.
- Payments for primary care in any APM should be made mainly on a per patient basis through the combination of a global payment for direct patient care services and a global care management fee. APMs should avoid reliance on FFS payments.

For further details on how to construct an advanced alternative payment model (APM) that is patient-centered and meets beneficiary needs in a longitudinal, continuous and comprehensive manner, please consult the AAFP's [whitepaper](#), "Advanced Primary Care: A Foundational Alternative Payment Model (APM) for Delivering Patient-Centered, Longitudinal, and Coordinated Care."

We appreciate the opportunity to comment and make ourselves available for your questions. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,



Wanda D. Filer, MD, MBA, FFAFP
Board Chair



January 18, 2017

Physician-Focused Payment Model Technical Advisory Committee
c/o Angela Tejada
Office of The Assistant Secretary for Planning and Evaluation
for Planning and Evaluation
200 Independence Ave. SW
Washington, DC 20201

Re: Comments on Project Sonar submitted by the Illinois
Gastroenterology Group and SonarMD, LLC

Dear Physician-Focused Payment Model Technical Advisory Committee
members:

I write today on behalf of the American Gastroenterological Association (AGA) to provide comments on the Project SONAR proposal submitted to Physician-Focused Payment Model Technical Advisory Committee (PTAC) by the Illinois Gastroenterology Group and SonarMD, LLC. Founded in 1897, AGA is the trusted voice of the gastroenterology community that has grown to include more than 16,000 members from around the globe who are involved in all aspects of the science, practice and advancement of gastroenterology. The AGA has a long been a leader in the development of episodes of care and value-based care models, even before the passage of the MACRA legislation. We appreciate the opportunity to provide feedback on Physician-Focused Payment Model (PFPM) proposals that offer new ways for the Centers for Medicare and Medicaid Services (CMS) to pay physicians for the care they provide to Medicare beneficiaries.

We would like to express our support of the Project SONAR proposal submitted by the Illinois Gastroenterology Group and SonarMD, LLC. This model for chronic disease management program for inflammatory bowel disease (IBD) patients piloted with Blue Cross Blue Shield (BCBS) of Illinois has proven effective at both managing costs and enhancing quality. The model is based on AGA's IBD clinical service line which contains evidence-based care guidelines and other clinical decision

CHAIR

Michael Camilleri, MD, AGAF
Mayo Clinic
Charlton 8-110
200 First Street SW
Rochester, MN 55905
P: 507-266-2305
F: 507-538-5820
E: camilleri.michael@mayo.edu

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NATIONAL OFFICE

Executive Vice President
Thomas J. Serena

support tools for IBD to help engage both providers and patients to change behavior and improve outcomes.

Project Sonar provides a unique opportunity to combine electronic medical records, healthcare claims/resource utilization data, and patient reported outcomes to predict treatment failure and target appropriate therapy in a community-based setting. Thus, Project SONAR promotes increased and improved communication among patients, providers, and practices while empowering patients to seek treatment in IBD care before their condition requires costlier interventions including hospitalizations, and surgery.

Project Sonar is an exciting APM for IBD care coordination that also effectively administers pharmaceuticals to patients in a cost-effective setting and empowers patients to be more engaged in managing their health. Project SONAR has already demonstrated improved care, decreased emergency department visits, reduced hospitalizations and overall savings in real world practice.

We are pleased to endorse the SONAR proposal.

Sincerely,

A handwritten signature in black ink that reads "Michael Camilleri". The signature is written in a cursive style with a large initial 'M'.

Michael Camilleri, MD, AGAF
Chair
American Gastroenterological Association

Tejeda, Angela (OS/ASPE)

From: Dawn Ziol <dmziol@comcast.net>
Sent: Thursday, January 19, 2017 9:20 PM
To: PTAC (OS/ASPE)
Subject: Public comment

Hi there! My name is Dawn Ziol and I have been living with IBD for 17 years. While it hasn't always been easy, in fact I had a really bad 5 years, it wasn't until I was asked to be a part of the Sonar MD study that things have really been a whole lot better. Once a month I answer a short survey. I let them know if I've had any symptoms and I receive a score. If I score too high on the meter I get a phone call from a nurse at my doctor's office to check on me. We talk about what has been going on, my diet, stress etc. From there we can decide what course to take. Being able to touch base once a month with my doctor has been incredible! I can't tell you the last time I was hospitalized for a flare up. I can now catch it before it gets too bad. I don't have to worry that I'm bothering my doctor by calling with my symptoms. I don't have to second guess if what I'm feeling is a flare up. The Sonar study keeps me in touch with my doctor and out of the hospital. I can't tell you enough the difference this has made in my life. I only hope everyone has the opportunity to be a part of a study like this. Thank you!

