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Via Email
Seema Verma
Administrator - Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS Request for Information: Innovation Center New Direction

Dear Administrator Verma:

The American College of Cardiology (ACC) appreciates the opportunity to provide input on the CMS Request for Information: Innovation Center New Direction.

The ACC is the professional home for the entire cardiovascular care team. The mission of the College and its more than 52,000 members is to transform cardiovascular care and to improve heart health. The ACC leads in the formation of health policy, standards and guidelines. The College operates national registries to measure and improve care, offers cardiovascular accreditation to hospitals and institutions, provides professional medical education, disseminates cardiovascular research and bestows credentials upon cardiovascular specialists who meet stringent qualifications.

General Comments:

The College believes that alternative payment models have significant potential to enhance patient care and shares the CMS goals of improving quality of care while lowering the costs for Medicare and Medicaid. ACC appreciates prior CMS initiatives to create pathways to reward specialists for delivering quality care through value-based payment models. **Considering the proposed rule (CMS-5524-P) that would cancel the episode payment models and cardiac rehabilitation incentive payment models, ACC is specifically requesting that CMS be transparent and seek input and guidance of specialty societies in the design of future models prior to soliciting applications and securing participant agreements**. CMS should be cognizant that providers invest significant infrastructure and human capital resources in preparation for participation in APMs.

In the cancellation proposed rule CMS noted that providers interested in participating in Advanced APM's may have that opportunity to engage during calendar year 2018 via the new voluntary bundled payment model(s) (also referred to as BPCI Advanced). CMS should remain mindful of the potential for bias selection for voluntary models and ensure safeguards are incorporated into the model design to account for this. ACC supports additional incentives for participation in CMMI models and the reduction of barriers to participation as a way of increasing model sample sizes and achieving strong movement towards alternative payment models. Timeliness in releasing the model (s) is particularly important to give providers adequate time to prepare and transition into a BPCI Advanced arrangement for calendar year 2018. Similar to the current BPCI initiative, which included several cardiovascular conditions, ACC is supportive of a cardiovascular model that includes episodes of care beyond AMI and CABG.

In this letter, ACC is offering comments related to physician specialty models, increasing Advanced APM participation, patient-centered care, state and local models, small scale models, and Medicare Advantage models.

Physicians Specialty Models

ACC strongly supports the concept of physician specialty models. These types of models are an opportunity to address the needs of patients with complex medical conditions through value-based payment arrangements that increase quality of care while reducing cost. **At present, there are no opportunities for participation in A-APMs that focus on care provided by cardiologists and few opportunities for participation in CMMI APMs that do not qualify as A-APMs. ACC strongly requests that CMS increase the number of physician specialty models that qualify as A-APMs under the MACRA statute.**

To the degree possible, CMS should work with specialty societies to develop these models. For instance, physician specialty models should focus on high-impact measures that the applicable specialty society helps determine. ACC's National Cardiovascular Disease Registry (NCDR) captures measure data used for quality performance reporting. **The College strongly advocates for the use of the NCDR registries to support measurement efforts for the future models being proposed.**

ACC supports physician specialty models that are centered around an episode of care as in the BPCI model. **The College believes it is important that these models are centered around large homogeneous groups of patients and are triggered by a procedure or clearly defined acute event.**

ACC also supports physician specialty models with a specialist physician serving as the primary source of care for a population with complex or chronic conditions. In developing these models, CMS should be cognizant that it may be difficult for a specialist physician to address patient comorbidities that are not related to the patient's primary medical condition. CMS could develop chronic care models where specialist physicians receive a chronic care management fee without serving as the primary source of care. For instance, this type of model would work well for patients with complex congenital heart disease.

Increased Advanced Alternative Payment Model (A-APM) Participation

ACC supports the reduction of barriers to participation in A-APMs for clinicians. The College believes that reducing those barriers will incentivize clinician participation and increase quality of care while reducing costs. For example, ACC supports the Core Quality Measure Collaborative (CQMC), which is intended to coalesce on a set of quality measures that all payers use. CQMC makes up the Cardiovascular Specialty Measure Set in MIPS. ACC continues to believe that harmonization of quality measures across payers is important to for reducing clinician burden.

