

January 20, 2017

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

RE: Project Sonar

Dear Committee Members:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to provide our strong support for the Project Sonar proposal currently being reviewed by the Physician-Focused Payment Model Technical Advisory Committee (PTAC). Dr. Larry Kosinski, President of SonarMD, LLC, presented this model during a program at the 2016 Annual Meeting of the AMA House of Delegates, where it received a very positive reception. Later, the AMA arranged for ReachMD to conduct an interview with Dr. Kosinski about the project, which has since become part of our educational series for physicians on the Medicare Access and CHIP Reauthorization Act (MACRA).

The 20 gastroenterology practices that have participated in the Project Sonar model to date have achieved significant improvements in quality and outcomes for patients with Crohn's disease while also lowering costs. They have achieved these improvements using a care pathway and clinical decision tool developed by the American Gastroenterological Association. Project Sonar's innovative technical solutions engage patients in a monthly process of reporting to their gastroenterologist on their symptoms and feelings, and they then receive an immediate action-focused response if indicated by the reported symptoms. The project has been effective in reducing hospital admissions and emergency department visits for patients with Crohn's, especially those who demonstrate the most engagement in their own health care by responding to the monthly "pings."

Project Sonar is more than a model way of improving care for patients with Crohn's disease. It also demonstrates a means for specialist physicians who have had very few opportunities to participate in alternative payment models to date to effectively do so. If recommended by the PTAC and implemented by the Center for Medicare and Medicaid Innovation, this model of intensive management by specialist physicians working with nurse care managers and a highly engaged patient population also holds promise for improving care for many other chronic conditions that place patients at risk for frequent, potentially avoidable, emergency visits and hospitalizations.

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As the model has already been deployed in 20 gastroenterology groups, the AMA urges the PTAC to recommend Project Sonar as a high priority model for adoption and implementation. We thank the Committee for the opportunity to comment.

Sincerely,

James L. Madara, MD