Yours truly,

Dawn Ziol

Sent from my iPhone

Jenetha Piecz



8779 Sonoma Trail • Spring Grove, IL 60081 • 815-276-6054 •
E-Mail: piecz@mchsi.com Web: Face2FacewithHorses.com

1/19/17

To Whom It May Concern:

I am writing to inform you of my experience as a participant and patient in the Sonar M.D. computer program.

This program is extremely user friendly. Once you are signed up in the system, which occurs during an office visit, which ensures getting signed up, you just have to carry a cell phone or have an email address that you frequent.

Every month you receive your quiz that takes 2 minutes to answer. Results are immediate allowing one to feel positive about their medical state. I am fortunate, that I am in very good control of my Crohn's disease. This is immediately reflected in my quiz score. Only once, since being a participant did my score reflect an issue that my Doctor needed to be aware of. That same day within an hour or two, my doctor's head nurse called me to see how I was doing. I was amazed at how quickly I was called to be checked up on and to discuss protocol to get me back on track.

Crohn's disease goes from zero to sixty in hours. Sonar M.D. has its finger on the pulse of the patient so that preventative measures are taken if they need be. This is all done without an office visit. It helps determine if one is necessary or if one isn't without a second thought. In today's busy world where we lose track of time, Sonar M.D. helps keep everyone engaged and mindful of health maintenance, when we could easily drop the ball.

As a busy patient, this program keeps me connected and well looked after with a few taps on my cell phone. I think it's brilliant.

Sincerely,

Jenetha Piecz

Patient of Doctor Lawrence Kosinski



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

January 20, 2017

Physician-Focused Payment Model
Technical Advisory Committee
c/o Ms. Angela Tejada
Office of the Assistant Secretary for
Planning and Evaluation
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

RE: Project Sonar

Dear Committee Members:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to provide our strong support for the Project Sonar proposal currently being reviewed by the Physician-Focused Payment Model Technical Advisory Committee (PTAC). Dr. Larry Kosinski, President of SonarMD, LLC, presented this model during a program at the 2016 Annual Meeting of the AMA House of Delegates, where it received a very positive reception. Later, the AMA arranged for ReachMD to conduct an interview with Dr. Kosinski about the project, which has since become part of our educational series for physicians on the Medicare Access and CHIP Reauthorization Act (MACRA).

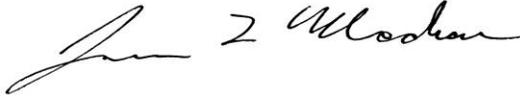
The 20 gastroenterology practices that have participated in the Project Sonar model to date have achieved significant improvements in quality and outcomes for patients with Crohn's disease while also lowering costs. They have achieved these improvements using a care pathway and clinical decision tool developed by the American Gastroenterological Association. Project Sonar's innovative technical solutions engage patients in a monthly process of reporting to their gastroenterologist on their symptoms and feelings, and they then receive an immediate action-focused response if indicated by the reported symptoms. The project has been effective in reducing hospital admissions and emergency department visits for patients with Crohn's, especially those who demonstrate the most engagement in their own health care by responding to the monthly "pings."

Project Sonar is more than a model way of improving care for patients with Crohn's disease. It also demonstrates a means for specialist physicians who have had very few opportunities to participate in alternative payment models to date to effectively do so. If recommended by the PTAC and implemented by the Center for Medicare and Medicaid Innovation, this model of intensive management by specialist physicians working with nurse care managers and a highly engaged patient population also holds promise for improving care for many other chronic conditions that place patients at risk for frequent, potentially avoidable, emergency visits and hospitalizations.