Additionally, ACC requests that CMS work with Congress to reduce the payment and patient thresholds for Qualified Provider determination per the MACRA statute. ACC believes that as those thresholds increase they will become increasingly difficult for clinicians to achieve.

Patient-Centered Care:

ACC strongly supports efforts to develop CMMI models that incentivize the delivery of patient-centered care. To achieve that goal, ACC recommends that CMMI model designs include flexibility in providing beneficiaries incentives for completing care services. ACC envisions that flexibility to include incentives, such as providers being able to cover the costs of patients making and attending care appointments. Additionally, ACC strongly supports incentivizing patient-centered care through flexibility in cost-sharing for high value care services, such as cardiac rehabilitation. Medicare does not pay physicians for many services that would benefit patients and help reduce avoidable spending, such as: responding to patient phone calls about new symptoms or problems; communicating with other physicians about patients' diagnosis, treatment planning, and care coordination; and proactive outreach to high-risk patients to ensure they get preventive services.

Flexibility in cost-sharing could be applied to cardiac rehabilitation and intensive cardiac rehabilitation services that in the recent cancellation proposed rule (CMS-5524-P) CMS noted there was "strong evidence base and other positive stakeholder feedback." ACC provided extensive comments in the September 30, 2016 letter on the proposed cardiac rehabilitation incentive payment initiative (CMS–5519–P) and requests that CMS carefully consider these for future planning purposes. Specific comments focused on site-specific vs. condition-specific physician supervision waiver, opportunities to use the incentive payment to support beneficiary engagement incentives to promote a heart healthy lifestyle and lower patient co-payments for services and considering sharing of incentive payments between appropriate institutions. While CMS noted that reassessment of the stakeholder feedback for a potential voluntary initiative may be considered in the future, there is no mention of this model in the New Direction RFI.

Finally, ACC requests that CMS work with the College **to improve patient care coordination using available resources including ACC quality programs and our well-established registries which have great potential to improve the quality of patient care while potentially lowering costs for patients**. In ACC's April 18, 2017 comment letter (CMS-5519-IFC), the College highlighted two programs: Patient Navigator and Surviving AMI (SAMI). ACC welcomes the opportunity to educate CMS on the value these resources might provide.

State-based and Local Innovation

ACC strongly supports the role of the Physician-Focused Payment Model Technical Advisory Committee and believes its scope should be expanded to include APMs involving Medicaid and CHIP. The College recognizes that CMS believes that the MACRA statute precludes PTAC from considering those types of models. We request that CMS work with Congress to expand the mandate of PTAC.

ACC strongly supports harmonization of measure reporting across different payers and the work of the Core Quality Measure Collaborative. CMS should incentivize states to simplify reporting and focus on high-priority measures with input from specialty societies.

Small Scale Testing

ACC encourages CMMI to develop model designs that include robust sample sizes and evaluations. Through this, ACC seeks to ensure that both CMS and provider resources are being invested in models with strong potential for improving the quality of care patients receive and lowering costs.

Medicare Advantage Innovation Models

ACC supports models that provide flexibility in cost-sharing for high value services as in the Value-Based Insurance Design model. Again, cardiac rehabilitation and intensive cardiac rehabilitation are strong examples of high value services that could be incentivized through flexibility in cost-sharing and reducing other barriers. The College does caution CMS to account for differences in opinion between providers and health plans on what constitutes a high value service.

Conclusion:

ACC is committed to working with CMS and providers to enable success in the value-based payment environment. The College looks forward to ongoing discussion and collaboration with CMS in creating opportunities for cardiologists and the cardiovascular team to participate in Advanced APM's and other value-based payment initiatives.

If you have any questions or would like additional information regarding any recommendations, please contact Bryant Conkling, Associate Director, Payment Reform, at (202) 375-6399 or bconkling@acc.org.

Sincerely,

Mary Norine Walsh, MD, FACC
President