

**Physician-Focused Payment Model Technical Advisory Committee  
Public Meeting Minutes**

**June 17, 2019**

**9:00 a.m. – 12:00 p.m. EDT**

**Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201**

**Attendance**

**Physician-Focused Payment Model Technical Advisory Committee (PTAC) Members In-Person**

Grace Terrell, MD, MMM (PTAC Vice Chair; CEO, Envision Genomics)

Paul N. Casale, MD, MPH (Executive Director, New York Quality Care)

Harold D. Miller (President and CEO, Center for Healthcare Quality and Payment Reform)

Len M. Nichols, PhD (Director, Center for Health Policy Research and Ethics, George Mason University)

Angelo Sinopoli, MD, (Chief Clinical Officer, Prisma Health)

Bruce Steinwald, MBA (Consultant, Bruce Steinwald Consulting)

Jennifer Wiler, MD, MBA (Executive Vice Chair and Professor, Department of Emergency Medicine,  
University of Colorado School of Medicine)

**PTAC Members in Partial Attendance In-Person**

Jeffrey Baillet, MD (PTAC Chair; President and CEO, Altais)

**PTAC Members in Partial Attendance via Teleconference**

Kavita Patel, MD, MSHS (Vice President, Payer and Provider Integration, Johns Hopkins Health System)

**PTAC Members Not in Attendance**

Tim Ferris, MD, MPH (CEO, Massachusetts General Physicians Organization)

Rhonda M. Medows, MD (President, Population Health Management, Providence St. Joseph Health, and  
CEO, Ayin Health Solutions)

**Office of the Assistant Secretary for Planning and Evaluation (ASPE) Staff**

Stella (Stace) Mandl, RN, BSN, BSW, PHN

Sarah Selenich, MPP, Designated Federal Officer (DFO)

Sally Stearns, PhD

**List of Proposals, Submitters, Public Commenters, and Handouts**

- 1. CAPABLE Provider Focused Payment Model submitted by Johns Hopkins School of Nursing and the Stanford Clinical Excellence Research Center**

**Submitter Representatives**

Sarah L. Szanton, PhD, ANP (Johns Hopkins University)

Kendell M. Cannon, MD (Stanford University and Welbe Health)

**Public Commenters**

Sharmila Sandhu, JD (Director, Regulatory Affairs, American Occupational Therapy Association)

Samantha DeKoven (Senior Project Manager, BRiCK Partners)

Amanda Goodenow (Occupational Therapist, Colorado Visiting Nurse Association)

#### **Handouts**

- Agenda
- Committee Member Disclosures
- Preliminary Review Team (PRT) Presentation
- PRT Report
- Submitter's Response to PRT Report
- Additional Information from Submitter
- Additional Information or Analyses/Data Tables
- Public Comments
- Proposal

[NOTE: A transcript of all statements made by PTAC members, submitter representatives, and public commenters at this meeting is available on the ASPE PTAC website located at:

<http://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee> ].

The website also includes copies of the presentation slides and a video recording of the June 17, 2019, PTAC public meeting.

#### **Welcome**

Grace Terrell, PTAC Vice Chair, welcomed the public to the PTAC meeting and provided an update on PTAC's recent work. She noted that PTAC sent a combined report to the Secretary that included its comments and recommendations on the two wound care-related proposals, which PTAC had voted on during its last public meeting on March 11, 2019. She also indicated that PTAC currently has several proposals under review.

The Vice Chair reminded the audience of the steps in the deliberation process and then introduced the PRT that reviewed the *Community Aging in Place – Advancing Better Living for Elders (CAPABLE) Provider Focused Payment Model* proposal submitted by Johns Hopkins School of Nursing and the Stanford Clinical Excellence Research Center.

#### **CAPABLE Provider Focused Payment Model**

##### **Committee Member Disclosures**

Nine committee members disclosed no conflicts.

Jeffrey Bilet disclosed that his employer, Blue Shield of California, is a multi-year financial sponsor of the Stanford Clinical Excellence Research Center. Dr. Bilet noted that although he had not spoken to the submitters about this proposal, nor had he been involved in any way with its creation, he recused himself from deliberation and voting.

Kavita Patel stated that she is an employee of Johns Hopkins. While she did not know the submitter and did not have involvement in the proposal, she recused herself from deliberation and voting.

##### **PRT Report to the Full PTAC**

The PRT for the *CAPABLE Provider Focused Payment Model* proposal consisted of Len Nichols (PRT Lead), Paul Casale, and Jennifer Wiler.

Len Nichols presented an overview of the proposed Physician-Focused Payment Model (PFPM), which:

- Is based on a pilot that was funded as a Health Care Innovation Award.
- Is designed to improve functional ability of older adults with chronic conditions or functional limitations.
- Proposes a flat fee to cover six visits with an occupational therapist (OT) and four with a registered nurse (RN) in the home, as well as handy worker services to make limited home repairs to prevent falls and improve ability to perform daily activities.