Physician-Focused Payment Model Technical Advisory Committee
January 20, 2017
Page 2

As the model has already been deployed in 20 gastroenterology groups, the AMA urges the PTAC to recommend Project Sonar as a high priority model for adoption and implementation. We thank the Committee for the opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim L Madara". The signature is written in a cursive, flowing style.

James L. Madara, MD



AMERICAN COLLEGE OF GASTROENTEROLOGY

6400 Goldsboro Road, Suite 200, Bethesda, Maryland 20817-5842; P: 301-263-9000;
F: 301-263-9025

January 20, 2017

Physician-Focused Payment Model Technical Advisory Committee (PTAC)
c/o Angela Tejada
Office of the Assistant Secretary for Planning and Evaluation (ASPE)
United States Department of Health and Human Services
200 Independence Ave. SW
Washington, D.C. 20201

The American College of Gastroenterology (ACG or College) appreciates the opportunity to provide comment on current proposals submitted to the PTAC. Specifically, the College urges PTAC to consider greater flexibility should the panel recommend any alternative payment models involving gastroenterology.

Founded in 1932, the ACG is a physician organization that currently represents over 14,000 members providing gastroenterology specialty care. We focus on the issues confronting the gastrointestinal specialist in delivering high quality patient care. The primary activities of the ACG have been, and continue to be, promoting evidence-based medicine and optimizing the quality of patient care. The ACG is also committed to reducing administrative burdens among practicing gastroenterologists and other gastrointestinal clinicians.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) creates new ways for the Medicare program at the Centers for Medicare & Medicaid Services (CMS) to provide incentives for physicians to participate in Alternative Payment Models (APMs), including the development of physician-focused payment models (PFPMs). Section 101(e)(1) of 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 PFPMs submitted by individuals and stakeholder entities.¹

The PFPM criteria were outlined in the MACRA final rule with comment period that was made public on October 14, 2016 and published in the Federal Register on November 4, 2016.² These include: value

¹ "Medicare Access and CHIP Reauthorization Act of 2015;" Public Law 114-10. 42 USC 1305.
<https://www.congress.gov/114/plaws/publ10/PLAW-114publ10.pdf>

² Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models (CMS-5517-FC).
<https://www.federalregister.gov/documents/2016/11/04/2016-25240/medicare-program-merit-based-incentive-payment-system-mips-and-alternative-payment-model-apm>

over volume, flexibility, quality and cost, payment methodology, scope, ability to be evaluated, integration and care coordination, patient choice, patient safety, and health information technology.³

The College appreciates recent efforts to develop and test new payment and service delivery models. For example, the voluntary Bundled Payments for Care Improvement (BPCI) initiative includes bundled and episodes of care payments in specialties such as cardiology, orthopedic surgery, and gastroenterology.⁴ Some other recently implemented Medicare initiatives, however, have required participation for certain physicians, depending on the specialty or area of the country in which they practice. This is a concern for our members as mandatory participation is not likely to further CMS' goals of increasing flexibility and reducing reporting burdens as recently stated in the "Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models" final rule.⁵ Provider flexibility and patient choice are two key criteria for the PTAC, as highlighted above.

The *CMS Bundled Payments for Care Improvement Initiative Models 2-4: Year 1 Evaluation & Monitoring Annual Report* (Year 1 Annual Report)⁶ shows evidence that new payment and service delivery models are not "one size fits all." The BPCI Annual Report highlights that participants in the voluntary program vary significantly from non-participants. Further, the Year 1 Annual Report notes that one of the main reasons for participating was based on an ability to manage the financial investment and risk involved with participating in BPCI. Many providers, especially those in rural areas or small or solo practices, may not be able to assume the financial investment needed to successfully participate in an alternative payment model. The Year 2 Annual Report further describes the differences between participants and non-participants. Specifically, nearly all of the Model 2 BPCI participants are located in urban areas.⁷

