December 20, 2018

Ms. Seema Verma, Administrator
Mr. Adam Boehler, Deputy Administrator for Innovation Policy, and Director, Center for Medicare and Medicaid Innovation
Ms. Amy Bassano, Deputy Director, Center for Medicare and Medicaid Innovation
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Development and Implementation of a Serious Illness Alternative Payment Model

Dear Administrator Verma, Director Boehler, and Deputy Director Bassano:

The undersigned organizations are writing to express our ongoing excitement and support for the Center for Medicare and Medicaid Innovation (Innovation Center) within the Centers for Medicare and Medicaid Services (CMS) to implement a serious illness payment model that will increase access to palliative care services for patients with serious illness, as well as to convey our continued interest in working with CMS to inform model refinement and to mobilize the field for model implementation.

We have been heartened by repeated statements from CMS leadership that a model will likely be forthcoming, including recent remarks by Deputy Director Bassano at the annual summit of the Coalition to Transform Advanced Care in Denver. We have also appreciated the ongoing willingness of Innovation Center leadership and staff to engage with stakeholders across the palliative and advanced illness care community, including through meetings and speaking engagements. At the same time, we understand that CMS is continuing to work on model development and must balance numerous considerations to promote successful testing of a model that can ultimately achieve the cost and quality outcomes necessary for an Innovation Center model to be expanded.

As CMS weighs design considerations for a serious illness payment model, we note that two of the leaders in model development, the American Academy of Hospice and Palliative Medicine (AAHPM) and the Coalition to Transform Advanced Care (C-TAC), have developed joint recommendations that they believe should guide the model design process. We hope that the Innovation Center will consider these recommendations, as outlined below, to ensure that any serious illness alternative payment model (APM) increases access to high-quality palliative care services, while balancing population health and value-based care goals with the imperative to respond to patients' unique needs and wishes.

Key AAHPM-C-TAC Joint Recommendations for Serious Illness APM Development

Eligible APM Entities

- A serious illness APM should encourage participation by a broad range of qualified entities capable of providing high-quality, person- and family-centered care that aligns with the goals of the model. The model should allow for participation by entities of varying size, across markets and geographies, and at various levels of risk-readiness, including palliative, hospice and advanced illness care teams. Ensuring participation by many different groups will increase access to care and provide the capacity and flexibility necessary to respond to local needs in a targeted and timely fashion.

Eligible Beneficiary Population

- A serious illness APM should identify eligible patients based on defined clinical criteria, rather than prognosis. Accurately forecasting illness course and life expectancy is complex and challenging. By contrast, basing APM eligibility on diagnoses, functional status, and utilization aligns with CMS' goal to deliver the right care to the right person at the right time.

Care Model Components

- Core elements of the serious illness APM care model should include:
    - Interdisciplinary team-based care across settings that addresses the physical, emotional, social, spiritual, and cultural needs and preferences of patients
    - Comprehensive assessment, patient and caregiver education, and care management
    - Systematic advance care planning
    - Patient and caregiver engagement throughout the course of serious illness
    - 24/7 access to care

Payment Model

- A serious illness APM should incentivize high-quality, person- and family-centered care across diverse settings, maintaining flexibility to encourage innovative development of team-based infrastructure.
- Payment should be sufficient to cover the cost of delivering care in diverse communities, including rural and underserved urban communities, without increasing net costs to the Medicare program. Payment benchmarks should also be accurately risk-adjusted, to avoid exaggerated losses or gains to participating entities.

Quality Measurement and Accountability

- A serious illness APM accountability framework should include quality measures that capture what matters most to patients and families, and that also track relevant utilization and process metrics.
- Quality measurement and accountability should align with the state of the field.

While we understand that the Innovation Center will use its discretion and expertise to develop an APM based on a number of characteristics and constraints, we believe that the above recommendations should guide work to refine the model.

Additionally, we are committed to continue working together with CMS to address the questions that HHS Secretary Azar raised in his June 13, 2018 response to the Physician-Focused Payment Model Technical Advisory Committee (PTAC) about important model elements, including patient eligibility criteria, quality measurement, payment methodology, and care coordination. AAHPM, C-TAC and other leading stakeholder organizations focused on these key areas during engagement with the Innovation Center earlier this year. Bringing these vital design elements into alignment with an overall focus on enhanced services and patient-centered care will ensure the model best serves those with serious illness and their families and caregivers.

Finally, we note that the broader field of serious illness care providers is excited and energized about participating in this innovation to an unprecedented degree. This community of stakeholders has long recognized and promoted the value of high-quality palliative care services in enabling seriously ill patients to receive care consistent with their needs and preferences, and improving patient and caregiver satisfaction and quality of life.[1] A serious illness payment model could provide a vehicle for broadly delivering such care to our sickest and most vulnerable patients. However, we caution that the model parameters should provide sufficient flexibility and support to enable successful and sustainable participation of a diverse array of palliative care teams serving communities of all types and sizes, as reflected in the recommendations above. We would be pleased to engage with CMS on the question of how to achieve this important goal.

CMS is poised to lead the next wave of innovation in serious illness care with the announcement of a new model targeting this patient population. We appreciate your dedication to improving care for seriously ill individuals, as well as their families and caregivers, and we look forward to continuing collaboration throughout model development and implementation.

Please direct questions or requests for additional information to Jacqueline M. Kocinski, MPP, AAHPM Director of Health Policy and Government Relations, at jkocinski@aahpm.org and Andrew MacPherson, C-TAC Senior Policy Advisor, at amacpherson@thectac.org.

Sincerely,

American Academy of Hospice and Palliative Medicine
Coalition to Transform Advanced Care
Academy of Integrative Pain Management
Alzheimer's Association
Alzheimer's Impact Movement
AMDA – The Society for Post-Acute and Long-Term Care Medicine

[1] National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, 4th edition, https://www.nationalcoalitionhpc.org/ncp/

American Academy of Home Care Medicine
Aspire Health
Association of Oncology Social Work
Association of Professional Chaplains
Center to Advance Palliative Care
Coalition for Compassionate Care of California
Compassus
ElevatingHOME & Visiting Nurse Associations of America (VNAA)
Genesis Physician Services
HealthCare Chaplaincy Network
Hospice and Palliative Nurses Association
National Association for Home Care & Hospice
National Coalition for Hospice and Palliative Care
National Hospice and Palliative Care Organization
National Palliative Care Research Center
National Partnership for Hospice Innovation (NPHI)
National Patient Advocate Foundation
National POLST Paradigm
Oncology Nursing Society
Physician Assistants in Hospice and Palliative Medicine
ResolutionCare Network
Sharp HealthCare
Social Work Hospice & Palliative Care Network
Society of Pain and Palliative Care Pharmacists
Supportive Care Coalition
Sutter Health
U.S. Medical Management