

## 2020 Current Fiscal Year Report: Physician-Focused Payment Model Technical Advisory Committee

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### 1. Department or Agency

Department of Health and Human Services

### 2. Fiscal Year

2020

### 3. Committee or Subcommittee

Physician-Focused Payment Model Technical Advisory  
Committee

### 3b. GSA Committee No.

2559

### 4. Is this New During Fiscal Year?

No

### 5. Current Charter

01/05/2016

### 6. Expected Renewal Date

### 7. Expected Term Date

### 8a. Was Terminated During FiscalYear?

No

### 8b. Specific Termination Authority

### 8c. Actual Term Date

### 9. Agency Recommendation for Next FiscalYear

Continue

### 10a. Legislation Req to Terminate?

### 10b. Legislation Pending?

### 11. Establishment Authority

Statutory (Congress Created)

### 12. Specific Establishment Authority

42 U.S.C. §1395ee(c)(1)

### 13. Effective Date

04/16/2015

### 14. Committee Type

Continuing

### 14c. Presidential?

No

### 15. Description of Committee

National Policy Issue Advisory Board

### 16a. Total Number of Reports

3

### 16b. Report Date

Report Title

Report to the Secretary of Health and Human Services: ACCESS

11/25/2019 Telemedicine: An Alternative Healthcare Delivery Model for Rural Cerebral  
Emergencies (ACCESS Telemedicine),

Report to the Secretary of Health and Human Services: Comments and

09/03/2020 Recommendation on Eye Care Emergency Department Avoidance (EyEDA)  
Model

Report to the Secretary of Health and Human Services: Comments and

09/03/2020 Recommendation on Patient-Centered Asthma Care Payment (PCACP): An  
Alternative Payment Model for Patient-Centered Asthma Care

### Number of Committee Reports Listed: 3

### 17a. Open 2 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 2 Meetings and Dates

Purpose

Start

End

Deliberate and Vote on Proposals for Physician-Focused Payment Models

06/22/2020 - 06/22/2020

Deliberate and Vote on Proposals for Physician-Focused Payment Models and discussion with experts and submitters of PFPs with a telehealth component to receive expert input and public comment on telehealth to further inform and guide PTAC for their review of future PFPs.

09/15/2020 - 09/16/2020

**Number of Committee Meetings Listed: 2**

	<b>Current FY</b>	<b>Next FY</b>
<b>18a(1). Personnel Pmts to Non-Federal Members</b>	\$0.00	\$0.00
<b>18a(2). Personnel Pmts to Federal Members</b>	\$0.00	\$0.00
<b>18a(3). Personnel Pmts to Federal Staff</b>	\$1,137,813.00	\$1,367,212.00
<b>18a(4). Personnel Pmts to Non-Member Consultants</b>	\$3,317,707.00	\$3,188,212.00
<b>18b(1). Travel and Per Diem to Non-Federal Members</b>	\$11,954.00	\$12,312.00
<b>18b(2). Travel and Per Diem to Federal Members</b>	\$0.00	\$0.00
<b>18b(3). Travel and Per Diem to Federal Staff</b>	\$0.00	\$0.00
<b>18b(4). Travel and Per Diem to Non-member Consultants</b>	\$4,489.00	\$4,623.00
<b>18c. Other(rents,user charges, graphics, printing, mail, etc.)</b>	\$161,449.00	\$300,000.00
<b>18d. Total</b>	\$4,633,412.00	\$4,872,359.00
<b>19. Federal Staff Support Years (FTE)</b>	7.00	8.00

**20a. How does the Committee accomplish its purpose?**

The establishing statute requires the Physician-Focused Payment Model Technical Advisory Committee (PTAC) to review physician-focused payment model (PFP) proposals submitted by individuals and stakeholder entities and make comments and recommendations to the Secretary of Health and Human Services (HHS) regarding the extent to which such models meet criteria established by the Secretary. In FY 20 the Committee delivered comments and recommendations to the Secretary on 3 proposals. It will continue to review proposals and send comments and recommendations to the Secretary in future fiscal years on an ongoing basis.

**20b. How does the Committee balance its membership?**

The establishing statute requires that the Comptroller General of the United States appoint PTAC members.

**20c. How frequent and relevant are the Committee Meetings?**

The number of PTAC meetings per year are influenced by the number of proposals that PTAC receives from individual and stakeholder entities. However, PTAC aims to meet quarterly.