ACG members serve patients in a variety of settings, from large academic institutions to independent solo practices. Each setting poses unique practice-management and fiscal challenges, requiring members to participate in payment models that are most suitable for their respective practices and patients. Some practices may not treat many inflammatory bowel disease (IBD) patients in order to participate in this APM. For those practices who treat many IBD patients, some may not be able to invest in both required HHS-certified health information technology as well as required Project Sonar software, or be able to hire additional staff to serve as a "ping coordinator." The Project Sonar proposal correctly emphasizes voluntary participation⁸ as this supports the patient choice PTAC criterion. This is important for provider flexibility as the proposal further notes "the cost savings is highly correlated to patient engagement, as it is derived from those patients who respond. Patient engagement is key to the success

³ Physician-Focused Payment Model Technical Advisory Committee (PTAC) <https://aspe.hhs.gov/ptac-physician-focused-payment-model-technical-advisory-committee>

⁴ <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-07-25.html>; and <https://innovation.cms.gov/initiatives/bundled-payments/>

⁵ Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models (CMS-5517-FC). <https://www.federalregister.gov/documents/2016/11/04/2016-25240/medicare-program-merit-based-incentive-payment-system-mips-and-alternative-payment-model-apm>

⁶ The Lewin Group: "CMS Bundled Payments for Care Improvement Initiative Models 2-4: Year 1 Evaluation & Monitoring Annual Report." Prepared for CMS. February 2015.

⁷ The Lewin Group: "CMS Bundled Payments for Care Improvement Initiative Models 2-4: Year 2 Evaluation & Monitoring Annual Report." Prepared for CMS. August 2016.

⁸ Project Sonar proposal to PTAC. <https://aspe.hhs.gov/sites/default/files/pdf/253406/ProjectSonarSonarMD.pdf>

of PS and for the care of patients with chronic disease.”⁹ This is especially important when dealing the Medicare-age patient population.

Thus, the ACG urges PTAC to recognize the specific challenges facing smaller, independent practices that may be different from major health care institutions and/or larger health care practices when reviewing models impacting gastroenterology. When models can be implemented with flexibility, and provide choice, there is a greater the likelihood of long-term success and systemic reform. For example, ACG is already significantly engaged in activities that advance the shared goal of improved patient outcomes.

GIQuIC- Voluntary Participation and Successful Implementation

ACG and the American Society for Gastrointestinal Endoscopy (ASGE) in 2009 jointly established a quality improvement registry for gastroenterologists, “The GI Quality Improvement Consortium, Ltd.” (GIQuIC). These quality metrics include, but are not limited to, adenoma detection rate, appropriate colorectal cancer screening and surveillance intervals, and the completeness of high-quality and safe examination. Medical literature has demonstrated that performance on these metrics are strongly associated with clinical outcomes.¹⁰ The registry collects data on both upper and lower gastrointestinal endoscopy services.

GIQuIC has experienced tremendous growth since 2010, in part because our members recognize that the measures are meaningful to the advancement of gastroenterology and to patient care. The GIQuIC registry captures quality metrics developed by the subject matter experts in our field of medicine. Therefore, the registry is a bridge between measure development and measure adherence in the clinical practice setting. To date, GIQuIC has collected data submitted by more than 4,000 providers at 500 facilities, for over 4 million colonoscopies. It is important to note that GIQuIC participant and facilities range from the solo independent practice to the large academic institution. We now estimate that over 1/3 of all practicing gastroenterologists in the United States have voluntarily invested their own money and resources to incorporate GIQuIC registry into their practices.

This commitment underscores the importance and value of physician “buy in” to achieve successful reform. However, choice and flexibility are key components to achieving successful payment reform. The GIQuIC registry’s success demonstrates our members’ commitment to quality of patient care in our specialty as well as their willingness to undergo day-to-day practice management changes to measure individual performance based on accepted metrics in our specialty, and in a way most suitable to our members’ individual practices.

The ACG appreciates the opportunity to work with the PTAC on these important reforms. Please contact Brad Conway, Vice President of Public Policy, Coverage & Reimbursement, at 301.263.9000 or bconway@gi.org for further discussion.

