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May 18, 2017

Jeffrey Bailet, MD
Committee Chairperson
Physician-Focused Payment Model
Technical Advisory Committee
Office of the Assistant Secretary for
Planning and Evaluation
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Bailet:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to comment on the proposal, Advanced Primary Care: A Foundational Alternative Payment Model (APC-APM) for Delivering Patient-Centered, Longitudinal, and Coordinated Care. The AMA is supportive of the effort to develop a nationwide medical home model, particularly one that builds on the Comprehensive Primary Care Plus (CPC+) program, which we strongly support.

The only national advanced primary care medical home model is CPC+, a five-year model which includes two primary care practice tracks with advanced care delivery and payment options. CPC+ is implemented through a public-private partnership that is currently aligned with 54 payers in 14 regions across the country, including Arkansas, Colorado, Hawaii, Greater Kansas City Region of Kansas and Missouri, Michigan, Montana, North Hudson-Capital Region of New York, New Jersey, Ohio and Northern Kentucky Region, Oklahoma, Oregon, Greater Philadelphia Region of Pennsylvania, Rhode Island, and Tennessee. Practices located in up to 10 new regions will be eligible to apply in the summer 2017.

Practices located outside of the CPC+ regions currently do not have the opportunity to participate in CPC+, or any other primary care medical home model. The AMA agrees with the APC-APM proposal that a medical home alternative payment model needs to be available that would be open to all practices that provide patient care through a patient-centered primary care medical home delivery model, regardless of their geographic location.

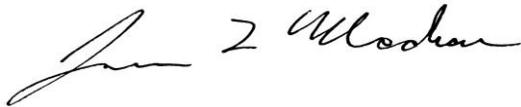
Medical home models provide more coordinated care for patients, which can improve health care quality and decrease health expenditures. A major advantage of the CPC+ approach over other Centers for Medicare & Medicaid Services (CMS) models is that it measures participating physicians' performance on factors that they can influence, such as avoidable emergency department visits and hospital admissions, instead of factors that are beyond their control, such as total spending in the state. The AMA agrees with the APC-APM proposal that it is inappropriate to evaluate physician performance under the model based on a total cost of care metric.

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In addition, medical home models can provide benefits for high-risk beneficiaries through improved care-coordination, access to non-face-to-face services, and patient and caregiver engagement. The AMA strongly supports the further development of both primary care medical homes and similar specialty models as Advanced APMs.

Bonus payments for qualifying participants in Advanced APMs can be used to help practices with the cost of transitioning to a medical home approach; however, these bonuses are time limited. Therefore, the Physician-Focused Payment Model Technical Advisory Committee (PTAC), CMS, and the U.S. Department of Health & Human Services must act quickly to allow physicians to take advantage of these bonus payments. The AMA looks forward to continuing to work with the PTAC, the American Academy of Family Physicians, and other medical specialty societies to further refine and implement a medical home APM that is widely available to physicians throughout the country. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "James L. Madara".

James L. Madara, MD