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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 and 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 am writing to provide our strong support for the American Academy of Hospice and Palliative Medicine's Patient and Care Giver Support for Serious Illness (PACSSI) proposal currently being reviewed by the Physician-Focused Payment Model Technical Advisory Committee (PTAC).

Studies have shown that high-quality, interdisciplinary palliative care services can provide significant benefits for patients with serious illness or multiple chronic conditions, functional limitations, and high health care utilization. However, many patients who meet these criteria do not receive palliative care, or receive limited palliative care services, due to the structure of current payment systems. The PACSSI care model would provide tiered monthly care management payments to interdisciplinary palliative care teams (PCTs) for delivery of community-based palliative care to patients. PACSSI care management payments would replace payment for evaluation and management services, including office visits, home visits, hospital visits, as well as Chronic Care Management, Complex Chronic Care Management, Transitional Care Management, and Advance Care Planning services.

The AMA strongly supports improving the availability of palliative care for patients with serious illnesses or multiple chronic conditions, and functional limitations. AMA policy supports continued study and testing by the Centers for Medicare & Medicaid Services (CMS) for models providing and paying for concurrent hospice and palliative care. In addition, AMA policy supports encouraging CMS to identify ways to optimize patient access to palliative care, and to provide appropriate coverage and payment for these services. We believe the PACSSI model includes several features that will help providers improve palliative care for a highly complex set of patients, while also reducing Medicare spending.

Stakeholder Engagement

The AMA supports the PACSSI model development process, which included input from a wide variety of stakeholder organizations, including medical specialty societies and national associations representing other disciplines involved in providing palliative care. As illustrated in the attachments to the PACSSI

proposal, many of these stakeholders submitted letters of strong support for the model, and several of these stakeholders represent sites that would be willing to pilot this model in the future.

Widespread Application

The two-track structure of the PACSSI model will allow a diverse group of palliative care teams from urban, suburban, and rural locations to participate. In addition, the model can be structured within small community-based practices, larger provider organizations, academic health centers, integrated health systems, and hospices. The AMA supports the flexibility of the PACSSI model and its potential for widespread applicability and expansion.

Interdisciplinary PCTs

The inclusion of interdisciplinary PCTs in the PACSSI payment model will help ensure coordination of care across all providers with input into the patient care plan, as well as coordination across care settings. PCTs can include currently non-billing clinicians such as social workers or spiritual professionals, who are not otherwise reimbursed under the Medicare program. In addition, the AMA supports the requirement that participating PCTs must have the capability to respond appropriately on a 24/7 basis to patient and caregiver requests for advice and assistance. This requirement will help ensure issues associated with the patient's health conditions and functional limitations are managed in the most efficient way in alignment with the patient's wishes. We also support the use of both in-person and video conference services to provide face-to-face services in all care settings when needed.

Risk Adjustment

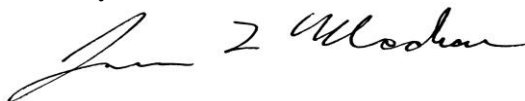
The AMA supports the PACSSI model's use of the Palliative Performance Scale to develop two levels of payment depending on the severity of the patient's condition. In year one, Tier 1 base payment amounts would be set at \$400 per beneficiary per month, and Tier 2 base payment amounts would be set at \$650 per beneficiary per month. The use of the Palliative Performance Scale is an innovative approach to clinical risk adjustment that offers advantages over existing Medicare risk adjustment methodology.

Quality Metrics

The AMA supports the quality metric framework included in the PACSSI model. In addition, the AMA supports the proposal to phase in accountability for the quality measures to ensure there is sufficient time to test the measures and develop accurate benchmarks.

Patients with a serious illness or multiple chronic conditions often receive fragmented and uncoordinated care, which can include burdensome and costly interventions, such as hospitalizations. The AMA supports further testing and adoption of the PACSSI care model proposal, and believes this model shows promise in promoting care coordination and delivering palliative care and support services which better align with patient preferences. The AMA believes the PACSSI model will improve the quality of care for Medicare beneficiaries with serious illness, while reducing costs for the Medicare program. The AMA urges the PTAC to recommend the PACSSI model for testing. We thank the Committee for the opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, written over a white background.

James L. Madara, MD