⁹ Project Sonar proposal to PTAC. <https://aspe.hhs.gov/sites/default/files/pdf/253406/ProjectSonarSonarMD.pdf>

¹⁰ ACG/ASGE Task Force on Quality in Endoscopy, 2014 http://gi.org/wp-content/uploads/2014/12/ACG_ASGE_Endoscopic_Quality_Indicators_Release_120214_FINAL.pdf



3300 Woodcreek Drive
Downers Grove, Illinois 60515
630-573-0600 / 630-963-8607 (fax)
Email: info@asge.org
Web site: www.asge.org

January 20, 2017

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Physician-Focused Payment Model Technical Advisory Committee
c/o U.S. DHHS Asst. Secretary of Planning and Evaluation Office of Health Policy
9200 Independence Avenue S.W.
Washington, D.C. 20201

Re: Request for Public Comment on Project Sonar

Dear Committee Members:

The American Society for Gastrointestinal Endoscopy (ASGE) appreciates the opportunity to provide comments on Project Sonar. Moving viable payment models forward that are well-suited for practicing gastroenterologists is critical, as currently there is not an alternative payment model (APM) pathway available for the vast majority of our members.

Since its founding in 1941, the ASGE has been dedicated to advancing patient care and digestive health by promoting excellence in gastrointestinal endoscopy. ASGE, with more than 14,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. In addition to endoscopic services, ASGE members also manage chronic conditions related to the digestive tract.

ASGE believes that Project Sonar is a well-developed medical home arrangement; therefore, we urge the Committee to recommend the proposal to the Secretary of the Department of Health and Human Services (HHS) as a viable APM for consideration. While Project Sonar was initially designed to improve the management of patients with inflammatory bowel disease (IBD), this proposed care management and payment model is scalable to other chronic care GI conditions outside of IBD, and potentially to other chronic medical conditions outside of GI. Rooted in evidence-based medicine, Project Sonar proactively engages the patient and involves proactive care management by a team of providers under physician supervision, resulting in reduced hospitalizations and emergency room visits. Project Sonar, in many aspects, is presented as an ideal APM, as the proposal details how it meets the 10 criteria that must be evaluated by the committee.

Outside of incentive programs among private payers, there is growing participation of independent medical groups serving large populations of IBD patients using Sonar MD to assist in the management of ongoing care. ASGE members would

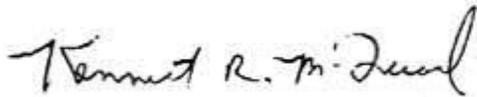
benefit from a library of APM options from which to choose. Based on the mix of services the average ASGE-member provides, it may be difficult for most to meet the required threshold for meeting the Advanced APM Qualified Participant status for Project Sonar. ASGE looks forward to working with this Committee and other stakeholders in the development of APMs that are well-suited for our members.

Since its pilot study phase, the Illinois Gastroenterology Group has kept the GI community apprised of the patient benefits of Project Sonar. Based on the proposal, Project Sonar seems to have the ability to provide high-quality patient care while providing a cost-saving to the patient and Medicare system. We endorse its advancement.

For APMs that require use of a proprietary platform, such as Project Sonar, HHS should require that the associated costs to implement and maintain the platform be transparent and stable over a pre-determined number of years in order for the costs and complexity of implementing such the payment model is predictable and reliable.

Thank you for consideration of our comments. Should you need additional information, please contact Lakitia Mayo, Senior Director of Health Policy, Quality, and Practice Operations at lmayo@asge.org or (630)570-5641.

Sincerely,

A handwritten signature in black ink that reads "Kenneth R. McQuaid". The signature is written in a cursive style with a large, prominent initial "K".

Kenneth R. McQuaid, MD, FASGE
President
American Society for Gastrointestinal Endoscopy



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Capital Digestive Care, LLC

January 20, 2017

VIA ELECTRONIC MAIL

Physician-Focused Payment Model Technical Advisory Committee
c/o Angela Tejada, ASPE
200 Independence Ave., SW
Washington, DC 20201
PTAC@hhs.gov

Re: Public Comment—Project Sonar Advanced APM

Dear Committee Members,

The Digestive Health Physicians Association (DHPA) writes in support of Project Sonar, a Physician-Focused Payment Model submitted to this Committee in December 2016.

