

November 20, 2017

Jeffrey Bailet, MD
Committee Chairperson
Physician-Focused Payment Model
Technical Advisory Committee
Office of the Assistant Secretary for
Planning and Evaluation
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Bailet:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to provide our strong support for the Acute Unscheduled Care Model (AUCM) proposal currently being reviewed by the Physician-Focused Payment Model Technical Advisory Committee (PTAC). The AUCM model allows emergency physicians to avoid hospital admissions for patients that are seen in the emergency department while also ensuring the safe discharge of patients to the home environment, and to foster care coordination around post-discharge workups.

Patients who receive emergency department care often have a post-discharge event such as a repeat emergency department visit, inpatient admission, or observation stay, within 30 days of receiving emergency department care. Yet the current payment system does not support emergency physician services aimed at providing appropriate care transitions for patients who receive emergency department care and are discharged to their home, and who avoid a hospital admission. The AUCM model could enhance the ability for emergency physicians to coordinate, manage, and avoid unnecessary post-discharge events.

One recent *Health Affairs* article reviewed an emergency-department initiated, multi-disciplinary, community-based care coordination model, *Bridges to Care*, which similarly focused on improving the transition home after an emergency department visit.¹ The study found the model resulted in a long-term reduction in both emergency department visits and hospital admissions. This illustrates the significant potential for models such as AUCM to reduce health care spending from hospital admissions and readmissions, while improving quality of care for patients who are discharged to their home.

The AUCM model also complements other alternative payment models (APMs), such as the Comprehensive Primary Care Plus (CPC+) and Oncology Care Model (OCM), that seek to increase patients' access to non-urgent care and prevent avoidable emergency department use.

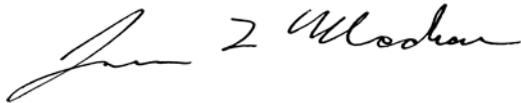
¹ Capp, Roberta et al. "Coordination Program Reduced Acute Care Use and Increased Primary Care Visits Among Frequent Emergency Care Users." *Health Affairs*. October 2017 36:10.

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Finally, the AUCM model addresses a gap in APMs. Too often, emergency department visits are viewed as a failure in care coordination, and there has been no effort to meaningfully integrate emergency care into existing APMs. While there has been emphasis on avoiding readmissions from the emergency department in Medicare beneficiaries with recent inpatient stays, there has been little recognition of care provided by emergency department physicians during the initial diagnosis, stabilization, and treatment prior to an inpatient admission. This model would help reduce fragmentation in health care and better integrate emergency medical care with primary and specialty care, while helping reduce avoidable health care spending.

The AMA urges the PTAC to recommend the AUCM model to the Secretary, and to work with the Center for Medicare and Medicaid Innovation to get a test of the model implemented. We thank the Committee for the opportunity to comment.

Sincerely,

A handwritten signature in cursive script, appearing to read "James L. Madara".

James L. Madara, MD



November 20, 2017

Via Electronic Submission

Jeffrey Bailet, M.D.

Committee Chairperson, Physician-Focused Technical Advisory Committee (PTAC)

c/o Angela Tejada, ASPE

Office of the Assistant Secretary for Planning and Evaluation

200 Independence Ave. SW Washington, DC 20201

Re: Public Comment – Acute Unscheduled Care Model (AUCM): Enhancing Appropriate Admissions

Dear Dr. Bailet:

I am writing on behalf of the Emergency Department Practice Management Association (EDPMA) to endorse the Acute Unscheduled Care Model (AUCM): Enhancing Appropriate Admissions. EDPMA is one of the nation's largest professional physician trade associations focused on the delivery of high-quality, cost-effective care in the emergency department. EDPMA's members include emergency medicine physician groups as well as billing, coding, and other professional support organizations that assist healthcare providers in our nation's emergency departments. **Together, EDPMA's members deliver (or directly support) health care for about half of the 141 million patients that visit U.S. emergency departments each year.** We work collectively and collaboratively to deliver essential healthcare services, often unmet elsewhere, to an underserved patient population who often has nowhere else to turn.

Emergency physicians play an essential role in reducing healthcare costs by providing quality care and diagnostic testing on a timely basis so patients can avoid significant downstream health problems and related costs. To date however, the legislative parameters for developing an Advanced Alternative Payment Model have made it very difficult for emergency physicians to take part. Therefore, EDPMA is very pleased to endorse the Acute Unscheduled Care Model (AUCM): Enhancing Appropriate Admissions which would allow emergency physicians to be recognized for the important role they play in value-based care.

This model ensures that physicians who are making the initial decision on inpatient or outpatient care are recognized for making good decisions, are encouraged to discharge from the emergency department when appropriate, and are rewarded for participating in post-discharge coordination. The model focuses on fee-for-service Medicare beneficiaries with an acute unscheduled ED visit with no inpatient admission in the 90 days prior to the ED visit or who had an ED visit within 30 days of the index visit and incentivizing out-patient care. The model is expected to result in a 3% decrease in overall risk-adjusted admission rates at a given hospital (when compared to prior year) across the aggregated conditions.

