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VIA ELECTRONIC SUBMISSION (CMMI_NewDirection@cms.hhs.gov)

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMMI Request for Information
P.O. Box 8016
Baltimore, Maryland 21244-8013

Re: Centers for Medicare & Medicaid Services (CMS): Innovation Center New Direction

Dear Administrator Verma:

On behalf of the American College of Osteopathic Family Physicians (ACOFP), we appreciate the opportunity to respond to the Centers for Medicare & Medicaid Services (CMS) Innovation Center (CMMI or the Innovation Center) Request for Information.

The ACOFP is the professional organization representing more than 20,000 practicing osteopathic family physicians, residents, and students throughout the United States who are deeply committed to advancing our nation's health care system by improving health care delivery and outcomes, and ensuring that patients receive high-quality care. Generally, we are supportive of CMS' guiding principles and efforts to emphasize focus on patient-centered, value-based care. Value-based care emphasizes wellness and prevention, which are at the core of our osteopathic philosophy and training.

Overall, as an organization with many osteopathic family medicine physicians in small and rural practices, we urge CMS to consider how best to include these physicians in Alternative Payment Models (APMs), reduce regulatory burdens, and test value-based payment models that improve quality and reduce costs. We offer several suggested guiding principles and comments on specific focus areas outlined, including increasing participation in Advanced APMs and physician specialty models.

Our full comments are detailed on the following pages. Thank you for the opportunity to share these with you. Should you need any additional information or if you have any questions, please feel free to contact Rodney Wiseman, DO, FACOFP, dist. ACOFP President or Deborah Sarason, ACOFP Manager of Practice Enhancement and Quality Reporting at advocacy@acofp.org.

Sincerely,

Rodney M. Wiseman DO, FACOFP, dist.

Rodney M. Wiseman, DO, FACOFP *dist.*
ACOFP President

1. Guiding Principles

ACOFP supports CMMI's efforts to establish fundamental guiding principles to be applied to new demonstrations. We believe that these principles will ensure consistency across models and assist participants in better understanding the scope, purpose, and goals of each model. We agree with the guiding principles the Innovation Center has outlined and specifically support: promoting choice and competition in the market; focusing on voluntary models and reducing burdensome requirements; ensuring patients are the center of the models; and small scale testing. In addition to these guiding principles, we also suggest CMS consider the additional principles described below.

Ensure Beneficiary Access to High Quality Care

ACOFP supports the transition to value-based care, but we urge CMS to ensure that any new models do not limit beneficiary access to needed care. Our overarching concern with any delivery system reform is that providers will be incentivized to reduce care provided that may have been otherwise clinically appropriate or necessary. Further, primary care has many benefits including improving patient outcomes and reducing downstream costs. We are concerned that certain model designs may circumvent or not sufficiently integrate wellness and prevention services, reducing the availability of high quality primary care.

Ensure Models Do Not Adversely Impact or Unnecessarily Exclude Solo, Small, and Rural Practices

Solo, small, and rural practitioners face unique challenges and barriers. These difficulties are recognized across CMS as evidenced by recent changes to the Merit-based Incentive Payment System (MIPS) that provide additional bonus points and protections for such practitioners. Further, these practitioners often treat underserved and vulnerable populations. In order to ensure solo, small, and rural practices continue to provide high quality care for these patients, ACOFP urges CMS to adopt a guiding principle that ensures potential models do not adversely impact these providers.

In addition, ACOFP is concerned that many of these providers are excluded from care redesign efforts as models have not been developed with these practices in mind. We believe this guiding principle is necessary to not only protect these providers and the patients they serve, but also to ensure they can meaningfully participate and contribute to the redesigning our health care system.

As part of this guiding principle, we also believe it is important that CMS consider Medicaid and dually eligible individuals in the design and development of all future models. Especially in rural settings, dual eligible individuals pose greater challenges, are often higher cost, and would benefit from additional focus on their health and social needs.

Ensure Stakeholders Provide Feedback and Can Effectively Participate in Models

As part of any new model or demonstration, we urge CMS to ensure stakeholders and potential participants have sufficient opportunity to provide comments on the design, development, implementation, and evaluation of those models. While we appreciate the guiding principles of transparent model design and evaluation, we suggest CMS broaden this principle to ensure that stakeholders have defined opportunities to provide feedback and input not just in the design phase, but also during development and implementation.

Further, ACOFP believes there should be consistent provision of necessary waivers from existing Medicare laws and regulations. Specifically, we urge CMS to consider laws that must be waived and

to provide such waivers consistently across models so that participants in different models do not face complex or varying legal requirements. Often regulatory barriers inhibit true innovation and care redesign that are needed to improve outcomes while reducing costs. This is especially evident among solo, small, and rural practitioners who could benefit from additional administrative support and alternative tools to provide high quality care.

ACOFP also believes any model should include interim evaluations, reports, and updates so that participants can monitor progress, identify issue areas, and make adjustments as needed. This ties in to providing beneficiaries with high quality care. At times, the lag in data delivery has negatively impacted practitioners' ability to adapt and improve care for their patients. It is critical that outcomes data be shared with practitioners in a timely manner.