The DHPA is a trade association representing 65 independent gastroenterology (GI) practices in 31 states across the country. Our mission is to promote and preserve high quality, cost-efficient and accessible care furnished to patients in the independent GI practice setting. DHPA's member practices include more than 1,500 gastroenterologists and other physician specialists who provide care to approximately 2.5 million patients annually in nearly 4 million distinct patient encounters.

Most relevant for purposes of this letter in support of Project Sonar, our physicians are on the front lines diagnosing and caring for thousands of patients with Inflammatory Bowel Disease (IBD). The two variants of IBD—Crohn's Disease and Ulcerative Colitis—are among the most significant, chronic gastrointestinal conditions, affecting upwards of 1.5 million Americans. An analysis in the peer-reviewed literature estimates that annual, IBD-associated treatment costs in the United States are \$6.3 billion

(\$3.6 billion for Crohn’s disease, \$2.7 billion for ulcerative colitis).¹

As noted in the Project Sonar (PS) submission, PS is a care management program developed by community-based physicians to improve the management of patients with chronic disease. The key to Project Sonar—which has been deployed, to date, with great success for patients with Crohn’s disease—is the combined use of evidence-based medicine coordinated with proactive patient engagement. From DHPA’s perspective, a Project Sonar Advanced APM would have great value on two levels—not only would it have a profound impact in care delivery for thousands of patients with Crohn’s disease, but it would serve as a model for the expansion of PS and other chronic care management programs that physician specialists can employ for the benefit of their patients.

DHPA believes that a Project Sonar Advanced APM would be of tremendous consequence as physicians in our member practices care for patients with IBD. In particular (and as detailed in the Project Sonar submission), there are four aspects of PS that make it a Physician-Focused Payment Model (PFPM) particularly worthy of your recommendation with a high priority:

- PS enables us to decrease the cost of care for our patients with Crohn’s disease by decreasing the complication rate through better medical management;
- PS enables us to identify the high-risk patient with Crohn’s disease before complications ensue;
- PS enables us to channel care of patients to those healthcare professionals in our practices who have the most knowledge, experience and expertise to address the specific patient’s needs; and
- PS enables us to better engage our patients so that early warning signs can routinely be assessed even before the patients realize they need intervention.

In short, PS is a powerful tool in improving our patients’ quality of life and decreasing costs by reducing potentially avoidable complications, emergency department visits, and inpatient admissions. It fosters a true partnership between us as clinicians and our patients—with a documented tripling of patient engagement to 75-80% over a 20-month study period.² Moreover, PS helps shift our management and care of patients with Crohn’s disease from a reactive to proactive model, while moving away from fee-for-service reimbursement to a value-based payment model.

¹ Kappelman, MD, et al., “Direct Health Care Costs of Crohn’s Disease and Ulcerative Colitis in United States Children and Adults,” *Gastroenterology* 2008 Dec; 135(6): 1907-1913 (available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2613430/>).

² Project Sonar Advanced APM, Submission to Physician-Focused Payment Model Technical Advisory Committee (Dec. 21, 2016) p. 4.

DHPA also believes that PS will have benefits that extend beyond the immediate value it will provide for the care and management of patients with Crohn's disease. To date, the opportunities for gastroenterologists and other physician specialists to participate in APMs have been extremely limited. Adoption of the PS Advanced APM will allow specialists to participate in value-based care outside of an ACO/MSSP/CRC+ model and to do so in connection with chronic diseases and conditions that are not triggered by a surgical procedure on an inpatient or outpatient basis.

The Project Sonar Advanced APM is designed to improve health care quality while providing cost savings to patients and the Medicare system, preserving patient choice and enhancing patient safety, which meets the criteria for PFPMs as established by the Secretary of HHS in regulations at 42 CFR §414.1465. This is precisely the type of innovative, team-based PFPM that this Committee should embrace—not only for its immediate benefit in managing patients with Crohn's disease, but for the broader opportunity it presents in advancing care management programs for patients with chronic disease.

DHPA appreciates the careful consideration the Committee will give the proposal and recommends that the Project Sonar Advanced APM be implemented as a high priority.

