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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 & 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 Making Accountable Sustainable Oncology Networks (MASON) proposal that was submitted to the Physician-Focused Payment Model Technical Advisory Committee (PTAC). The MASON model builds on the strengths and reflects the experience to date with several other models that have been designed to improve the delivery of care for patients with cancer while lowering spending, including the oncology medical home, the Oncology Care Model, and the Patient-Centered Oncology Payment model. The refinements that have been incorporated into MASON's design should be very beneficial to Medicare patients with cancer and their oncologists, while also advancing the movement toward alternative payment models (APMs) in the Medicare program.

Oncologists have cited numerous barriers to providing high quality patient care in the regular Medicare physician payment system. For example, because fee-for-service payments are tied to face-to-face services, there is no payment for teamwork and collaboration with other physicians, phone calls with patients to manage their care, and education and counseling on patient self-management and nutrition. In addition, the comprehensive diagnostic work-ups and assessment and discussion with patients about treatment options that are required for new cancer patients are not adequately supported by new patient visit code payments.

Participants in APMs offered to date by the Centers for Medicare & Medicaid Services (CMS) have identified both advantages and disadvantages of the models, which were discussed in detail at two APM workshops convened by the AMA. Pros include:

- Extra money for non-face-to-face services and support staff;
- Annual bonus payments for participants in Advanced APMs;
- Ease of participation in Medicare's Quality Payment Program;
- Waivers of some Medicare rules to improve patient access to telehealth and post-acute care; and
- Opportunities to share savings that can lead to better treatment planning.

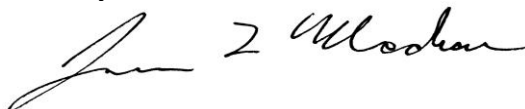
Nonetheless, participants in these APMs have also noted a number of opportunities for improvement:

- Financial risk rules force physicians to be accountable for costs outside their control, such as drug prices;
- Lack of risk adjustment hurts practices with more complex patients, worse functional status, or poor support at home;
- APM participants often have more rather than fewer documentation burdens;
- Attribution methods make it hard to know which patients are in the APM;
- APM start-up costs are not recognized and financial benchmarks can hurt efficient practices; and
- It is difficult to get timely data and feedback from CMS.

The AMA enthusiastically supports the MASON proposal because it has been designed to include the positive aspects of the other APMs that have been developed while also incorporating important refinements that will help to avoid some of the other APMs' pitfalls. The model will provide support for comprehensive diagnostic and treatment planning services for new cancer patients, as well as survivorship services for patients following treatment, that are not available in existing CMS APMs. Participating practices will be accountable for spending levels for episodes of care, but will be protected from financial losses due to fluctuations in drug prices and payments will be risk adjusted to appropriately compensate oncologists for patients with greater needs. Patients will benefit greatly from the intensive care coordination and reliance on evidence-based clinical pathways.

The AMA would be pleased to assist the PTAC and CMS in any way we can, with further development of and testing of the MASON model. We strongly urge the PTAC to recommend the MASON proposal to the Secretary of the U.S. Department of Health & Human Services.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD