



## Support AAHPM's Proposed APM for Palliative Care *Submit Comments by Sept. 29*

Thank you for reviewing AAHPM's proposal for an alternative payment model (APM) for palliative care. We are hopeful that Academy's open and inclusive APM development process will yield a diverse and impactful demonstration of support.

### PACSSI Review

AAHPM's *Patient and Caregiver Support for Serious Illness (PACSSI)* model is now under review by the Physician-Focused Payment Model Technical Advisory Committee (PTAC), the body established under the Medicare Access and CHIP Reauthorization Act (MACRA) to consider proposed models and make recommendations to the Secretary of Health & Human Services for testing and implementation of APMs. (See Appendix 1 for list of AAHPM's APM Task Force members and information on how PACSSI was developed.)

### Deadline to Submit Comments

The PACSSI model is posted on the PTAC website for public review. **Comments will be accepted through September 29, 2017.**

*\*Note: Any comments submitted will be posted on the PTAC website and become part of the public record.*

### How to Submit Comments

To submit comments electronically (include comments in the body of the e-mail or attach a letter on your organization's letterhead):

**Send an e-mail with the subject line "Public Comment - Patient and Caregiver Support for Serious Illness (PACSSI)" to [PTAC@hhs.gov](mailto:PTAC@hhs.gov)**

Comments will also be accepted by mail. Address letters to:

*Physician-Focused Payment Model Technical Advisory Committee  
c/o Angela Tejada  
U.S. DHHS Asst. Secretary for Planning and Evaluation Office of Health Policy  
200 Independence Avenue S.W.  
Washington, D.C. 20201*

### Suggested Talking Points

Individuals and provider organizations are urged to send comments in support of the PACSSI model. Comments can attest to the need for a payment model supporting palliative care delivery (share your personal experience) and convey support for key components of AAHPM's proposed APM. Comments that express a willingness (non-binding) to participate in PACSSI, should it be recommended for testing by the PTAC and implemented by the Centers for Medicare & Medicaid Services (CMS), will carry particular weight.

On the following page, you will find points about the PACSSI model you may wish highlight in your remarks. **Be sure to paraphrase any talking points you choose to include in your comments.** We want to avoid the appearance of form letters being sent to the Committee.

- Many patients with serious illness and their caregivers are not well served in the current fee-for-service payment system, which does not adequately reimburse community-based, interdisciplinary palliative care services. Numerous studies have shown community based palliative care improves quality of life and control costs.
- AAHPM's *Patient and Caregiver Support for Serious Illness (PACSSI)* payment model closes key reimbursement gaps to help Medicare beneficiaries with serious illness get the right care, in the right place, at the right time.
- Under the PACSSI model, palliative care programs can use the resources deemed necessary to provide the most appropriate care to the patients, such as nurses, case managers, and telehealth.
- The PACSSI model encourages the appropriate use of hospice care with a focus to increase those in hospice care greater than 7 days.
- The flexible, two-track structure of the PACSSI model will allow participation by palliative care teams of many sizes and types that serve Medicare beneficiaries in many different markets and geographies. This will allow a PACSSI demonstration to gather important data and experience from diverse settings, and—more importantly—provide valuable services to largest number of patients and caregivers possible.
- The quality metrics in the PACSSI proposal reflect an emerging framework for quality performance in community-based palliative care. The combination of patient-reported outcomes, process, and utilization measures map closely to the priorities of our organization, and the phased-in approach to pay-for performance will allow critical time and resources for palliative care teams to strengthen necessary clinical and reporting infrastructure.
- The payment incentives in PACSSI are well-structured to drive improvements in both quality and cost performance. I/we appreciate the option for smaller or less risk-ready practices to participate and grow in Track 1, where PACSSI payments are adjusted based on quality and spending measures. I/we also believe that Track 2 will provide larger, more risk-experienced programs the opportunity to drive greater shared savings while also being accountable for quality.
- I/my organization would look forward to participating in PACSSI, should it be recommended for testing by PTAC and implemented by CMS.

Questions? E-mail [advocacy@aahpm.org](mailto:advocacy@aahpm.org)

**Reminder: PTAC must receive letters of support by Friday, September 29.**