Key issues identified by the PRT included:

- Evidence suggests CAPABLE resulted in improvements in functional status, but evidence on cost savings was not available.
- CAPABLE offers services that might be clinically useful but not currently covered by the Medicare fee schedule.
- It was unclear whether an alternative payment model, as opposed to some other payment approach, was necessary to implement CAPABLE.
- Many details need to be worked out, including coordination and integration with physicians.

The PRT unanimously agreed that the proposed model met seven of the Secretary's 10 criteria ("Scope," "Quality and Cost," "Value over Volume," "Flexibility," "Ability to be Evaluated," "Patient Choice," and "Patient Safety"). The PRT unanimously agreed that the proposed model did not meet two criteria ("Payment Methodology" and "Health Information Technology"). A majority of the PRT felt that the proposed model did not meet one criterion ("Integration and Care Coordination").

[NOTE: The PRT's presentation slides and full report are available on the ASPE PTAC website located at: <https://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee.>]

#### **Clarifying Questions from PTAC to the PRT**

The Vice Chair opened the floor for PTAC members' questions to the PRT. The discussion focused on the following topics:

- The incorporation of risk adjustment in the proposed model.
- Results of published studies on CAPABLE and their generalizability.
- The nature of the proposed model and the scope of PTAC's charter.

#### **Submitter's Statement**

The Vice Chair invited the submitter representatives, Sarah Szanton and Kendell Cannon, to make a statement to PTAC.

The submitter representatives stated that CAPABLE has improved the lives of older adults by providing necessary services that cannot be found within a doctor's office. The CAPABLE program exists in 27 locations across 13 states, and is currently a part of the Medicaid waiver in Massachusetts. They stated that an Accountable Care Organization (ACO) implementing CAPABLE has saved more money than the program cost and is looking to expand the program.

The submitters noted that CAPABLE's proposed payment model is flexible and recommended that a limited-scale testing of the program could help promote findings related to costs, savings, and coordination with primary care. Additionally, the submitters addressed interoperability with health information technology and the program's alignment with the Recognize, Assist, Include, Support, and

Engage (RAISE) Family Caregivers Act, signed into law in January 2018.<sup>1</sup>

### **PTAC Questions for the Submitters and Discussion**

PTAC and the submitters engaged in Q&A on the following topics:

- Feasibility of incorporating risk adjustment into the model that stratifies beneficiaries by level of need.
- Interaction of CAPABLE with home health services.
- Process by which CAPABLE services are ordered.
- Quality monitoring and assurance.
- Considerations of various payment arrangements, such as alternative payment models, integration with existing models and demonstrations, and other payment systems.
- Integration and coordination with primary care.

### **Public Comments**

The Vice Chair thanked the submitter representatives and opened the floor for public comments. The following individuals made comments on the *CAPABLE Provider Focused Payment Model* proposal:

1. Sharmila Sandhu, JD (Director, Regulatory Affairs, American Occupational Therapy Association)
2. Samantha DeKoven (Senior Project Manager, BRiCK Partners)
3. Amanda Goodenow (Occupational Therapist, Colorado Visiting Nurse Association)

[NOTE: A transcript of commenters' remarks is available on the ASPE PTAC website located at: <https://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee>.]

### **PTAC Voting on Secretary's Criteria**

Seven PTAC members deliberated and voted on the extent to which the *CAPABLE Provider Focused Payment Model* proposal meets each of the Secretary's 10 criteria.

[NOTE: A simple majority vote will establish PTAC's determination for each of the Secretary's criteria. Members' individual criterion votes remain anonymous. However the distribution of votes and the voting outcomes are presented in the table below. Individual member comments are available in the meeting transcript located on the ASPE PTAC website at: <http://aspe.hhs.gov/meetings-physician-focused-payment-model-technical-advisory-committee>.]

Given that seven PTAC members participated in deliberation and voting on the proposal, four PTAC votes constituted a simple majority.

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<sup>1</sup> RAISE Family Caregivers Act, H.R.3759, 115<sup>th</sup> Cong. (2017) or H.R.3759, 115<sup>th</sup> Cong. (2018).

**PTAC Member Votes on CAPABLE Provider Focused Payment Model**

<b>Criteria Specified by the Secretary (42 CFR§414.146)</b>	<b>PTAC Vote Categories</b>	<b>PTAC Vote Distribution</b>
1. Scope (High Priority)	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	1
	4 – Meets the criterion	1
	5 – Meets the criterion and deserves priority consideration	3
	6 – Meets the criterion and deserves priority consideration	2
PTAC DECISION: Proposal Meets and Deserves Priority Consideration for Criterion 1.		
2. Quality and Cost (High Priority)	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	2
	4 – Meets the criterion	3
	5 – Meets the criterion and deserves priority consideration	2
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 2.		
3. Payment Methodology (High Priority)	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	6
	3 – Meets the criterion	1
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Does Not Meet Criterion 3.		
4. Value over Volume	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0

