

January 11, 2017

Physician-Focused Payment Model Technical Advisory Committee  
C/o U.S. DHHS Asst. Sec. of Planning and Evaluation Office of Health Policy  
200 Independence Avenue S.W.  
Washington, D.C. 20201  
[PTAC@hhs.gov](mailto:PTAC@hhs.gov)

RE: Support for Consideration of the American College of Surgeons, ACS Advanced Alternative Payment Model

Dear Committee Members,

The undersigned organizations express their support for favorable consideration of the Physician-Focused Payment Model submitted for PTAC review by the American College of Surgeons on December 14, 2016.

The ACS-Brandeis Advanced Alternative Payment Model (APM) is an episode-based payment model built on an updated version of the Episode Grouper for Medicare (EGM) software which has been used by CMS for physician resource use reporting. The grouper processes Medicare claims data using clinical specifications to create condition-specific episodes to assess utilization and costs. The patient-focused philosophy of both the grouper and APM recognizes that surgical care is team-based, and that coordination with medical specialists, primary care and all the other segments of the delivery system involved plays an important role in improving outcomes.

Triggering an episode in this model does not require a hospitalization, meaning that the framework is applicable to multiple care settings. This flexibility is important because many specialties currently lack opportunities to meaningfully participate in voluntary Advanced APMs due to their geography, practice patterns or a lack of models covering their specific specialty or the specific type of care they provide. For surgical specialties and others that have developed or are developing models, these could be used in conjunction with the ACS proposal. While the current model focuses primarily on procedural episodes, its unique, physician-reviewed resource use methodology logically extends itself to other forms of specialty care including care for acute and chronic medical conditions.

The undersigned organizations, recognizing the potential of this model, have been closely monitoring or participating in its development and many have been actively involved in reviewing the clinical content of individual episodes, including trigger codes and relevant services. As the Committee moves forward with its review and evaluation of the ACS-Brandeis Advanced APM we urge you to keep in mind the model's flexibility and potential for expansion and future development. We thank you in advance for your consideration.

Sincerely,

American Academy of Orthopaedic Surgeons  
American Academy of Otolaryngology—Head and Neck Surgery  
American Medical Association  
American Society of Anesthesiologists  
American Society of Breast Surgeons  
American Society of Plastic Surgeons  
American Urological Association  
Society for Vascular Surgery  
Society of Hospital Medicine  
The Society of Thoracic Surgeons