**20d. Why can't the advice or information this committee provides be obtained elsewhere?**

The establishing statute requires PTAC, whose membership must include individuals with

national recognition for their expertise in PFPs and related delivery of care, to review PFP proposals submitted by individuals and stakeholder entities and make comments and recommendations to the Secretary regarding the extent to which such models meet criteria established by the Secretary.

**20e. Why is it necessary to close and/or partially closed committee meetings?**

N/A

**21. Remarks**

PTAC members who reside locally, as per federal travel regulations, are only reimbursed local travel expenses (e.g., mileage and parking). They do not receive a per diem reimbursement. This is why some PTAC members' pay plan is listed as "Other". The designation for all members is listed as "Ex Officio" due to the absence of an "Other" category. It has been determined that PTAC members are neither special government employees nor representatives. Cost calculations vary from prior years. Contracts are included under payments to consultants if the contract included technical support. Performance measures also vary from prior years. Performance measures include cumulative totals for the life of PTAC as of FY20. In FY 20, of the 4 scheduled meetings, one of the meetings was cancelled due to COVID/travel restrictions and one was cancelled because a key member was unable to join due to an unforeseen scheduling conflict. In FY 20 there was an uptick in recommended full and partial implementations.

**Designated Federal Officer**

Stella Mandl DFO

<b>Committee Members</b>	<b>Start</b>	<b>End</b>	<b>Occupation</b>	<b>Member Designation</b>
Bailet, Jeffrey	10/18/2018	10/18/2021	President and Chief Executive Officer, Altais	Ex Officio Member
Casale, Paul	10/15/2016	10/15/2022	Executive Director, New York Quality Care, New York-Presbyterian, Columbia University College of Physicians and Surgeons, Weill Cornell Medicine	Ex Officio Member
DeShazer, Charles	10/15/2019	09/04/2020	Senior VP, CMO	Ex Officio Member
Feldstein, Jay	07/28/2020	10/15/2023	President and CEO	Ex Officio Member
Ferris, Tim	10/17/2016	10/17/2019	Chief Executive Officer, Massachusetts General Physicians Organization	Ex Officio Member
Hardin, Lauran	07/28/2020	10/15/2023	Senior Advisor	Ex Officio Member
Liao, Joshua	07/28/2020	10/15/2023	Medical Director	Ex Officio Member
Medows, Rhonda	10/02/2017	11/21/2019	President of Population Health Management and CEO of Ayin Health Solutions, Providence St. Joseph Health	Ex Officio Member
Miller, Harold	10/02/2017	11/19/2019	President and Chief Executive Officer, Center for Healthcare Quality and Payment Reform	Ex Officio Member
Nichols, Len	10/02/2017	11/20/2019	Director, Center for Health Policy Research and Ethics, George Mason University	Ex Officio Member

Patel, Kavita	10/18/2018	10/18/2021	Vice President of Payer and Provider Integration, Johns Hopkins Health System	Ex Officio Member
Sinopoli, Angelo	10/18/2018	10/18/2021	Chief Clinical Officer, Prisma Health	Ex Officio Member
Steinwald, Bruce	10/15/2019	10/15/2022	President, Bruce Steinwald Consulting	Ex Officio Member
Terrell, Grace	10/02/2017	10/02/2020	Chief Executive Officer, Envision Genomics	Ex Officio Member
Wiler, Jennifer	10/18/2018	10/18/2021	Executive Vice Chair and Professor, Department of Emergency Medicine, University of Colorado School of Medicine	Ex Officio Member

**Number of Committee Members Listed: 15**

**Narrative Description**

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which established PTAC, changed the way that Medicare pays physicians and other clinicians and created incentives for them to participate in alternative payment models (APMs). PTAC provides an opportunity for stakeholders to have a role in APM development. PTAC’s comments and recommendations on stakeholder-submitted proposals assist HHS as it considers new models.

