AMERICAN ACADEMY OF FAMILY PHYSICIANS

September 5, 2018

Angela Tejeda
Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Ms. Tejeda:

On behalf of the American Academy of Family Physicians (AAFP), which represents 131,400 family physicians and medical students across the country, I write in response to the request for public comments that the Physician-Focused Payment Model Technical Advisory Committee (PTAC) solicited on July 20, 2018.

The *Medicare Access and CHIP Reauthorization Act* of 2015 (MACRA) placed a priority on the transition of physician practices from the legacy fee-for-service payment model towards alternative payment models that promote improved quality and efficiency. As you know, MACRA also established a process for stakeholders to propose physician-focused payment models (PFPMs) to the PTAC, a federal advisory committee that provides advice to the Secretary of the Department of Health and Human Services (HHS). MACRA requires the PTAC to review stakeholders' proposed PFPMs, prepare comments and recommendations regarding whether such proposed PFPMs meet the PFPM criteria established by the Secretary, and submit those comments and recommendations to the Secretary. MACRA also requires the Secretary to review the PTAC's comments and recommendations on proposed PFPMs and post "a detailed response" to those comments and recommendations on the Centers for Medicare & Medicaid Services' website.

The AAFP remains fully supportive of the PTAC's role in evaluating PFPMs as well as HHS' Office of the Assistant Secretary for Planning and Evaluation (ASPE) in providing operational and technical support to PTAC.

Based on our extensive work developing and submitting the Advanced Primary Care Alternative Payment Model to the PTAC, the AAFP offers the following recommendations to selected topics raised by ASPE:

- Letters of Intent: The AAFP generally appreciates the utility, transparency, and public postings of applicants' letters of intent.
- Model Description section: Now that ASPE and PTAC have experience evaluating several proposed PFPMs, the AAFP suggests the creation of prominently posted "best practices" and "frequently asked questions" documents to help guide prospective applicants.
- 25-page limitation: The AAFP struggled to limit the main body of our proposal to the PTAC to 25 pages and still cover all PFPM criteria. With the page limitation, necessary information was excluded from the main body of the proposal, and were forced to supplement our main

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application with extensive appendices to be as responsive as possible. Even so, the preliminary review team (PRT) assigned to our proposal was left with many questions. We appreciate the PTAC's desire to balance comprehensiveness and brevity in proposal submissions. However, re-evaluation of the utility of the proposal page limit may be in order.

- PFPM evolution: The AAFP was appreciative of the ability to work with the PRT and receive feedback on the APC-APM. The PRT's questions and full PTAC deliberations led to the model's evolution and improvements from original submission. Based on our experience, we suggest rules by which applicants update versions of their proposal based on feedback during the PRT process and beyond, and the public and HHS should be apprised of the latest version of all proposals.

The AAFP has supported HHS proposals to foster payment models that serve a wide variety of patient populations and physician practice types since we see significant value in including both public and private payment into a PFPM. Delivery reform should be included as a component in proposals. **We maintain full support for expanding PTAC's purview to examine PFPMs that include Medicaid and CHIP, and a combination of public and private payers, even if Medicare fee-for-service is not one of those payers.** The AAFP urges the PTAC to consider PFPMs that fall outside the traditional Medicare population's conditions because multi-payer APMs are important to align incentives across payers and populations and cost and quality impacts are likely to be greater when incentives are aligned.

We appreciate the opportunity to provide these comments. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org with any questions or concerns.

Sincerely,

John Meigs, Jr., MD, FAAFP
Board Chair

About Family Medicine
Family physicians conduct approximately one in five of the total medical office visits in the United States per year—more than any other specialty. Family physicians provide comprehensive, evidence-based, and cost-effective care dedicated to improving the health of patients, families, and communities. Family medicine's cornerstone is an ongoing and personal patient-physician relationship where the family physician serves as the hub of each patient's integrated care team. More Americans depend on family physicians than on any other medical specialty.