

Initial Feedback¹ of the Preliminary Review Team of the Physician- Focused Payment Model Technical Advisory Committee (PTAC) on the Remote Specialists and Experts on Demand Improving Care and Saving Costs Proposal Submitted by Eitan Sobel, MD

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Summary of PRT Assessment Relative to Criteria:

Criteria Specified by the Secretary (at 42 CFR§414.1465)	PRT Rating	Unanimous or Majority Conclusion
1. Scope (High Priority)	Not Applicable	Unanimous
2. Quality and Cost (High Priority)	Not Applicable	Unanimous
3. Payment Methodology (High Priority)	Not Applicable	Unanimous
4. Value over Volume	Not Applicable	Unanimous
5. Flexibility	Not Applicable	Unanimous
6. Ability to Be Evaluated	Not Applicable	Unanimous
7. Integration and Care Coordination	Not Applicable	Unanimous
8. Patient Choice	Not Applicable	Unanimous
9. Patient Safety	Not Applicable	Unanimous
10. Health Information Technology	Not Applicable	Unanimous

I. Summary of Initial Feedback

The PRT finds that the Remote Specialists and Experts on Demand proposal outlines several fundamental changes to the structure and operation of the Medicare program rather than an alternative physician payment methodology, and accordingly, PTAC cannot consider it. The

¹ Disclaimer Regarding Initial Feedback:

- This initial feedback is preliminary feedback from a Preliminary Review Team (PRT) subcommittee of the PTAC and does not represent the consensus or position of the full PTAC;
- Initial feedback is not binding on the full Committee. PTAC may reach different conclusions from that communicated from the PRT as initial feedback;
- Provision of initial feedback will not limit the PRT or PTAC from identifying additional weaknesses in a submitted proposal after the feedback is provided;
- Revising a proposal to respond to the initial feedback from a PRT does not guarantee a favorable recommendation from the full PTAC to the Secretary of Health and Human Services (HHS).

PRT's determination that it would be inappropriate for PTAC to evaluate the Remote Specialists and Experts on Demand proposal is not a qualitative assessment about the merits of the proposal. While the PRT concludes that PTAC is not the best vehicle for responding to such a proposal, the concepts and approaches articulated in this proposal may receive attention from other more appropriate entities that are working to improve the Medicare program.

II. Evaluation of Proposal Against Criteria

Criterion 1. Scope (High Priority Criterion). Aim to either directly address an issue in payment policy that broadens and expands the CMS APM portfolio or include APM Entities whose opportunities to participate in APMs have been limited.

PRT Qualitative Rating: Not applicable

See discussion under Criterion 3, below.

Criterion 2. Quality and Cost (High Priority Criterion). Are anticipated to improve health care quality at no additional cost, maintain health care quality while decreasing cost, or both improve health care quality and decrease cost.

PRT Qualitative Rating: Not applicable

See discussion under Criterion 3, below.

Criterion 3. Payment Methodology (High Priority Criterion). Pay APM Entities with a payment methodology designed to achieve the goals of the PFPM criteria.

Addresses in detail through this methodology how Medicare and other payers, if applicable, pay APM Entities, how the payment methodology differs from current payment methodologies, and why the Physician-Focused Payment Model cannot be tested under current payment methodologies.

PRT Qualitative Rating: Not applicable

The PRT finds that the Remote Specialists and Experts on Demand proposal calls for a budget and infrastructure for remote specialists, which represents a fundamental restructuring of the Medicare program rather than an alternative physician payment methodology. The proposed changes to the structure and operation of the Medicare program include: 1) establishing a government or contracted entity-run, cloud-based National Referral Center or a network of Regional Referral Centers employing physician specialists available for telephone or video-based consultations; 2) an option to abolish the requirement to write a traditional medical consult note; and 3) an option to allow physicians to negotiate individual contracts with Medicare and other payers. The proposal describes using existing Medicare fee-for-service payment to cover virtual consults with specialists and does not propose a

mechanism for holding the referral center or physicians accountable for quality and spending, which are key features of alternative physician payment models.

Because the breadth of the proposal goes well beyond potential changes to Medicare physician payment, the PRT determines that it would be inappropriate for PTAC to evaluate the proposal as a proposed change in Medicare payment methodology. The PRT similarly determined that the Secretary's criteria for physician-focused payment models are not applicable to this proposal and so rated this criterion (and each of the nine additional Secretarial criteria) as "Not Applicable" to this proposal.

Criterion 4. Value over Volume. Provide incentives to practitioners to deliver high-quality health care.

PRT Qualitative Rating: Not applicable

See discussion under Criterion 3, above.

Criterion 5. Flexibility. Provide the flexibility needed for practitioners to deliver high-quality health care.

PRT Qualitative Rating: Not applicable

See discussion under Criterion 3, above.

Criterion 6. Ability to Be Evaluated. Have evaluable goals for quality of care, cost, and any other goals of the PFP.

PRT Qualitative Rating: Not applicable

See discussion under Criterion 3, above.

Criterion 7. Integration and Care Coordination. Encourage greater integration and care coordination among practitioners and across settings where multiple practitioners or settings are relevant to delivering care to the population treated under the PFP.

PRT Qualitative Rating: Not applicable

See discussion under Criterion 3, above.

Criterion 8. Patient Choice. Encourage greater attention to the health of the population served while also supporting the unique needs and preferences of individual patients.

PRT Qualitative Rating: Not applicable

See discussion under Criterion 3, above.

Criterion 9. Patient Safety. Aim to maintain or improve standards of patient safety.

PRT Qualitative Rating: Not applicable

See discussion under Criterion 3, above.

Criterion 10. Health Information Technology. Encourage use of health information technology to inform care

PRT Qualitative Rating: Not applicable

See discussion under Criterion 3, above.