Sincerely,



Lawrence Kim, M.D.
Chair, Health Policy

cc: Kevin Harlen, Executive Director, DHPA



STEVE PHILLIPS
SENIOR DIRECTOR
HEALTH POLICY & REIMBURSEMENT
Email: sphilli7@its.jnj.com

VIA ELECTRONIC FILING — PTAC@hhs.gov

January 20, 2017

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. 20201

Re: Project Sonar (PS)

To: The Physician Focused Payment Model Technical Advisory Committee

Johnson & Johnson (J&J) is pleased to submit comments to the Physician Focused Payment Model Technical Advisory Committee (PTAC) in support of Project Sonar (PS). J&J appreciates that the committee recognizes the lack of available payment models for complex chronic conditions, especially Inflammatory Bowel Disease (IBD), Psoriasis, and rheumatoid arthritis (RA).

Crohn's disease is a painful, medically incurable illness that may cause inflammation anywhere along the digestive system. Patients with Crohn's disease will benefit significantly from "high-quality, comprehensive, cost-effective, patient-centered care" that often involves a number of health care professionals, not limited to gastroenterologists, nurse coordinators and primary care physicians. We support efforts to develop alternative payment models to enhance the care for patients with Crohn's disease and strongly recommend consideration of patient-centered process and outcome quality measures to be included in the consideration of these payment models.

Sincerely,

Steve Phillips
Senior Director, Global Health Policy
Worldwide Government Affairs & Policy

Tejeda, Angela (OS/ASPE)

From: Tami Speten <tamispeten@comcast.net>
Sent: Friday, January 20, 2017 12:02 PM
To: PTAC (OS/ASPE)
Subject: PUBLIC COMMENT

Hello,

My name is Tami Speten and I am a Crohn's Disease patient of Dr. Kosinski's. We use the SonarMD survey as a tool to continually watch and track my health. It has been especially useful when my health has begun to decline and after taking a survey, a message will pop up for me to call my doctor. I then call my doctor and explain what my current symptoms are. Either we discuss changing medications or having me come in to see him personally. One time I did not realize how sick I was getting and my blood and iron counts were dangerously low. After taking the SonarMD survey, it told me to call my doctor. After explaining my symptoms to him, he had me come in right away. I had to start on weekly iron infusions immediately to get my iron and blood counts back to normal. Looking back, I was extremely sick. After walking just 15 feet, I would be huffing and puffing. And having a two-year-old at the time, I certainly needed my strength and energy to keep up with her. I am grateful for this program and an amazing doctor. I think SonarMD would be beneficial to all patients as it encourages patients to contact their doctor when they are not feeling up to par. I am very grateful to be part of this program.

Sincerely,
Tami Speten

Sent from my iPhone

Tejeda, Angela (OS/ASPE)

From: Mollie McGrath <mmcgrath75@gmail.com>
Sent: Friday, January 20, 2017 3:45 PM
To: PTAC (OS/ASPE)
Subject: public comment

To whom it may concern:

I have been a Crohn's patient at Elgin Gastroenterology for nearly 7 years now and the introduction of the Sonar system was extremely helpful in managing my symptoms. The staff at EG has always been fantastic and supportive, when they started using Sonar the support system was even greater. Can't say enough good things about both the staff and the system.

--

Mollie McGrath

Tejeda, Angela (OS/ASPE)

From: Steven Gronowitz <sdgrono@gmail.com>
Sent: Monday, January 23, 2017 1:52 PM
To: PTAC (OS/ASPE)
Subject: Public Comment - Project Sonar

Dear Committee Members,

I write in support of Project Sonar, a Physician-Focused Payment Model submitted to this Committee in December 2016.

The Project Sonar Advanced APM is designed to improve health care quality while providing cost savings to patients and the Medicare system, preserving patient choice and enhancing patient safety, which meets the criteria for PFPMs as established by the Secretary of HHS in regulations at 42 CFR §414.1465. This is precisely the type of innovative, teambased PFPM that this Committee should embrace—not only for its immediate benefit in managing patients with Crohn’s disease, but for the broader opportunity it presents in advancing care management programs for patients with chronic disease.