**What are the most significant program outcomes associated with this committee?**

	Checked if Applies
Improvements to health or safety	<input checked="" type="checkbox"/>
Trust in government	<input checked="" type="checkbox"/>
Major policy changes	<input checked="" type="checkbox"/>
Advance in scientific research	<input type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input checked="" type="checkbox"/>
Implementation of laws or regulatory requirements	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

**Outcome Comments**

**What are the cost savings associated with this committee?**

	Checked if Applies
None	<input type="checkbox"/>
Unable to Determine	<input checked="" type="checkbox"/>
Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>

\$1,000,001 - \$5,000,000  
\$5,000,001 - \$10,000,000  
Over \$10,000,000  
Cost Savings Other



### **Cost Savings Comments**

Cost savings will depend upon how many PFPM proposals PTAC receives, the nature of those proposals, how many PTAC recommends to the Secretary, and the outcomes of testing of models by HHS.

### **What is the approximate Number of recommendations produced by this committee for the life of the committee?**

26

### **Number of Recommendations Comments**

In FY 20, PTAC delivered comments and recommendations to the Secretary on 3 PFPM proposals. In FY 19, PTAC delivered comments and recommendations to the Secretary on 8 PFPM proposals. In FY 18, PTAC delivered comments and recommendations to the Secretary on 12 PFPM proposals. In FY 17, PTAC delivered comments and recommendations to the Secretary on 3 PFPM proposals.

### **What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?**

23%

### **% of Recommendations Fully Implemented Comments**

As of FY 20, PTAC has delivered comments and recommendations to the Secretary on 26 proposals. PTAC did not recommend 6 proposals and determined the Secretary's criteria are not applicable to 2 proposals. PTAC recommended 2 proposals for attention, 8 for limited-scale testing, 2 for testing to inform payment model development, 1 for further development and implementation as a payment model, and 5 for implementation. The Secretary has responded to PTAC's comments and recommendations on 24 of these proposals. (Secretarial responses to 2 proposals – 1 that was not recommended and 1 that was recommended for attention– are pending). Secretarial responses agreed with PTAC's findings on 5 proposals that were not recommended or where the Secretary's criteria were deemed not applicable. The Secretarial responses did not commit to implementation or testing of any of the proposed PFPMs as recommended by PTAC, and development and implementation takes time.

**What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?**

69%

**% of Recommendations Partially Implemented Comments**

The Secretarial responses for many of the proposals reflect interest in exploring how proposed ideas might inform model development and/or a desire to continue to engage stakeholders. HHS leaders have also publicly acknowledged that aspects of proposals submitted to and reviewed by PTAC have influenced models put forth by the center. For example, in 2019, the Department of Health and Human Services (HHS) announced payment and care delivery models in primary care and kidney care. Specifically, when CMMI unveiled a set of new payment models as part of its Primary Care Initiative in April 2019, the announcement materials acknowledged PTAC for its influence on the models' development, also recognizing the contributions of four proposal submitters. In addition HHS held a public listening session about a potential oncology care payment model. Further, in 2020, Director Brad Smith indicated his appreciation for PTAC's role in working with CMS, having had an opportunity to go through the PTAC process as a submitter on the CTAC proposal, and in his work at CMMI, including the implementation of the Seriously Ill Population (SIP) option within the Primary Care First payment model. At PTAC's June 2020 virtual public meeting, Seema Verma said that "PTAC plays a vital role in our development of these models by providing practical well-vetted input and we are deeply grateful for that. And conversations with submitters who have gone through the PTAC process have informed and enriched our thinking on these issues." PTAC recommendations can also influence CMS policy beyond affecting new CMMI models. For example, in the final Physician Fee Schedule Rule for Calendar 2020, CMS discussed a gap in codes for chronic care management services identified by stakeholders and specifically mentioned that the concern had "also been raised by the stakeholder community in proposal submissions to [PTAC]."

**Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?**

Yes  No  Not Applicable

**Agency Feedback Comments**

The establishing statute requires that the Secretary review the comments and recommendations submitted by PTAC and post a detailed response to such comments and recommendations on the Centers for Medicare & Medicaid Services website. Secretarial responses are available at <https://innovation.cms.gov/initiatives/pfpms/>

**What other actions has the agency taken as a result of the committee's advice or recommendation?**

Checked if Applies

- Reorganized Priorities
- Reallocated resources
- Issued new regulation
- Proposed legislation
- Approved grants or other payments
- Other

**Action Comments**

N/A

**Is the Committee engaged in the review of applications for grants?**

No

**Grant Review Comments**

**How is access provided to the information for the Committee's documentation?**

Checked if Applies

- Contact DFO
- Online Agency Web Site
- Online Committee Web Site
- Online GSA FACA Web Site
- Publications
- Other

**Access Comments**