PIPC Partnership to Improve Patient Care

June 15, 2017

Mr. Sam Nussbaum
Chair, LAN APM Framework Refresh Advisory Group
Health Care Payment and Learning Action Network

Dear Mr. Nussbaum:

I am writing to provide comments on behalf of the Partnership to Improve Patient Care (PIPC) related to the second draft of the Health Care Payment and Learning Action Network's (LAN) Alternative Payment Model framework. In reviewing the draft with PIPC's Executive Director, Sara van Geertruyden, who also serves on the LAN's Consumer and Patient Affinity Group (CPAG), we appreciate that so many of our suggested edits were considered and incorporated.

First and foremost, we applaud that the new draft does not rely on cost effectiveness reports as a pillar for defining patient-centeredness in APMs. Since its founding, PIPC has been at the forefront of applying principles of patient-centeredness in comparative effectiveness research (CER). Central to our mission is ensuring that the patient voice is heard in judgments about care value – whether in the context of comparative effectiveness research or emerging "value-based" payment incentives. From this experience, PIPC continues to work to bring the voices of patients, people with disabilities, and their families to the discussion of how to advance patient-centered principles throughout an evolving health care system. We understand the challenge of assessing value in health care in a manner that is centered on the characteristics, needs and preferences of the individual patient versus defining value based on what is cost effective for an "average" patient.

Last year, we conducted a survey with Morning Consult showing that of nearly 2,000 registered voters polled, 8 in 10 say that doctors and patients should be able to decide the best course of treatment without government interference and that Medicare reforms should move toward patient-centered health care by giving physicians and patients the support they need to choose the best care for them. Consistent with the poll's findings, PIPC is strongly opposed to putting the federal government in the position of deciding value on behalf of patients, which would create substantial new barriers to patient access, and undermine the movement toward patient-centered healthcare. Indeed, the survey finds that 7 in 10 voters oppose allowing CMS to determine what is valuable for patients based on an average.

In addition to strongly supporting the revisions you have made to move beyond damaging cost-effectiveness thresholds, we appreciate your recognition of the importance of considering the risk of unintended consequences in APM design. As recognized by many leading analysts, these risks are heightened in APMs that are based on global or bundled payments. Thus, we would stress the importance of ensuring that these APMs include a) robust measurement of clinical and patient-focused outcomes (such as patient-reported outcomes); b) actively tracking "leading indicators" of potential unintended consequences such as patient complaints or reduced patient

access; and c) ensuring that these types of APMs include elements to empower patients to make informed choices from the range of diagnostic and treatment options.

APM frameworks should also promote the development and implementation of payment models that are consistent with our nation's commitment to personalized medicine and the Precision Medicine Initiative. Patients want to engage with payers and health systems to better incorporate patient-reported outcomes and patient preferences, targeted pathways for treating diseases, and shared decision-making and decision aids based on the best available evidence into their measures of success for APMs. In the end, providers subject to the payment model's reimbursement system are treating individual patients that make up a population, and improving population health means improving the health of each individual. We share your goal of moving away from volume of treatment toward value. We encourage you to provide increased emphasis on the issues described above in order to promote patient-centered solutions, and ensure that next-generation payment models align with next-generation treatments such as those that are emerging through the Precision Medicine Initiative.

Lastly, our comments here are brief because of the short time frame and deadline, and therefore do not reflect a full and robust process for review and recommendations. To be a truly patient-centered effort, it is imperative that the LAN recognize the need for realistic timeframes for comments, particularly from patients, and the need to reach out even beyond its affinity groups and committees to educate a broader scope of patients and providers about this work and its implications for patient care. Additionally, we are concerned that the lack of transparency related to the LAN's operations has led to its isolation from many patient and provider communities that must have a seat at the table if its recommendations are to implemented effectively. While PIPC is pleased to be involved, even we find these timeframes difficult to meet, and certainly the LAN is missing valuable input from others that are less directly involved than us. As the LAN moves into its implementation phase, it is imperative to correct these shortcomings of its process for its recommendations to have the support of the patients and people with disabilities that are served by health systems.

Thank you for your consideration of our comments. We are pleased to have the opportunity to engage in this work, and especially to know that our feedback is now being considered by your committee. We look forward to helping the LAN improve its processes and thereby achieve broader input and credibility as its work evolves.

Sincerely,

Tony Coelho
Chairman, Partnership to Improve Patient Care