Thanks for you help,

Steven Gronowitz, MD, FACG
Gastroenterology Associates of New Jersey, LLC
1011 Clifton Avenue
Clifton, NJ 07013
Telephone [973-471-8200](tel:973-471-8200) | Fax [973-471-3032](tel:973-471-3032)



gronowitzs@ganjllc.com
www.ganjllc.com

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“Confidential Information subject to GANJ information security policies.”

Tejeda, Angela (OS/ASPE)

From: Rini Abraham <rinisabraham@gmail.com>
Sent: Monday, January 23, 2017 7:02 PM
To: PTAC (OS/ASPE)
Subject: Public comment

Dear Committee Members,

I write in support of Project Sonar, a Physician-Focused Payment Model submitted to this Committee in December 2016.

The Project Sonar Advanced APM is designed to improve health care quality while providing cost savings to patients and the Medicare system, preserving patient choice and enhancing patient safety, which meets the criteria for PFPMs as established by the Secretary of HHS in regulations at 42 CFR §[414.1465](#). This is precisely the type of innovative, teambased PFPM that this Committee should embrace—not only for its immediate benefit in managing patients with Crohn’s disease, but for the broader opportunity it presents in advancing care management programs for patients with chronic disease.

Thanks for you help,

Sincerely,
Rini Abraham, MD

Sent from my iPhone

Tejeda, Angela (OS/ASPE)

From: Joseph Shami <shamij@ganjllc.com>
Sent: Monday, January 23, 2017 8:23 PM
To: PTAC (OS/ASPE)
Subject: Public Comment-Project Sonar

Dear Committee Members,

I write in support of Project Sonar, a Physician-Focused Payment Model submitted to this Committee in December 2016.

The Project Sonar Advanced APM is designed to improve health care quality while providing cost savings to patients and the Medicare system, preserving patient choice and enhancing patient safety, which meets the criteria for PFPMs as established by the Secretary of HHS in regulations at 42 CFR §414.1465. This is precisely the type of innovative, teambased PFPM that this Committee should embrace—not only for its immediate benefit in managing patients with Crohn’s disease, but for the broader opportunity it presents in advancing care management programs for patients with chronic disease.

Sincerely,

Joseph G. Shami, MD

Tejeda, Angela (OS/ASPE)

From: Oren Bernheim <orenbernheim@gmail.com>
Sent: Monday, January 23, 2017 9:09 PM
To: PTAC (OS/ASPE)
Subject: Public Comment - Project Sonar

Dear Committee Members,

I write in support of Project Sonar, a Physician-Focused Payment Model submitted to this Committee in December 2016.

The Project Sonar Advanced APM is designed to improve health care quality while providing cost savings to patients and the Medicare system, preserving patient choice and enhancing patient safety, which meets the criteria for PFPMs as established by the Secretary of HHS in regulations at 42 CFR §414.1465. This is precisely the type of innovative, teambased PFPM that this Committee should embrace—not only for its immediate benefit in managing patients with Crohn’s disease, but for the broader opportunity it presents in advancing care management programs for patients with chronic disease.

Thanks for you help,

--

Oren E. Bernheim, MD
Gastroenterology Associates of New Jersey

Office Address:
246 Hamburg Turnpike
Suite 203
Wayne, NJ 07470

Office Phone: 862-336-9988
Office Fax: 862-336-9987

Tejeda, Angela (OS/ASPE)

From: Matthew Grossman <mattgrossman@gmail.com>
Sent: Monday, January 23, 2017 10:35 PM
To: PTAC (OS/ASPE)
Subject: Project Sonar

Dear Committee Members,

I write in support of Project Sonar, a Physician-Focused Payment Model submitted to this Committee in December 2016.

The Project Sonar Advanced APM is designed to improve health care quality while providing cost savings to patients and the Medicare system, preserving patient choice and enhancing patient safety, which meets the criteria for PFPMs as established by the Secretary of HHS in regulations at 42 CFR §[414.1465](#). This is precisely the type of innovative, teambased PFPM that this Committee should embrace—not only for its immediate benefit in managing patients with Crohn’s disease, but for the broader opportunity it presents in advancing care management programs for patients with chronic disease.

Thanks for you help,

Matthew Grossman, MD
Gastroenterology Associates of New Jersey, LLC

Sent from my iPhone