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October 13, 2017

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 – AAN, Patient-Centered Headache Care Payment

Dear Committee Members,

On behalf of the American Academy of Neurology (AAN), we would like to express intent to submit a Physician-Focused Payment Model for PTAC review on October 13<sup>th</sup>, 2017.

### Payment Model Overview

The patient-centered headache care payment (PCHCP) model would replace current evaluation and management (E/M) payments with a flexible payment<sup>1</sup> to enable physicians to deliver a range of services to patients without the restrictions of the current fee-for-service system. In addition, practices willing to do so could accept larger bundled versions of payments, which would include funds to pay for some or all the other services that headache patients receive. The model would enable neurologists to form a Headache Care Team and collaboratively treat patients with headache or to work with primary care physicians to co-manage the patient's headache and other health problems.

Risk parameters would be based on patient severity, while quality components would derive from specific headache treatment measures developed by the AAN and included in the AAN's Axon Registry. The model is centered on physician accountability, tying performance on quality metrics to payment.

### Goals of the Model

The goal of the model is to improve outcomes for patients and control costs for payers and patients. The model would facilitate an accurate, efficient diagnosis and appropriate, cost-effective treatment. The model would also serve to eliminate barriers in the current fee-for-service payment structure

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<sup>1</sup> Payment varies based on patient category. Physicians would receive a 1-time payment for Category 1 patients, monthly payments for Category 2, and add-on payments (in addition to E/M) for Category 3.

that limit physician ability to coordinate care across practice settings. Patients who receive an accurate diagnosis without unnecessary testing and treatment will receive appropriate care promptly, which would reduce headache medicine spend. Finally, participating physicians will be accountable to their patients' outcomes.

### **Expected Participants**

Participants in the PCHCP would have the financial incentive to form a Headache Care Team made up of a PCP, headache specialist and/or neurologist, ED department and, as indicated by the patient's comorbidities, a social worker, mental health provider, or pharmacist. These providers could be housed in the same delivery system, or, enabled by the PCHCP, these providers could form "virtual teams" across practices.

Medicare patients with a who call their primary care physician or neurologist to schedule an appointment or visit the ED or urgent care and list headache as a primary reason for visit would be included in the model.

### **Implementation Strategy and Timeline**

The AAN is the premier national medical specialty society representing more than 30,000 neurologists and clinical neuroscience professionals and is dedicated to promoting the highest quality patient-centered neurologic care. In this role, the AAN can convene neurology practices interested in implementing the proposed headache payment model and provide resources to support them.

The AAN has identified an initial list of neurology practices highly motivated to test the model if the final terms are feasible. As more details are determined and awareness of the models grows, the AAN anticipates adding additional practices to this list.

The AAN plans to submit the proposal to the PTAC for review on October 13, 2017. Using the OCM as a guide, the AAN anticipates approximately a 12 to 16-month interim period between the announcement of the payment model and the announcement of accepted participants. Interim steps include conducting a small-scale pilot to collect data and lessons, fielding letters of intent and applications, hosting webinars, and producing tools and resources to neurologist-members of the AAN on the model.

Thank you for your consideration of our patient-centered headache care payment. If you have questions, please contact Amanda Napoles, MPH, AAN Program Manager, Payment Programs, at [anapoles@aan.com](mailto:anapoles@aan.com) or 612.928.6094.

Sincerely,

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