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October 25, 2016

Physician-Focused Payment Model Technical Advisory Committee  
C/o U.S. DHHS Asst. Secretary of Planning and Evaluation Office of Health Policy  
200 Independence Avenue S.W.  
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Letter of Intent - The COPD and Asthma Monitoring Project (CAMP)

Dear Committee Members,

On behalf of Pulmonary Medicine Associates, I would like to express intent to submit a Physician-Focused Payment Model for PTAC review on December 1, 2016.

The COPD and Asthma Monitoring Project (CAMP) is a proposed care model to address expensive inefficiencies in the care of patients with COPD, Asthma and other chronic lung diseases. A population based solution; CAMP will improve patient safety, improve patient care quality and will reduce the cost of care to CMS for this high risk population. We propose to build a sustainable continuous quality improvement infrastructure centered on improved monitoring for patients with COPD and Asthma. We propose to do this by expanding the expertise of an office and hospital based pulmonary and allergy practice, Pulmonary Medicine Associates.

### **Project overview**

Medicare patients with a diagnosis of asthma and COPD will be enrolled into a program where they will be provided with daily prompts and tools to be used to remotely monitor their disease state at home. We will provide digital devices and software that can easily be understood and used. With these tools patients will be able to transmit data to a central server.

We will primarily use smart phones with an app that allows for data entry from the Peak flow meter devices and manual entry of the diary data points. For individuals without smart phone electronic “dongles” can be entered into a wall socket and be used to transmit data. Once entered this data is transmitted to our central server for tracking.

Continuous remote monitoring of Medicare patients with COPD and Asthma provide unique opportunities of early exacerbation and infection detection, allowing for preemptive intervention. Early recognition of a developing problem will lead to intervention that will reduce the current high frequency of Emergency Room visits and subsequent Hospitalizations. Data exists that these programs accomplish these goals and are associated with a statistically significant decrease in risk adjusted mortality in patients with COPD.



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### **The Proposed Payment Model**

**Pulmonary Medicine Associates (PMA) is seeking approval to participate in MACRA using the Oncology Model AAPM as a template. We are seeking funds for (1) Bluetooth Peak Flow Meter per participant, a monthly remote monitoring management fee per patient and wish to participate in a two-tailed risk sharing model of reimbursement. We wish to qualify CAMP for AAPM designation for us and future medical providers of this service. Risk adjusted targets will be based upon public data contained in the Chronic Conditions database. This service will not replace exiting payment methods under MACRA but will be an added new service. We are seeking an agreement that does not require a co-payment from Medicare participants of this proposed payment model. We seek an exemption for Pharmaceutical Companies and device manufacturers that would allow them to directly provide discount pricing or dispense coupons for heavily discounted medications for Medicare recipients who are participants of this program. Finally, we seek a safe harbor designation from state and federal Stark anti-self referral laws.**

Under current law there exists no payment model by which CMS will pay for remote monitoring of patients with chronic conditions.

### **Expected Participants and Implementation Strategy**

PMA is a subspecialty provider of services in Allergy and Immunology, Pulmonary Medicine, Infectious Diseases and Critical Care services. We are a private practice, employing over 25 Board Certified pulmonary physicians serving 3 major Health care systems in northern California; Sutter, Dignity and St Joes. We staff and operate a Phillips remote eICU for Sutter. Healthgrade's excellence awards in Pulmonary and Critical Care medicine have been awarded to hospitals where we direct care. As innovators in healthcare delivery we will use the 4 part implementation strategy summarized below:

1. Engage support of appropriate partners and stakeholders
2. Clarify and articulate the local value proposition and funding requirements for CAMP-based alerts
3. Assess the technology landscape for feasibility and develop a preliminary systems overview
4. Establish goals of the CAMP-based alert system in driving clinical transformation

### **Timeline**

The CAMP Proposal will be submitted December 1, 2016

If approved, implementation of CAMP will start January 1, 2018

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