2. Potential Models

As a general comment, we suggest CMS focus on proven system reforms that improve outcomes and reduce costs. There are many studies and reports that illustrate the cost-saving potential of certain health care services and delivery system reforms. We suggest CMS focus and rely on such data to guide principles and potential APMs. By testing prior studies, CMS can ascertain whether these efforts are applicable to the Medicare population and if they can and should be scaled more broadly. ACOFP welcomes the opportunity to collaborate with CMS on any such efforts that focus on the use of primary care services and potential cost savings associated with those efforts.

Expanded Opportunities for Participation in Advanced APMs

ACOFP supports CMS' efforts to increase the number of eligible clinicians who participate in Advanced APMs. Currently, there are limited opportunities for eligible clinicians to participate in Advanced APMs, especially for solo, small, and rural practitioners. Such practitioners are essentially precluded from participating in an Advanced APM. Further, the opportunities for primary care participation are limited, despite the expansion of the Comprehensive Primary Care Plus (CPC+) Model. We encourage CMS to ensure a wide variety of Advanced APM options are available to accommodate osteopathic family medicine and that account for the unique challenges facing solo, small, and rural practitioners.

To partially address this concern, we suggest reducing the reporting burden and requirements for MIPS eligible clinicians participating in APMs. Our members who participate in CPC+ and are part of an Accountable Care Organization, still have to report quality data through MIPS instead of through the Advanced APM. These providers must perform duplicative administrative work, which is an added burden that is a barrier to care delivery redesign. As described in more detail below, we urge CMS to consider the cost saving potential of primary care services and develop an Advanced APM that rewards the utilization of wellness and prevention services as these often reduce the need for more expensive specialty care.

Consumer-Directed Care & Market-Based Innovation Models

ACOFP strongly supports CMS efforts to better inform consumers about the cost and quality implications of different choices. Specifically, we support efforts to improve price and quality transparency. As noted throughout these comments, primary care services are essential to avoiding unnecessary, high-cost specialty services. Further, most of our members practice in independent physician offices, meaning beneficiaries have lower out-of-pocket costs and reduced cost-sharing compared to receiving services in hospital outpatient departments.

As part of this, ACOFP supports and appreciates CMS' recently finalized policy to reimburse nonexcepted hospital off-campus provider-based departments (HOPDs) at 40 percent of the Outpatient Prospective Payment System payment rate. We suggest CMS test a model that would increase the reimbursement to physician offices to match the payment in HOPDs, while keeping the beneficiary cost-sharing at the original amount. Any subsequent savings could be shared with beneficiaries who choose a less costly service or care setting assuming quality and other outcomes remain constant.

Physician Specialty Models

We support CMS' focus on engaging physicians in APMs, specifically independent physician practices. ACOFP believes CMS should explicitly include independent primary care practices in this consideration as well. The opportunity for independent practices to participate in an Advanced APM is limited. To ensure primary care physicians, especially solo, small, and rural practitioners who may not have the capacity to take on the added administrative burdens, have a sufficient opportunity to participate in Advanced APMs, we suggest waiving certain administratively burdensome requirements or providing additional incentive/bonus prepayments to assist these practices in becoming APM compliant (i.e., using Certified Electronic Health Record Technology).

When the original Meaningful Use program was implemented, it was clear that solo and small practices, especially those in rural areas faced significant challenges to meet the requirements (e.g., lack of access to broadband internet, insufficient skilled IT workforce, and insufficient financial capital to implement electronic health record systems). Further, individual Rural Health Center providers were not eligible for the Meaningful Use incentive payment. Now that this is a required component of reporting, CMS should provide the incentive payments that were not originally available for these rural providers.

Another option would be to integrate primary care utilization as a performance metric among certain physician specialty models. When managing beneficiaries with complex or chronic medical conditions, we disagree that specialty physicians are the best-suited practitioners. Rather, ACOFP believes primary care and family medicine physicians should be integrated at a higher rate to treat these beneficiaries and avoid or reduce the need for specialty care.

Mental and Behavioral Health Models

ACOFP supports CMS' focus on developing models that treat behavioral health, including opioid abuse and substance use disorders and dementia. Primary care providers are uniquely situated to manage and treat beneficiaries suffering from these conditions. However, the current payment system does not sufficiently reimburse or incentivize the delivery of these services. We suggest a payment model that would incentivize the provision of mental and behavioral health services in the primary care setting. Any payment model should measure and reward high quality patient outcomes and cost savings as key metrics. Further, we believe it is critical to integrate primary care physicians in any contemplated model to ensure that the providers positioned to manage chronic conditions lead overall care delivery.

Program Integrity

ACOFP agrees with CMS that program integrity, specifically reducing fraud, waste, and abuse are critical to any models or demonstrations. We believe and suggest CMS layer program integrity on top

of all models tested. However, we urge CMS to ensure that program integrity efforts be implemented in a way that does not interfere with the doctor-patient relationship or add unnecessary administrative burdens to practices. The flexibilities afforded by delivery system reform can result in significant savings and the potential for gainsharing. We believe these arrangements must be closely monitored to ensure beneficiaries are not harmed by participating in a model and to ensure that the integrity of the Medicare program is sustained.