American Society of Anesthesiologists®

1501 M Street, N.W., Suite 300 ▪ Washington, D.C. 20005 ▪ (202) 289-2222 ▪ F: (202) 371-0384 ▪ asahq.org

October 16, 2017

Administrator Seema Verma
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-5522-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: CMS-5524-P Medicare Program; Cancellation of Advancing Care Coordination Through Episode Payment and Cardiac Rehabilitation Incentive Payment Models; Changes to Comprehensive Care for Joint Replacement Payment Model (CMS-5524-P)

[Submitted via http://www.regulations.gov]

Dear Administrator Verma:

The American Society of Anesthesiologists® (ASA), on behalf of our over 52,000 members, appreciates the opportunity to comment on several of the issues in the above-captioned Proposed Rule. The ASA embraces the mission of the Innovation Center to foster healthcare transformation by finding new ways to pay for and deliver care and better health at reduced costs through improvement for all Americans. ASA has invested in the underlying goals of healthcare transformation through our investments in safety, quality and efficiency of care for the surgical patient and our development of the Perioperative Surgical Home (PSH). PSH is a patient-centered delivery system that aligns with the National Quality Strategy (NQS) to achieve the triple aim of improving health, improving the delivery of healthcare and reducing costs.

CMS proposes to cancel the three previously established Episode Payment Models (EPMs) and the Cardiac Rehabilitation Incentive payment model, to prospectively make participation voluntary for all hospitals in approximately half of the 67 geographic areas selected for participation in the Comprehensive Care for Joint Replacement (CJR) and for low-volume and rural hospitals in all of the geographic areas selected for participation in the CJR model which began on April 1, 2016. ASA appreciates the change from a mandatory to voluntary approach that will allow clinicians greater flexibility. ASA agrees that Medicare must move towards value-based payment to achieve fiscal sustainability as well as to continue to enhance the quality of care provided to Medicare beneficiaries.

Yet, in reality, the capacity of clinicians to successfully integrate into a risk-based payment system varies significantly as you look across the country and different specialties and practices. A mandatory approach to the implementation of these models will inevitably thrust some clinicians into payment models for which they are ill-prepared, potentially putting both the clinician's practice and beneficiary's access to care into a precarious position. ***It is our hope that this proposed rule is a signal that the agency is moving towards a thoughtful, deliberate and collaborative approach as it develops and advances its healthcare transformation priorities.***

Specifically, we are commenting on:

- The need for continued transparency in the development of models
- Support for the proposal to expand potential pool of qualified participants under CJR
- Request to CMS for increased focus on the development of models that capture the contributions of specialists across the spectrum of care

Need for Continued Transparency in the Development of Models

Many providers are currently engaged in voluntary initiatives with CMS. CMS indicated in this Proposed Rule that they expect to continue to offer opportunities for providers to participate in voluntary initiatives including episode-based payment models. One reason CMS proposed to cancel the previously identified payment models is because they are concerned that participating in large mandatory models may impede participation in voluntary models in the future. CMS indicated that if they implemented a voluntary model at a later date they would not do it through rule and comment process but would solicit applications.

ASA is pleased that CMS anticipates proposing alternative payment models (APMs) in the future. We would encourage CMS to include notice and comment for models even if these models are not done through the rulemaking process. We believe that a collaborative process between CMS, providers and other stakeholders will result in more robust and effective models.

We also very much appreciate that CMS released a Request for Information (RFI) through a separate docket to gather feedback from stakeholders on the future of the Innovation Center. Clarity in mission and the establishment of clear goals and priorities and ongoing dialogue and feedback with stakeholders will help support the successful transition to value-based care and the implementation of Advanced APM and other risk based models across specialties and sites of care that captures the complexity and diversity of the many different clinicians that contribute to the care of Medicare beneficiaries. ASA is in the process of developing comments to this RFI that we hope to submit shortly to the docket set up for that purpose.

Support for the Proposal to Expand Potential Pool of Qualified Participants (QPs) Under CJR

Under CJR, QP determination is made from those on the Affiliated Practitioner List. To be on this list you must have a contractual relationship with the APM entity. CMS is proposing to establish a Clinician Engagement List that would also be used to determine QP status. To be on *this* list you must have a contractual relationship with the participant hospital. It would thus expand the potential group of QPs under CJR to two pools—those with contractual relationships with the APM entity and those with contractual relationships with the participant hospital.

ASA supports this proposal and urges CMS to finalize it. The society believes that providers that have contractual relationships with the participant hospital, as many of our members do, may also contribute to increasing the quality and reducing the costs of the service. Expanding the pool of potential QPs through an existing Advanced APM is an efficient and reasonable means of expanding Advanced APM opportunities.

Request to CMS for Increased Focus on the Development of Models that Capture the Contributions of Specialists Across the Spectrum of Care

The ASA stands with the agency's stated goals of moving from volume to value and we advocate for the establishment of alternative payment models to expand participating options for clinicians across the spectrum of care. The Society, along with other procedure-focused medical specialties, remains concerned with the lack of alternative payment models which are applicable to procedure-focused medical specialties. As

the Quality Payment Program (QPP) approaches its second year of implementation, the need for expanding opportunities for procedure-based specialists to fully participate becomes even more critically important to ensure that the Program offers opportunities for payment reform to a wide range of physicians participating in the Medicare program. To address this comprehensively, ASA believes this issue must be addressed on two levels.

Firstly, greater efforts must be made to recognize the contributions that anesthesiologists can make to the success of broad-based population health oriented APMs. Actively managing and coordinating the care of patients undergoing surgical procedures is often overlooked, yet can yield substantial improvements in cost and quality, contributing to the success of population health management programs. Use of measures that capture these contributions and integration of care models such as PSH can help CMS and other payors better understand the impact of anesthesiologists and other specialists on the cost and quality of healthcare provided to Medicare beneficiaries.

On a parallel track we believe greater efforts and resources must be committed to the development of APMs that more directly capture the contributions of a wide range of specialists. Similar to the situation for many other specialties, currently there are few, if any, opportunities for physician anesthesiologists to participate in Advanced APMs. Nor do we see a significant change to this situation in the near future. The scarcity of Advanced APM opportunities means it is highly unlikely that any of our members, or many specialists in general, will be eligible to participate in models that may have the greatest impact on advancing the triple aim. In addition, few of our members will be eligible to be considered for the Advanced APM 5% bonus established by the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. Since the bonus expires in 2024 (2022 performance period), there is limited time for the development and implementation of these models. ASA is committed to working with CMS in a collaborative and constructive way to help the agency move forward in developing Advanced APMs and other payment models for physician anesthesiologists and other specialists. Our comments today are in the spirit of working with CMS to move forward to achieve our shared goals of a fiscally sustainable and high quality Medicare program.

We urge CMS to develop models that capture the contributions of specialists across the spectrum of care. We are eager to work with CMS and other stakeholders to turn these desirable goals into a reality. We remain committed to identifying and nurturing payment solutions to ensure a diversity of provider types have options under the Advanced APM track of the QPP. We look forward to working alongside CMS to achieve this aim.

If you have any questions regarding our comments please contact Roseanne Fischoff, Economics and Practice Innovations Executive, at 847-268-9169.

Sincerely,

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