



November 20, 2017

Seema Verma
Administrator
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

RE: Centers for Medicare & Medicaid Services: Innovation Center New Direction Request for Information

Dear Administrator Verma,

The American Academy of PAs (AAPA), on behalf of the more than 115,000 PAs (physician assistants) throughout the United States, appreciates the opportunity to provide comments on The Centers for Medicare and Medicaid Innovation's (CMMI) proposed new direction. We support CMMI's objective process to analyze care models to determine which models are working, and thus warrant expansion; which are not working, and should be terminated; and which are yet to indicate their level of success or failure. AAPA suggests caution in how quickly CMMI declares success or failure of a particular care model in either increasing quality or reducing cost, or both, as it may take time for some new models to demonstrate their effectiveness. AAPA supports the identification and replication of innovative, evidenced-based care models that authorize all members of the healthcare team to practice at the top of their license as those care models will benefit patients by improving access and driving the health system toward more efficient and effective care delivery.

In an effort to more successfully achieve its goals, CMMI has determined that a new direction is necessary, and has identified six guiding principles and eight focus areas to guide its work. AAPA is providing comments on four of these six guiding principles. For your convenience, we have divided our comments by "principle."

Patient-centered care

CMMI expresses interest in having beneficiaries, families and caregivers take ownership of their care by utilizing necessary information to make care choices. AAPA supports the sharing of necessary information to beneficiaries and their caregivers to make necessary care decisions, and consequently recommends CMMI take steps to ensure patients are aware of all of their care options. All eligible health professionals, including PAs, should be included in all outwardly-facing resources intended to help beneficiaries evaluate and select care options, such as provider directories and The Centers for Medicare and Medicaid Services' (CMS) Physician Compare website.

Benefit design and price transparency

CMMI supports the use of data-driven insights to promote high quality, lower cost care. But data driven insights are dependent on accurate information that attributes the care provided to the appropriate health

professional. Consequently, CMS must be able to fully capture and evaluate a PA's contribution to patient care if it intends to publicize accurate data regarding the effect of staffing and clinical interactions on these models. This suggests that in order to align with this guiding principle, CMS must finally address the issue of health professionals, such as PAs and nurse practitioners (NPs), being relegated to hidden provider status under scenarios that utilize "incident to."

AAPA further suggests that models which seek to reduce cost while maintaining high-quality care may increasingly recognize the benefit from utilizing PAs under such models due to the enhanced value they present (based on the cost of employment vs. the output and outcome). As the physician shortage worsens, health professionals such as PAs will be relied on to a greater extent for high-quality and low-cost care provision and data accuracy will become increasingly dependent on their complete transparency.

Transparency model design and evaluation

Under this guiding principle, CMMI reinforces the goal of its agency to transparently design and evaluate its models. AAPA believes the need for transparency in publicizing any results or outcomes is just as important as transparency and cooperation in model design and evaluation and must be prioritized. Lessons learned from evaluations of models, with CMMI providing any appropriate context and caveats, should be disseminated widely so other interested parties may seek to participate in, or replicate, successful models. While participants may request the reporting be done in an anonymous fashion, as some information will be sensitive, comparability of performance data and the extrapolations of themes for the creation of future care models is central to CMMI's stated purpose.

Small scale testing

CMMI endorses testing smaller-scale models. However, AAPA advises that CMMI should not always consider small models better. Some models may require a higher level of participation from health professionals or beneficiaries, either for optimal operation or for economies of scale. Consequently, details regarding the size of a model should be determined based on the individual characteristics and intentions of that model. Further, if models are intended to be voluntary, as indicated by CMMI's second guiding principle, certain models may prove to be more popular and there may be significant interest in participating in some models more than others.

Similar to the above section, AAPA is providing comment on five of the eight focus areas for testing models. For your convenience, we have divided our comments by "focus area."

Expanded Opportunities for Participation in Advanced Alternative Payment Models (APMs)

AAPA supports expanding opportunities for participation in Advanced APMs. CMS has been clear that a goal of the Quality Payment Program (QPP) is to transition health professionals and beneficiaries into Advanced APMs. This will require creating more Advanced APMs, expanding existing Advanced APMs, and identifying current APMs that can be adapted to meet the Advanced APM standard. However, AAPA cautions that CMS should not increase the number of models considered Advanced APMs merely to expedite the process. Models should reflect a meaningful shift to value-based care delivery and established requirements of Advanced APMs should not be diluted for the sake of expansion.

