

Physician-Focused Payment Model Technical Advisory Committee

According to the Physician-Focused Payment Model Technical Advisory Committee (PTAC) bylaws voted on and approved by PTAC on June 21, 2016:

“PFPM-specific disclosures. *Prior to reviewing, participating in deliberations, and/or voting on a PFPM submitted to the Committee, Committee members shall disclose any role they have played in the development of the submitted PFPM and any impact that such a PFPM could have on them if it were approved.”*

PTAC members’ disclosures relating to potential conflicts of interest and potential threats to impartiality related to the identified proposal are presented below:

Submission from the Digestive Health Network for a Physician-Focused Payment Model entitled, “Comprehensive Colonoscopy Advanced Alternative Payment Model for Colorectal Cancer Screening, Diagnosis and Surveillance”

Committee Member Disclosures	
Committee Member	Disclosed Information
<i>Jeffrey Bailet</i>	Nothing to Disclose
<i>Robert Berenson</i>	Nothing to Disclose
<i>Paul Casale</i>	Nothing to Disclose
<i>Tim Ferris</i>	Nothing to Disclose
<i>Rhonda Medows</i>	Nothing to Disclose
<i>Harold D. Miller</i>	<p>No, I did not have any involvement in this PFPM.</p> <p>No, this PFPM would have no special effect on me.</p> <p>“I know Joel Brill professionally, and I have had a number of conversations with him about payment reform issues, both in gastroenterology and more broadly. I do not know Scott Ketover, but I know another former member of Minnesota Gastroenterology (John Allen). I have no financial connections to either of these individuals or their organizations, and I have had no involvement in the preparation of this PFPM, nor would I benefit in any way, financially or otherwise, based on whether the PFPM was recommended by the PTAC.</p> <p>In August, I gave a presentation about alternative payment models in gastroenterology to a conference sponsored by the American Society for Gastrointestinal Endoscopy and the American Gastroenterological Association, for which I received a speaking fee and travel reimbursement. I am the author of a paper about payment reform in gastroenterology that appeared in the journal <i>Clinical Gastroenterology and Hepatology</i>; that describes the concept of an episode payment for</p>

	<p>colonoscopy similar to what is proposed in this APM. I received no compensation for preparing that article. I have invited Charles Accurso, a gastroenterologist from New Jersey, to speak at a conference about a colonoscopy payment bundle he developed with Horizon Blue Cross Blue Shield, but I did not receive any compensation from him or any other source in relation to that. These presentations and discussions provided me with the opportunity to understand better the issues associated with care delivery and payment in gastroenterology generally and colonoscopy specifically, and they will inform me but not affect my objectivity in evaluating the desirability of this PFFM proposal.”</p> <p>Harold Miller</p>
<i>Elizabeth Mitchell</i>	Nothing to Disclose
<i>Len M. Nichols</i>	Nothing to Disclose
<i>Kavita Patel</i>	<p>“I have heard this concept proposed at meetings and I was a coauthor of a peer reviewed article around alternative payment models in GI which had other coauthors who are involved in the development of this model.”</p> <p>Kavita Patel</p>
<i>Bruce Steinwald</i>	Nothing to Disclose
<i>Grace Terrell</i>	Nothing to Disclose