	3 – Meets the criterion	3
	4 – Meets the criterion	4
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 4.		
5. Flexibility	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	1
	4 – Meets the criterion	4
	5 – Meets the criterion and deserves priority consideration	2
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 5.		
6. Ability to be Evaluated	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	2
	4 – Meets the criterion	3
	5 – Meets the criterion and deserves priority consideration	2
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Meets Criterion 6.		
7. Integration and Care Coordination	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	5
	3 – Meets the criterion	2
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Does Not Meet Criterion 7.		
8. Patient Choice	* – Not Applicable	0

	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	0
	4 – Meets the criterion	2
	5 – Meets the criterion and deserves priority consideration	2
	6 – Meets the criterion and deserves priority consideration	3
PTAC DECISION: Proposal Meets and Deserves Priority Consideration for Criterion 8.		
9. Patient Safety	* – Not Applicable	0
	1 – Does not meet criterion	0
	2 – Does not meet criterion	0
	3 – Meets the criterion	0
	4 – Meets the criterion	1
	5 – Meets the criterion and deserves priority consideration	3
	6 – Meets the criterion and deserves priority consideration	3
PTAC DECISION: Proposal Meets and Deserves Priority Consideration for Criterion 9.		
10. Health Information Technology	* – Not Applicable	0
	1 – Does not meet criterion	1
	2 – Does not meet criterion	4
	3 – Meets the criterion	2
	4 – Meets the criterion	0
	5 – Meets the criterion and deserves priority consideration	0
	6 – Meets the criterion and deserves priority consideration	0
PTAC DECISION: Proposal Does Not Meet Criterion 10.		

**Additional Discussion of the Proposal**

PTAC Member Harold Miller requested that additional discussion be held before the second round of voting. Vice Chair Terrell approved the request and the proposal was discussed. Topics covered included:

- The proposed model’s ability to exist as a free standing Alternative Payment Model (APM).
- Whether the proposed model should be referred to the U.S. Department of Health and Human Services (HHS) to determine the scope.
- The importance of the proposed model’s activities and the need for it to be viewed adjunct to a larger program.
- Ability of PTAC to evaluate the proposal given the scope.

- The integration or overlap of home health.

**PTAC Vote on Recommendation to the Secretary**

[NOTE: A two-thirds majority is required to determine the final recommendation to the Secretary of HHS. If a two-thirds majority votes to not recommend the proposal for implementation as a PFPM or to refer the proposal for other attention by HHS, that category is the Committee’s final recommendation to the Secretary. If the two-thirds majority votes to recommend the proposal, the Committee proceeds to a secondary vote with four categories to determine the final, overall recommendation to the Secretary. PTAC members’ votes on the recommendation to the Secretary are presented in the tables below.]

Given that seven PTAC members participated in deliberation and voting on the proposal, five votes were required for the final PTAC recommendation vote. As a two-thirds majority was not reached during the initial round of voting, there was further deliberation and a second round of voting.

PTAC Recommendation Category	PTAC Vote Distribution
Not recommended for implementation as a PFPM	0
Recommended for implementation as a PFPM	7
Referred for other attention by HHS	0

Based on the final voting distribution, the *CAPABLE Provider Focused Payment Model* was recommended for implementation as a PFPM, and PTAC continued to the secondary vote to determine the final recommendations to the Secretary.



PTAC Recommendation Category	PTAC Member Recommendation Vote
Proposal substantially meets the Secretary’s criteria for PFPMs. PTAC recommends implementing the proposal as a payment model.	<i>No PTAC members voted for this recommendation category</i>
PTAC recommends further developing and implementing the proposal as a payment model as specified in PTAC comments.	<i>No PTAC members voted for this recommendation category</i>
PTAC recommends testing the proposal as specified in PTAC comments to inform payment model development. (7)	Grace Terrell Paul Casale Harold Miller Len Nichols Angelo Sinopoli Bruce Steinwald Jennifer Wiler
PTAC recommends implementing the proposal as part of an existing or planned Center for Medicare & Medicaid Innovation (CMMI) model.	<i>No PTAC members voted for this recommendation category</i>

As a result of the vote, PTAC recommended testing the *CAPABLE Provider Focused Payment Model* proposal as specified in PTAC comments to inform payment model development.

**Instructions on the Report to the Secretary**

For PTAC’s Report to the Secretary regarding this proposal, individual PTAC members made the following comments:

- They emphasized the ability of the model to promote services outside of the provider’s office by addressing social determinants of health.
- There is a need for additional testing in order to integrate risk stratification into the model.
- A digital communication plan and the sharing of data for the model are still needed.
- Descriptions of the various triggers for the initiation or starting of the service within the model are still required.
- The ability of the model to be customizable should be explored.
- Clarification is needed regarding the flow of payment and service ordering.
- There is a need to ensure that the model is implemented as part of an overall plan of care.

**The public meeting adjourned at 11:19 a.m. EDT.**

**Approved and certified by:**

          /Sarah A. Selenich/            
Sarah Selenich, Designated Federal Officer  
Physician-Focused Payment Model Technical  
Advisory Committee

          08/19/2019            
Date

          /Grace E. Terrell/            
Grace Terrell, MD, MMM, Vice Chair  
Physician-Focused Payment Model Technical  
Advisory Committee

          08/17/2019            
Date