One complicating factor in promoting Advanced APM participation is that CMS has increased flexibilities in the 2017 and 2018 MIPS regulations. While there is value in ensuring that health professionals have appropriate time and the resources to transition to Advanced APMs, the flexibilities, which either excuse or better accommodate health professionals under the Merit-based Incentive Payment System (MIPS), reduce the incentive to explore the possibility of Advanced APM participation.

CMS can help encourage individual health professionals to make the shift to the Advanced APM track by providing clear guidance regarding what it will take to transition/participate under an Advanced APM, providing assurance of long-term stability regarding participation requirements and advertising, and potentially enhancing, the potential for a positive adjustment.

Consumer-Directed Care & Market-Based Innovation Models

CMMI has stated that consumer-directed care and market-based innovation models will “facilitate and encourage price and quality transparency, including the compilation, analysis, and release of cost data and quality metrics that inform beneficiaries about their choices.” If data are to be used for beneficiary decision-making, it underscores the importance of these data being accurate and understandable to beneficiaries. Patients should be aware of all care options, and be able to view and interpret accurate performance data for all available health professionals, including PAs. Further, not only should consumers be more aware of their options for care and understand provider performance based on accurate and complete data, but beneficiaries must also be able to receive medically necessary care from the health professional they select. All health professionals should be authorized to practice to the highest level of their education, training and expertise.

CMMI suggests some consumer-directed care may include groups of providers bidding on the payment amount to beneficiaries. While in principle this may seem like a good idea that promotes competition and beneficiary participation in their care decisions, we are concerned regarding the potential for significant variation in procedure pricing. There may be substantial discrepancies in the prices people pay for care, as some patients, due to limited time or expertise, may find accepting bids and negotiating prices to be burdensome. AAPA recommends CMS simplify and automate the process of comparing prices for services. Perhaps permitting beneficiaries to post prices next to online reviews, thereby encouraging price transparency and allowing beneficiaries to learn of, and benefit from, the negotiations of other patients who have previously received the same service would be helpful.

Physician Specialty Models

AAPA cautions CMMI against using physician-centric language such as “physician specialty models” when other qualified health professionals may provide specialty care and benefit from such models as well. In addition to changing the language used, AAPA recommends CMS provide clarification, as it did with Physician-focused Payment Models (a term that was statutory), that reiterates the broader applicability of the models to professionals like PAs.

State-Based and Local Innovation, including Medicaid-focused Models

CMMI has indicated an interest in exploring Medicaid-focused models. However, AAPA requests CMMI ensure that these models, and a PA’s participation in them, are not hampered in their ability to deliver care by the fact that a state may not fully enroll PAs as rendering providers. There are six states that do not yet enroll PAs as rendering providers under the state Medicaid program. We are concerned this lack of rendering provider status will negatively affect the ability of PAs to participate and be recognized in some of the new care models. CMS should strongly encourage or require the remaining states to change their policies and fully include PAs as rendering providers. PAs are one of three health professional groups, in addition to physician and advanced practice nurses, who deliver primary care services.

Mental and Behavioral Health Models

AAPA is concerned models that focus on mental and behavioral health may be restrictive of health professionals like PAs, if Medicare policy is not appropriately modified. PAs are covered by Medicare when they provide mental and behavioral health services to Medicare patients in outpatient settings,

consistent with state law scope of practice. Inpatient psychiatric services, however, are highly restricted, as patients are required to be under a physician's supervision and progress notes must be recorded by a physician. Authorizing PAs to provide and document care to patients in psychiatric hospitals would improve access to care for these patients and promote greater efficiency of forthcoming mental and behavioral healthcare models.

Finally, CMMI provided a series of questions at the end of its RFI to elicit comments from stakeholders. AAPA would like to provide an answer to one of these questions.

Question: How can CMS further engage beneficiaries in development of these models and/or participate in new models?

AAPA supports CMMI efforts to engage beneficiaries in the development of models, but suggests the agency also extend the opportunity for inclusion to other stakeholders. CMMI's new models and direction will benefit from broad input from various health stakeholders who can provide important perspectives and identify unique delivery system issues. AAPA recommends CMMI partner with health associations, like AAPA, which have established networks of interested stakeholders, in order to identify those who can provide assistance in the creation and implementation of these new models.

Thank you for the opportunity to provide feedback on the CMMI New Direction RFI. AAPA welcomes further discussion with CMS regarding our positions and comments. For any questions you may have in regard to our comments and recommendations please do not hesitate to contact Michael Powe, AAPA Vice President of Reimbursement & Professional Advocacy, at 571-319-4345 or michael@aapa.org.

Sincerely,

A handwritten signature in blue ink that reads "Tillie Fowler". The signature is written in a cursive, flowing style.

Tillie Fowler
Senior Vice President
Advocacy and Government Relations