



May 18, 2017

Physician-Focused Payment Model Technical Advisory Committee (PTAC)
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C., 20201

Dear PTAC Members:

On behalf of the American College of Physicians (ACP), I would like to express our sincere appreciation for the efforts of the American Academy of Family Physicians (AAFP) to propose a framework for an Advanced Alternative Payment Model (APM). The College is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 148,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The Advanced Primary Care-Alternative Payment Model (APC-APM) supports the principle that patient-centered primary care is comprehensive, continuous, coordinated, connected, and accessible from the patient's first contact with the health system. This model is also based on the concepts of the Comprehensive Primary Care Plus (CPC+) model, as well as the Joint Principles of the Patient-Centered Medical Home (PCMH), both of which the College strongly supports. The PCMH is an innovative, team-based approach to providing health care services that establishes and builds trusting relationships between patients and their primary care physicians. A growing body of evidence documents the many benefits of PCMHs, including improved quality, patient experience, continuity of care, prevention, and disease management.

Consistent with the Joint Principles, the College has long been supportive of a per-member per-month (PMPM) payment that covers the non-face-to-face services that are essential to coordinating care within a PCMH. The population-based payment included in the APC-APM is a key element that fills this role by providing participants in the model with a prospective, risk-adjusted payment for each attributed patient. These payments should be reflective the work value of physician and non-physician staff and administrative care coordination activities that are provided outside of face-to-face visits as well as the practice overhead costs of providing these enhanced services that are not currently paid under fee-for-service.

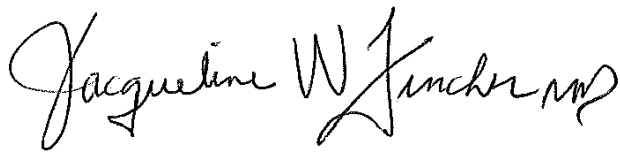
ACP is very interested in the ongoing testing of PCMH models and shares the goal of ensuring the primary care clinicians nationwide have access to models like the APC-APM to help facilitate practice

transformation and enhanced patient care. The College looks forward to the PTAC's discussion of the APC-APM, as proposed by AAFP, and we welcome the opportunity to work with the Academy, the PTAC, and others to potentially refine and improve upon this model.

ACP also looks forward to having the opportunity to work with other medical specialty societies and other key stakeholders to facilitate the testing and implementation of additional innovative delivery-system and payment models that promote quality and value, as well as to expand the CMS advanced APM portfolio to clinicians who currently have limited opportunities to participate.

Thank you for the opportunity to comment—and we hope to be able to continue participating in the discussions regarding the APC-APM and other proposed models throughout the PTAC's consideration process. If you have any questions, please contact Brian Outland, Director, Regulatory Affairs at boutland@acponline.org.

Sincerely,

A handwritten signature in black ink that reads "Jacqueline W. Fincher MD". The signature is written in a cursive, flowing style.

Jacqueline W. Fincher, MD, MACP
Chair, Medical Practice and Quality Committee
American College of Physicians