

Consumer-Purchaser ALLIANCE

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May 18, 2017

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

RE: AAFP Advanced Alternative Payment Model proposal

Dear members of the Physician-Focused Payment Model Technical Advisory Committee (PTAC):

The Consumer-Purchaser Alliance is a collaboration of leading consumer, labor, and employer organizations committed to improving the quality and affordability of health care through the use of performance information to guide consumer choice, payment, and quality improvement.¹ We appreciate the opportunity to provide input on the proposed physician-focused payment models, including the American Academy of Family Physicians proposal for a primary care alternative payment model (APM).

Primary care is foundational to a high-performing, patient-centered health care system. Individuals need consistent access to a health professional trained to provide quality medical care as the primary access point to the health care system and as a central relationship supporting an individual's overall health. We are very pleased to see an APM proposal that focuses on primary care providers, particularly because this model holds primary care practices financially accountable for both patient outcomes and costs of care - a key combination that drives improved care, innovation, and group-level quality improvement initiatives.

We are very pleased that the APM replaces fee-for-service payments for E&M services with a primary care global payment, allowing primary care physicians more flexibility in care delivery. We encourage AAFP to clarify how this payment model promotes comprehensive team-based care in which all members of the team are able to practice at the top of their license.

¹ For brevity, we refer in various places in our comments to "patient" and "care," given that many Medicare Part B programs are rooted in the medical model. People with disabilities frequently refer to themselves as "consumers" or merely "persons." Choice of terminology is particularly important for purposes of care planning and care coordination, when the worlds of independent living and health care provider often intersect.

www.consumerpurchaser.org

Pacific Business Group on Health
575 Market Street, Suite 600, San Francisco, CA 94105
415.281.8660 | tel

National Partnership for Women & Families
1875 Connecticut Avenue, NW Suite 650, Washington, DC 20009
202.986.2600 | tel

We support the all-payer aspect of this model, which streamlines and strengthens the financial incentives experienced by a provider group. We strongly support the use of all-payer data for performance measures, including patient experience measures, to create a more comprehensive picture of a provider group's performance. We are very pleased to see the proposed model's use of the Core Quality Measures Collaborative (CQMC) PCMH/ACO/Primary Care Core Measure Set, reflecting the consensus priorities of a variety of stakeholders. A multi-stakeholder consensus-based decision-making approach is critical in achieving a patient-centered health care system that truly meets the needs of consumers, purchasers, and other stakeholders.

Our comments and recommendations below focus on strengthening the measurement component of the APM, to ensure that the payment model rewards truly high quality care. Consumers, patient caregivers, and purchasers need reliable cost and quality information to compare and select providers. Measuring providers using a standard core measure set provides comparable information on provider performance that benefits all stakeholders, including consumers and purchasers, and sends a consistent message to participating practices about the program's priorities regarding quality and care delivery. We strongly encourage AAFP to evolve this model over time to require reporting of a uniform core measure set, used to evaluate all participating practices. We support a menu approach to measure selection only in the short-term, given that the APM's proposed measures pull from the CQMC measure set and contingent on our recommendations below to provide incentives for practices to choose the highest value measures (e.g., patient-reported outcome measures, or PROMs).

In the near term, the APM model should call out care coordination measures, population health measures, and PROMs as high-value measures and require APM participants to report at least one such high-value measure. This aligns with the MIPS approach, which designates two of the six self-selected measures as specific measure types required for reporting.

Patients' perspectives must play a substantial role in defining 'value' in health care to achieve a truly patient-centered health care system that assesses and mobilizes to respond to patient needs. Patient-reported outcomes (PROs) can be used to determine if patients benefit from treatment in ways that matter to them, to providers, and to society: improved functioning, reduced pain, and improved quality of life. As indicated by expert consensus, a number of domains and PROs are appropriate for assessment of primary care in accountability programs.² We strongly recommend that PROs and PROMs are prioritized when assessing the quality and value of providers. We are glad to see PROMs included in the proposed measures, including Depression Remission at Twelve Months, and recommend that AAFP include additional options: the NQF-endorsed measure Gains in Patient Activation at 12 Months (NQF #2483) and a reporting option for PROMIS-Global. Providers who choose to report PROMs as part of their quality measures should be eligible for a larger quality incentive. We strongly encourage AAFP to build in an incentive for practices to voluntarily collect and report PRO information.

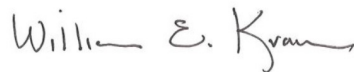
Finally, we support including the two cost measures used under CMS's Comprehensive Primary Care Plus (CPC+) program in this model for accountability purposes: Inpatient Hospitalization

² Murphy, Mairead, Sandra Hollinghurst, and Chris Salisbury. "Agreeing the Content of a Patient-reported Outcome Measure for Primary Care: A Delphi Consensus Study." *Health Expectations* 20.2 (2016): 335-48. Web.

Utilization per 1,000 Attributed Beneficiaries and Emergency Department Utilization per 1,000 Attributed Beneficiaries. Patients' acute care utilization falls directly within a primary care physician's responsibilities, and we recommend aligning the cost measures between these two programs. This allows for a more comprehensive assessment of a practice's performance, the program's impact on acute care utilization, and allows for comparisons between the two programs.

Thank you again for the opportunity to comment on the proposed alternative payment model. Improving delivery of and access to primary care represents a significant opportunity to improve our nation's health care system through more appropriate care, improved care coordination, better quality, and lower costs. If you have any questions about our comments, please contact Stephanie Glier, Senior Manager for the Consumer-Purchaser Alliance, at sglier@pbgh.org.

Sincerely,



Bill Kramer
Executive Director, National Health Policy
Pacific Business Group on Health
and
Co-Chair, Consumer-Purchaser Alliance



Debra Ness
President
National Partnership for Women & Families
and
Co-Chair, Consumer-Purchaser Alliance