



**Mount
Sinai**

*Institute for
Liver Medicine*

Douglas T. Dieterich, MD
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One Gustave L. Levy Place, Box 1123
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June 5, 2017

Marie Bresnahan
Director, Project INSPIRE
Viral Hepatitis, Bureau of Communicable Diseases
NYC DOHMH
42-09 28th Street
Long Island City, NY 11101-4132

Re: Support letter for a physician-focused payment model for treatment of hepatitis C using care coordination

Dear Mrs. Bresnahan,

On behalf of Mount Sinai Hospital, I submit this letter in strong support of the New York City Department of Health and Mental Hygiene's request to the Physician-Focused Payment Model (PFPM) Technical Advisory Committee (PTAC). Their proposal, describing a bundled payment and shared savings model for treatment of hepatitis C using care coordination, is innovative and timely given the new treatments that can cure hepatitis C at high rates.

Mount Sinai has been a leader in hepatitis care and research for over a decade, taking pride in the doctors and staff that serve as experts in the diagnosis and treatment of a disease that affects up to four million Americans. Our 1,171-bed, tertiary-care teaching facility acclaimed internationally for excellence in liver care, is committed to working with at risk patient populations, providing them access to care and treatment. With over 15 different clinic sites ranging from primary care to specialty care, Mount Sinai has implemented system-wide integration of HCV screening and linkage to care for baby boomers, women of child bearing age and their partners, as well as others at risk for or exposed to the disease. In 2016 alone, we increased screening in baby boomers from 56.1% to 80.5% and 69.4% to 89% in two primary care settings. Additionally, due to its success over the past 2.5 years, our Care Coordination program Project INSPIRE has been adopted and funded internally by the hospital system. Since the beginning the program has engaged 967 Hepatitis C patients, where 98% were medically assessed and 74% of those patients started treatment, 84% completed treatment and 73% of those who complete treatment have achieved a sustained virological response (SVR).

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We believe that the payment model submitted by Project INSPIRE staff to the PTAC is a critical component to further enhance the goal of achieving sustained virological response (SVR) among those treated for hepatitis C. This is an important first step towards achieving hepatitis C elimination in New York State and across the country. Federal adoption of a value-based payment arrangement supporting elimination may also provide credence to state Medicaid agencies and private payers that creating similar VBP initiatives for hepatitis C treatment or adopting Project INSPIRE's model is in their own best interest. Therefore, we strongly support recommendation and implementation of the proposal payment model for treatment of hepatitis C using care coordination.

Sincerely,

Douglas T. Dieterich, MD



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

June 7, 2017

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
PTAC@hhs.gov

Re: Support letter for a Physician-Focused Payment Model: Multi-provider, bundled episode-of-care payment model for treatment of chronic hepatitis C virus (HCV) using care coordination by employed physicians in hospital outpatient clinics

Dear Committee Members:

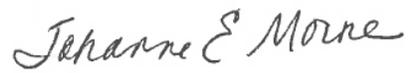
On behalf of the New York State Department of Health AIDS Institute, I submit this letter in support of the New York City Department of Health and Mental Hygiene's request to the Physician-Focused Payment Model (PFPM) Technical Advisory Committee (PTAC). Their proposal, describing a bundled payment and shared savings model for treatment of hepatitis C using care coordination, is innovative and timely given the new treatments that can cure hepatitis C at high rates.

As you know, the New York State Department of Health has been a leader in the fight against hepatitis C. Since 2010, the AIDS Institute has funded primary care providers to integrate hepatitis C care, treatment and supportive services into primary care settings. This model has illustrated that services such as care coordination are necessary to ensuring linkage to care, adherence to treatment and achievement of cure. Many individuals living with HCV suffer from other comorbid conditions, such as substance use and mental health. Each patient has their own set of unique needs. Care coordination and the development of a care coordination plan are vitally important to achieving a cure and to the elimination of hepatitis C.

We believe that the payment model submitted by Project INSPIRE to the PTAC will further enhance the goal of achieving sustained virological response (SVR) among those treated for hepatitis C. Federal adoption of this value-based payment (VBP) arrangement supporting care coordination could facilitate implementation of the model by state Medicaid agencies and other payers.

We strongly support recommendation and implementation of the proposed payment model for treatment of hepatitis C using care coordination to produce better health outcomes at lower costs.

Sincerely,

A handwritten signature in cursive script that reads "Johanne E. Morne".

Johanne E. Morne, MS
Director
AIDS Institute



June 13, 2017

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
PTAC@hhs.gov

Re: Support letter for a Physician-Focused Payment Model: Multi-provider, bundled episode-of-care payment model for treatment of chronic hepatitis C virus (HCV) using care coordination by employed physicians in hospital outpatient clinics

Dear Committee Members,

On behalf of Treatment Action Group (TAG) I submit this letter in support of the New York City Department of Health and Mental Hygiene's request to the Physician-Focused Payment Model (PFPM) Technical Advisory Committee (PTAC). Their proposal, describing a bundled payment and shared savings model for treatment of hepatitis C using care coordination, is innovative and timely given the new treatments that can cure hepatitis C at high rates.

