

March 28, 2017

Patrick Conway, M.D.  
Deputy Administrator for Innovation & Quality  
CMS Chief Medical Officer  
200 Independence Avenue S.W.  
Washington, D.C. 20201

RE: Center for Medicare and Medicaid Innovation Request for Information on Pediatric Alternative Payment Model Concepts

Dear Dr. Conway,

The American Society of Anesthesiologists (ASA) appreciates the opportunity to comment on CMS's request for information on pediatric alternative payment model opportunities. While we are supporters of CMS's healthcare redesign initiatives to move from volume to value through the establishment of alternative payment models, we, along with a cohort of other procedure-focused medical specialties, remain concerned with the lack of procedural-focused alternative payment options. These options are limited in spite of the fact that many of the early successes in the CMS bundled payment initiatives have been in procedural care.<sup>1</sup> Furthermore, we remain committed to the principle that payment models should not only establish reasonable, well-defined risk/reward parameters, but also incorporate proven strategies that enhance provider coordination and patient care. We offer the following comments that directly address these concerns.

The ASA has been organizing and working with other medical and surgical specialties to implement the Perioperative Surgical Home (PSH) care delivery model in dozens of healthcare organizations across America. The PSH is a system of coordinated patient care, which spans the entire experience from decision of the need for any invasive procedure—surgical, diagnostic, or therapeutic—to discharge from the acute-care facility and beyond. The PSH strives to achieve the triple aim of better patient experience, better healthcare, and reduced expenditures for all patients undergoing surgery and invasive procedures. The literature reporting the early experience with our PSH model shows very encouraging evidence of achieving these goals.

As part of our commitment to the PSH initiative, the ASA partners with Premier, Inc., a leading health care improvement company, to lead a national learning collaborative to develop, pilot and evaluate the PSH model. The second iteration of the collaborative has 57 diverse hospital and physician provider groups all contributing unique perspectives, with several focused on pediatric pilots.

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<sup>1</sup> Feedback on CMMI Bundled Payment Programs presented at PTAC Public meeting: March 13, 2017; Washington, DC. <https://aspe.hhs.gov/system/files/pdf/255736/PublicSessionSlides.pdf>

As these pilots have matured, several core strategies have proven successful. The recognition that children and adults require different needs is critical. Adults typically have pre-defined surgical case types, with the primary reason for readmission being complications related to the surgery. Children, on the other hand, are more likely to have readmissions related to co-morbidities from lifelong chronic conditions. Therefore, pre-operative coordination of care, with a focus on optimal scheduling of interventions so that co-morbidities can be addressed prior to surgery or procedural care, is vital to improving the care of pediatric patients. The PSH program promotes activities such as the utilization of care managers or navigators in preoperative clinics to manage the patient's entire experience as well as establishing set care pathways and protocols that enhance the communication between disparate providers.

In addition to pre-operative protocols, post-operative communication and instructions are important. Discharging pediatric patients is often more difficult than adults because readiness is often measured day-to-day, rather than with pre-set times, as is more common with adults. Furthermore, since children rely on adults for their care post-discharge, establishing comprehensive, clear discharge instructions for the caretaker that communicate clear expectations on successful care can be a helpful deterrent to unneeded readmissions.

As is the case with any effective system of care, there is no single approach that delivers value and improves the patient experience. However, the following core principles, as detailed above, are proven strategies that shift the focus of procedures from an acute episode to a continuum of care and should be considered by CMS:

- Implementation of pre-operative coordination of care techniques
- Optimization of a patient's co-morbidities prior to surgery
- Development of comprehensive, clear post-acute discharge instructions

If you have any questions regarding our comments or would like to further discuss the pediatric PSH concepts that we've showcased above, please contact [Roseanne Fischhoff](#), Economics and Practice Innovations Executive, at 847-268-9169.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey Plagenhoef, M.D." The signature is written in a cursive style with a large, sweeping initial "J" and a horizontal line extending across the bottom of the name.

Jeffrey Plagenhoef, M.D.  
President  
American Society of Anesthesiologists