

March 19, 2020

Jeffrey Bailet, MD  
Chair  
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 offer our strong support for the Medical Neighborhood Advanced Alternative Payment Model proposal from the American College of Physicians and the National Committee for Quality Assurance. It is critically important for well-designed payment models to be developed and implemented to improve teamwork and coordination between specialists and primary care physicians.

The proposal cites data from multiple sources indicating the magnitude of the problem with poor coordination between specialists and primary care physicians today. It notes that up to 50 percent of referring physicians have no idea if their patients ever actually see the specialist to whom they are referred. Although primary care physicians report sending referral information to specialists almost 70 percent of the time, specialists report receiving it for only 35 percent of referred patients. These gaps in communication lead to delays in care, inappropriate care, and errors, all of which could be prevented with the type of well-coordinated medical neighborhood approach described in this proposal.

The Medical Neighborhood model is scalable and can accommodate a variety of specialties. It builds on the strengths and inherently supports the success of the Comprehensive Primary Care Plus and the new Primary Care First models. Our current experience responding to the novel coronavirus strongly reinforces the advantages of the type of pre-screening process and (optional) e-consultations that are included in the model. These elements can help resolve certain cases that do not ultimately require an appointment with a particular specialist. In this manner, both patients' and physicians' time can be allocated more effectively, treatment delays due to

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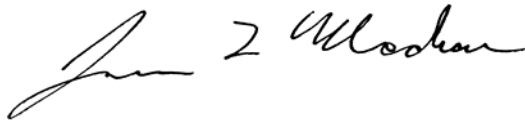
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waiting to see the wrong specialist can be avoided, wait times can be reduced, and more urgent cases can be seen more quickly.

Among the chief criticisms of the Medicare fee-for-service payment system is that it promotes fragmentation in care. The Medical Neighborhood model can repair this fragmented system. Patients tell us that what they want most is for their entire treatment team to collaborate on and implement their treatment plan seamlessly. The Medical Neighborhood model would be a great step forward in advancing this type of teamwork and the AMA urges the Physician-focused Payment Model Technical Advisory Committee to recommend it to the Secretary of Health and Human Services for implementation. Thank you for considering our views.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large, sweeping initial "J".

James L. Madara, MD