TAG is an independent, activist and community-based research and policy think tank fighting for better treatment, prevention, vaccines, and cures for HIV, tuberculosis, and hepatitis C virus. TAG participates in community consultations and advocates for people who are most at risk and most under-served to be involved in HCV planning and policy-making processes. TAG served on the steering committee for the New York State Hepatitis C Elimination Summit, and also participated in the Data and Metrics working group. Our experience in the US and internationally indicates that payment systems reform can have significant impact on treatment access and outcomes. Measures that incentivize high quality, comprehensive care in a primary care setting are key to achieving the WHO target to eliminate viral hepatitis as a public health concern by 2030.

We believe that the payment model submitted by Project INSPIRE to the PTAC is a critical component to further enhance the goal of achieving sustained virological response (SVR) among those treated for hepatitis C and meeting the WHO targets. Building on the previous success of Project INSPIRE, we believe the NYC DOHMH proposal will positively impact the HCV treatment cascade. Federal adoption of this value-based payment (VBP) arrangement supporting care coordination may also provide credence to state Medicaid agencies and other payers to create similar payment models to further enhance reach. Care coordination is an overlooked and underfunded component of health care delivery that can reorient care towards addressing the needs of the whole person, just medical needs related to disease.

Therefore, we strongly support recommendation and implementation of the proposal payment model for treatment of hepatitis C using care coordination to produce better health outcomes at lower costs.

Sincerely,

Annette Gaudino
Co-Director, Hepatitis C Virus Project
Treatment Action Group
90 Broad Street, Suite 2503
New York NY 10004
treatmentactiongroup.org
annette.gaudino@treatmentactiongroup.org

1250 Broadway, 11th Floor, New York, NY 10001



June 14, 2017

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
PTAC@hhs.gov

**Re: Support letter for a Physician-Focused Payment Model:
Multi-provider, bundled episode-of-care payment model for treatment of chronic hepatitis C virus (HCV) using care coordination by employed physicians in hospital outpatient clinics**

Dear Committee Members,

On behalf of VNSNY CHOICE SelectHealth, I submit this letter in support of the New York City Department of Health and Mental Hygiene's request to the Physician-Focused Payment Model (PFPM) Technical Advisory Committee (PTAC). Their proposal, describing a bundled payment and shared savings model for treatment of hepatitis C using care coordination, is innovative and timely given the new treatments that can cure hepatitis C at high rates.

Today, nearly 150,000 New Yorkers are estimated to have hepatitis C, which can cause cirrhosis, liver cancer and other devastating health complications. SelectHealth has had over 400 of its members successfully complete treatment with a new class of hepatitis C drugs, including Harvoni, Epclusa and Zepatier. But completing the Hepatitis C regimen isn't always easy and the price tag is steep—nearly \$100,000 for a 12-week course of treatment.

To improve medication adherence and identify non-compliant patients earlier, SelectHealth is participating in a project testing a program that provides intensive support to hepatitis C patients during treatment. The effort, called Project INSPIRE, uses an integrated model of care in which primary care providers collaborate with specialized care coordinators, navigators and peer educators to enroll people with hepatitis C and then educate and guide them through the treatment process.

Project INSPIRE and the New York City Department of Health and Mental Hygiene's PFPM offers a model that fits in line with value-based purchasing in healthcare—focusing the financial equation on health outcomes rather than individual encounters.

We believe that the payment model submitted by Project INSPIRE to the PTAC is a critical component to further enhance the goal of achieving sustained virological response (SVR) among those treated for hepatitis C. Federal adoption of this value-based payment (VBP) arrangement supporting care coordination may also provide credence to state Medicaid agencies and other payers to create similar payment models to further enhance reach. Therefore, we strongly support recommendation and implementation of the proposal payment model for treatment of hepatitis C using care coordination to produce better health outcomes at lower costs.

Sincerely,

A handwritten signature in blue ink that reads "John G. Murtha".

John Murtha
Chief Operating Officer
VNSNY CHOICE Health Plans

Madeline Caban

From: Lauren Benyola
Sent: Wednesday, June 14, 2017 12:39 PM
To: Madeline Caban
Cc: John Murtha; Eli Camhi; Candia Richards-clarke
Subject: Req. for signature: INSPIRE Letter of Support_06142017.doc
Attachments: INSPIRE Letter of Support_06142017.doc

Importance: High

Hi Maddie - Please print and have John sign. This is a letter of support for our INSPIRE Grant Funder's proposal to have a Hep C Care Coordination payment model be adopted on a Federal Level.

Here's a link to the full proposal for reference if needed: <https://aspe.hhs.gov/documents-public-comment-physician-focused-payment-model-technical-advisory-committee>

Thank you,
Lauren

Lauren Benyola
Associate Product Manager
SelectHealth



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