

# 2024 Current Fiscal Year Report: Physician-Focused Payment Model

## Technical Advisory Committee

Report Run Date: 04/26/2024 06:07:46 AM

### 1. Department or Agency

Department of Health and Human Services

### 2. Fiscal Year

2024

### 3b. GSA

Committee

No.

### 3. Committee or Subcommittee

Physician-Focused Payment Model

Technical Advisory Committee

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 Fiscal Year?

No

### 8b. Specific Termination Authority

### 8c. Actual Term Date

### 9. Agency

### Recommendation for Next Fiscal Year

Continue

### 10a. Legislation Req to Terminate?

Not Applicable

### 10b.

### Legislation Pending?

Not Applicable

### 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 Board

### 16a. Total Number of Reports

No Reports for this Fiscal Year

### 17a. Open

0

### 17b. Closed

0

### 17c. Partially Closed

0

### Other Activities

0

### 17d. Total

0

### Meetings and Dates

No Meetings

	Current FY	Next FY
<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>	\$0.00	\$0.00
<b>18a(4). Personnel Pmts to Non-Member Consultants</b>	\$0.00	\$0.00
<b>18b(1). Travel and Per Diem to Non-Federal Members</b>	\$0.00	\$0.00
<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>	\$0.00	\$0.00
<b>18c. Other(rents,user charges, graphics, printing, mail, etc.)</b>	\$0.00	\$0.00
<b>18d. Total</b>	\$0.00	\$0.00
<b>19. Federal Staff Support Years (FTE)</b>	0.00	0.00

**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 (PFPM) 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 FY23, the Committee delivered comments to the Secretary on 2 theme-based discussions based on common themes in prior

proposals. As proposals are submitted, the Committee 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. The membership of the Committee shall include individuals with national recognition for their expertise in physician-focused payment models and related delivery of care under the Medicare program. No more than five members of the Committee shall be providers of services or suppliers, or representatives of providers of services or suppliers. The Secretary, or designee, shall appoint two members to serve as Co-Chairpersons. A member of the Committee shall not be an employee of the Federal Government.

**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 or by the topics related to the submitted proposals. PTAC aims and is scheduled 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 PFPMs and related delivery of care, to review PFPM 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?**

Not Applicable/All meetings are open to the public.

**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 FY23. GSA Comment: The agency did not complete the FY23 ACR for this committee.

**Designated Federal Officer**

Lisa Shats DFO

Committee Members	Start	End	Occupation	Member Designation
Botsford, Lindsay	10/24/2022	10/23/2025	Market Medical Director	Ex Officio Member
Feldstein, Jay	07/28/2020	10/15/2023	President and CEO	Ex Officio Member
Hardin, Lauran	07/28/2020	10/15/2023	Senior Advisor	Ex Officio Member
Kosinski, Lawrence	10/18/2021	10/17/2024	Chief Medical Officer of SonarMD	Ex Officio Member
Liao, Joshua	07/28/2020	10/15/2023	Medical Director	Ex Officio Member
Lin, Walter	10/18/2021	10/17/2023	Chief Executive Officer Generation Clinical Partners	Ex Officio Member

Mills, Terry	10/19/2020	10/18/2023	CommunityCare Sr. Vice President and Chief Medical Officer	Ex Officio Member
Pulluru, Soujanya	10/18/2021	10/17/2024	Senior Director II, Clinical Transformation, Natl Health and Wellness Walmart Inc.	Ex Officio Member
Sinopoli, Angelo	10/18/2021	09/30/2024	Chief Clinical Officer, Prisma Health	Ex Officio Member
Walton, James	10/24/2022	10/23/2025	President & CEO	Ex Officio Member
Wiler, Jennifer	10/18/2021	09/30/2024	Executive Vice Chair and Professor, Department of Emergency Medicine, University of Colorado School of Medicine	Ex Officio Member

**Number of Committee Members Listed: 11**

### **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



Other



### Outcome Comments

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

Checked if Applies

None



Unable to Determine



Under \$100,000



\$100,000 - \$500,000



\$500,001 - \$1,000,000



\$1,000,001 - \$5,000,000



\$5,000,001 - \$10,000,000



Over \$10,000,000



Cost Savings Other



### Cost Savings Comments

Cost savings may depend upon how many PFPM proposals PTAC reviews, how many proposal related meetings they have, and how many public meetings they have in a fiscal year.

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

33

### Number of Recommendations Comments

In FY 23, PTAC delivered comments and recommendations to the secretary on 2 topics related to prior proposals: Optimizing Population-Based Total Cost of Care Models in the Context of APMs & PFPMs; Improving Care Delivery & Integrating Specialty Care in Population-based Models. In FY 22, PTAC delivered comments and recommendations to the secretary on 1 topic related to prior proposals: Social Determinants of Health & Equity. In FY 21, PTAC delivered comments and recommendations to the Secretary on 2 PFPM proposals and 2 topics related to prior proposals: Telehealth and Care Coordination. 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?**

21%

**% of Recommendations Fully Implemented Comments**

As of FY 23, PTAC has delivered comments and recommendations to the Secretary on 28 PFPM proposals and 3 topics related to prior PFPM proposals. PTAC did not recommend 6 proposals and determined the Secretary's criteria are not applicable to 2 proposals. PTAC recommended 3 proposals for attention, 8 for limited-scale testing, 3 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 28 of these proposals. 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?**

71%

**% 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 CMMI. In June 2023, Dr. Fowler thanked PTAC for providing useful insights about current challenges related to specialty integration, defining high-value specialty care, and appropriate performance measures for assessing specialty integration. She indicated that PTAC's current discussions about improving care transition management within PB-TCOC models will inform CMMI's approaches for improving management of care transitions across settings; determining financial incentives for improving transition management; addressing care transitions in model design; and measuring care transition quality. In December 2022, Liz Fowler mentioned working with PTAC on a common goal and that they are using PTAC's platform to reach out to physician groups to get input on very specific ideas (specialty strategy and incorporating equity into models). In 2019, 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 Cares Initiative in April 2019, the announcement materials acknowledged PTAC for its influence on the models' development, also recognizing the contributions of four proposal submitters. PTAC recommendations can also influence CMS policy beyond affecting new CMMI models. At the September 2021 public meeting, Deputy Secretary, Andrea Palm spoke on HHS' pursuit of health equity and improved health care delivery systems including thoughtfully designed Alternative Payment Models and payment policy. She stated that CMMI is committed to working with physicians and other health care leaders, patient groups, researchers, and other stakeholders, to drive meaningful change and make the health care system better for all people. CMMI Director, Liz Fowler, stated that the PTAC process allows for a unique opportunity to identify strategies and solutions to achieve value-based care in the health system. She hoped to keep PTAC public discussions going as advancing health equity takes off as a national priority, and continue to develop future payment and service delivery models.

**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	<input type="checkbox"/>
Reallocated resources	<input type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input type="checkbox"/>

**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	<input checked="" type="checkbox"/>
Online Agency Web Site	<input checked="" type="checkbox"/>
Online Committee Web Site	<input checked="" type="checkbox"/>
Online GSA FACA Web Site	<input checked="" type="checkbox"/>
Publications	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>

**Access Comments**