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November 20, 2015

Sam R. Nussbaum, MD
Executive Vice President, Clinical Health Policy
and Chief Medical Officer
Anthem, Inc.
Workgroup Chair
APM Framework and Progress Tracking Work Group
Health Care Payment Learning & Action Center

Dear Dr. Nussbaum:

The Patient-Centered Primary Care Collaborative (PCPCC) appreciates the opportunity to provide comments on the Alternative Payment Model (APM) Framework Draft White Paper released by the Health Care Payment Learning & Action Center (HCPLAN) on October 22, 2015.

Founded in 2006, the PCPCC is a 501(c)(3) not-for-profit membership organization dedicated to meeting the Triple Aim by advancing an effective and efficient health system built on a strong foundation of primary care and the patient-centered medical home (PCMH). The PCMH embraces the relationship between the primary care team and their patients, families, and caregivers; promotes authentic communication and patient engagement; and coordinates whole-person, compassionate, comprehensive, and continuous team-based care; all of which are crucial to achieving meaningful health system transformation that improves outcomes and lowers costs. The PCPCC brings together experts, innovators and thought leaders dedicated to transforming the U.S. health care system through primary care delivery and payment reform, patient engagement, and benefit redesign. Today, the Collaborative's membership has grown to over 1,200 diverse stakeholder organizations that represent health care providers across the care continuum, payers and purchasers, and patients and their families that convene as a unified voice for primary care.

The PCPCC supports the LAN Guiding Committee's (GC) charge to "advance alignment of payment approaches across and within the private and public sectors." The white paper drafted by the APM FPT Work Group represents a positive step forward in developing consensus among health care stakeholders around APMs. In short, words matter, and developing a common nomenclature and set of conventions will accelerate progress towards a payment system that rewards quality and value.

The PCPCC also supports the Work Group's belief that "changes in payment are necessary (though insufficient on their own) to drive delivery system transformations." To that end the PCPCC recommends that the APM FPT Work Group ensure that the measures to track the progress of adoption of APMs across the U.S. health care system do not impose extensive administrative burden and documentation on providers, which would take up time that could otherwise be spent caring and collaborating with patients and families. Health care providers and practices need time to learn from best practices and innovate without undue administrative burden and financial penalty.

Key Principles for the APM Framework

The PCPCC is generally supportive of all the key principles outlined by the Work Group and has no substantive comments unless noted below.

Principle 1 – The PCPCC strongly supports the Work Groups recognition that additional efforts are needed to engage patients and consumers. As a Transforming Clinical Practice Initiative (TCPI) awardee, the PCPCC will provide technical assistance to participating practices and networks across the U.S. to promote deeper patient relationships and community engagement among care teams through the Patient, Caregiver, & Community Engagement Support & Alignment Network (PaCCE SAN).

Principle 2 - Care delivery transformation requires upfront investment and non-billable costs, including those related to additional technology and personnel required to satisfy the data collection and reporting requirements associated with being part of an eligible APM entity. Practices that commit to delivering patient-centered care through the medical home model are expected to undergo substantive transformation, are therefore assume a form of risk that is not currently accounted for under CMS's current definition of "nominal financial risk." Principle 2 could benefit from additional clarity and acknowledgement of the risk health care providers and practices assume when investing in the infrastructure needed to adopt an APM.

Principle 7 - The PCPCC strongly believes that the PCMH is a care delivery model, not a payment model. Numerous alternative payment models can support PCMH implementation and sustainability. As such, we appreciate that the APM FPT Work Group challenged the notion that PCMHs be considered payment models. The PCPCC supports the Work Group's assertion that because PCMH practices are paid under several different value-based arrangements "these delivery system models enable APMs and, in many instances, have achieved successes in advancing quality, but they should not be viewed as synonymous with a specific APM." The PCPCC believes that the PCMH model of care is foundational to health system reform.

APM Framework

Overall, the PCPCC supports the APM Framework as outlined by the Work Group. The four categories represent a thoughtful approach to what characteristics distinguish a category and the rationale behind the distinctions between APMs in a single category.

Thank you for this opportunity to provide our input on the APM Framework and for your efforts to support advanced APMs and improved patient outcomes. If the PCPCC can be of service to you in these efforts, or if you need additional information, please do not hesitate to contact me.

Sincerely,

Marci Nielsen, PhD, MPH
CEO, Patient-Centered Primary Care Collaborative