

We agree with CMS that an APM cannot be a Medical Home Model (or Primary Care-Focused Model) unless it has a primary care focus with an explicit relationship between patients and their primary care physicians. In this context, we suggest CMS limit its definition of eligible clinicians to those practicing under one or more of the following Physician Specialty Codes: 01 General Practice; 08 Family Medicine; 11 Internal Medicine; 37 Pediatric Medicine; and 38 Geriatric Medicine.

We have concerns about CMS's proposal to include eligible clinicians under one or more of the following specialty codes: 50 Nurse Practitioner; 89 Clinical Nurse Specialist; and 97 Physician Assistant. These health care professionals are not always primary care providers. Under CMS's proposal, it seems theoretically possible that a surgical subspecialist who employed one or more of these clinician types could claim to have a primary care focus under a "Medical Home Model." Such an arrangement would be a bastardization of the term "primary care," in our opinion. Furthermore, the [Joint Principles of the Patient-Centered Medical Home](#)—developed by the AAFP, the American Academy of Pediatrics (AAP), the American College of Physicians (ACP), and the American Osteopathic Association (AOA)—include "Physician-directed medical practice." Potentially relying on eligible health care professionals such as nurse practitioners and physician assistants without the involvement of a primary care physician is contrary to the joint principles.

With respect to the optional elements proposed by CMS, at least four of which a Medical Home Model must have, we note that the following joint principles are missing from the list:

- Whole Person Orientation
- Quality and Safety

We would encourage the addition of these elements to the list proposed by CMS so that the CMS definition of the Medical Home Model is more in line with the Joint Principles of the Patient-Centered Medical Home and the five key functions of the CPC initiative. The AAFP believes those principles and key functions best define advanced primary care practices.

Finally, we agree with CMS's proposal to make these additional elements optional and permit a Medical Home Model to have just four of them.

(4) Advanced APMs

(a) Advanced APM Determination

CMS proposes to establish a process to identify and notify the public of the APMs that would be considered Advanced APMs. Such notification would be posted prior to the beginning of the first QP Performance Period and updated on a rolling basis. The initial set of Advanced APM determinations will be released no later than January 1, 2017. Determinations for new APMs will be included with the first public notice of the model. These determinations would be posted on the CMS website and updated on an ad hoc basis, but no less than annually.

AAFP Response

The AAFP urges CMS to announce the initial set of Advanced APM determinations within the final MACRA rule that is released later this year, if not earlier. Waiting until January 1, 2017, further delays practices' ability to make their decisions regarding potential participation in an Advanced APM. We also ask CMS to update their website at least every six months to allow physicians to make informed decisions on a more predictable basis.