Please accept EDPMA's formal endorsement of this important AAPM model.

Sincerely,

A handwritten signature in black ink that reads "A Brault".

Andrea Brault, MD, FACEP, MMM, Chair of the Board

Emergency Department Practice Management Association (EDPMA)



November 30, 2017

Jeffrey Bailet, MD
Chair
Physician-Focused Payment Model Technical Advisory Committee
Assistant Secretary for Planning and Evaluation
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Bailet,

The Medical Group Management Association (MGMA) writes to express our support for the Acute Unscheduled Care Model (AUCM) proposal currently under review by the Physician-Focused Payment Model Technical Advisory Committee (PTAC).

Despite playing a critical role in the initial diagnosis, stabilization, and treatment prior to an inpatient admission and therefore playing a pivotal decision-making role in the spending of billions of Medicare dollars on an annual basis, emergency clinicians currently have no opportunity to participate in Advanced APMs. AUCM helps to fill this void for up to 48,000 emergency clinicians while presenting an opportunity to achieve potentially millions in savings for the Medicare program. CMS expenditures for the four conditions targeted in the first year were over \$3.6 billion in 2014. A 3% reduction in admission rates for these limited number of conditions is projected to save over \$314 million in inpatient costs in the first year. This figure could increase if more conditions are added in future years.

The AUCM employs a multi-faceted strategy centered around fostering care coordination post-discharge between primary and secondary care settings to avoid post-discharge complications, encouraging greater use of home observation when appropriate and ultimately reducing unnecessary hospital readmissions. By more strategically aligning financial incentives to place a greater emphasis on care coordination and management, the AUCM engages emergency clinicians in behaviors that are proven to reduce post-discharge complications and unnecessary inpatient admissions when outpatient observation would be more appropriate.

By having patient safety guardrails in place and requiring minimum quality achievement standards to share in savings, this model makes patient safety a top priority and improves quality of care while achieving cost savings. Moreover, by placing an emphasis on outcomes over process measures, AUCM incentivizes improved patient outcomes but provides the necessary flexibility that enables physicians to put their medical expertise to work deciding which high-value strategies would be most effective for each patient.

Lastly but importantly, this model could be scaled nationally and implemented in tandem with existing APMs to further support and enhance value based strategies that are already in progress.

MGMA supports this model and strongly encourages PTAC to recommend AUCM to the Secretary for testing and implementation. We thank the Committee for the opportunity to comment and look forward to continuing to support the development and implementation of PFPs, particularly in the specialty arena.

Sincerely,

/s/

Anders Gilberg
Senior Vice President, Government Affairs
Medical Group Management Association



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January 22, 2018

Physician-Focused Payment Model Technical Advisory Committee
c/o U.S. DHHS Asst. Secretary for Planning and Evaluation Office of Health
Policy
200 Independence Avenue S.W.
Washington, D.C. 20201

Letter of Support-Acute Unscheduled Care Model (AUCM): Enhancing Appropriate Admissions

Dear Committee Members,

On behalf of AMDA-The Society for Post-Acute and Long-Term Care Medicine, I am writing to express our support for the American College of Emergency Physicians (ACEP) draft proposal for an alternative payment model for emergency medicine titled *The Acute Unscheduled Care Model (AUCM): Enhancing Appropriate Admissions*.

The Society is the only medical specialty society representing the community of over 50,000 medical directors, physicians, nurse practitioners, physician assistants, and other practitioners working in the various post-acute and long-term care (PA/LTC) settings. The Society's 5,500 members work in skilled nursing facilities, long-term care and assisted living communities, continuing care retirement communities, home care, hospice, and other settings.

Many patients with serious illness and their caregivers are not well served in the current fee-for service payment system, which does not adequately reimburse and incentivize continuity of care from various sites of care. This includes services performed in the emergency department (ED). This model facilitates and rewards post discharge coordination that improves patient outcomes and achieves savings in the Medicare program. PA/LTC providers often rely on communication from ED providers and staff to continue the care of patients moving through the healthcare continuum. This model will reduce fragmentation and create a more collaborative healthcare system that focuses on patient needs.

The quality metrics in the AUCM proposal reflects an emerging framework for continuity and coordination of care. The combination of patient-reported outcomes, process, and utilization measures match closely to the priorities of our organization, and the phased-in approach to pay-for performance will allow critical time and resources for palliative care teams to strengthen necessary clinical and reporting infrastructure.

The payment incentives in AUCM are well-structured to drive improvements in both quality and cost performance.

The Society looks forward to participating and encouraging our members to participate in AUCM, should it be recommended for testing by PTAC and implemented by CMS.

Sincerely,

A handwritten signature in black ink, appearing to read 'H White', with a stylized flourish at the end.

Heidi White, MD, MHS, M.Ed., CMD
President