

November 8, 2017

The Honorable Greg Walden, Chairman
The Honorable Frank Pallone, Ranking Member
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington D.C. 20515

Dear Chairman Walden and Ranking Member Pallone,

On behalf of the more than 52,000 members of the American Society of Anesthesiologists (ASA), I am writing to thank the House Energy and Commerce Committee for scheduling the November 8, 2017 hearing, "MACRA and Alternative Payment Models: Developing Options for Value-based Care."

ASA has invested heavily in initiatives aimed at improving the safety, quality and efficiency of care for the surgical patient. We have developed a clinical registry, operated by the Anesthesia Quality Institute (AQI), that contains detailed files on millions of anesthetic administrations by thousands of physician anesthesiologists in hundreds of care settings. These data have led to dozens of published reviews to inform the safe practice of anesthesia.

We have sponsored the Perioperative Surgical Home (PSH) Collaboratives in almost 60 large and small health care institutions. PSH is a patient-centered delivery system that aligns with the National Quality Strategy (NQS) to achieve the triple aim of improving health, improving the delivery of healthcare and reducing costs. These goals are met through shared decision-making and seamless continuity of care for the surgical patient, from the moment surgery is made, all the way through recovery, discharge and beyond. In these collaboratives, care redesign exercises have improved outcomes and reduced cost. We are about to launch an expanded series of demonstrations for physician anesthesiologists to further develop the key concepts of care coordination for the surgical patient and maximize the benefits to be derived from these opportunities. Physician anesthesiologists represent the common pathway for nearly all surgical and procedural care patients and can contribute to improved quality and more cost-effective care.

In these efforts and others, ASA has embraced the underlying goals of MACRA.

The Role of the Physician Anesthesiologists and Alternative Payment Models

Our submitted comments today address the role of the physician anesthesiologist as part of the larger community of clinicians, patients, and other stakeholder in the transition of the Medicare system from volume-based to a value-based system through the development of alternative payment models. We believe physician anesthesiologists can play a vital and critical role in this transition. Our comments address three issues:

- Pathways for the Perioperative Surgical Home in the Development and Implementation of APMs
- Role of the Physician Anesthesiologist in Addressing Substance Abuse in an APM Environment
- Recognizing and Integrating Specialists within the APM Environment

Pathways for the Perioperative Surgical Home (PSH) in the Development and Implementation of APMs

As part of our shared vision with CMS of shifting healthcare delivery from volume to value, and as mentioned in the introduction to this letter, ASA has been organizing and partnering with other medical specialties to implement the PSH care delivery model in healthcare organizations across this country. The PSH is a patient-centered, physician-led, interdisciplinary and team-based system of coordinated patient care, which spans the entire experience from decision of the need for any invasive procedure—surgical, diagnostic, or therapeutic—to discharge from the acute-care facility and beyond. The PSH strives to achieve the triple aim of better patient experience, better healthcare, and reduced expenditures for all patients undergoing surgery and invasive procedures.

ASA has been assessing the PSH's core strengths within this new Advanced APM landscape. Since the PSH is a multi-disciplinary approach to patient care, it has several unique qualities that position it well to have a varied and robust impact on physicians who will be reporting under both the MIPS and the Advanced APM pathways. Several of these strengths are listed below:

- Team-based and physician-focused: Physicians across the care spectrum can participate.
- Proven track record of cost and care: Data collected from organizations participating in the PSH Collaborative have shown consistent improvement in both patient care and cost reduction.
- Flexibility with current payment initiatives: The PSH payor-agnostic framework aligns well with several of the existing and emerging value-based payment models under CMS and private payor payment initiatives.
- Flexibility for practitioners: As an integrated care delivery model, the breadth and depth of clinical settings and patient subgroups can be considered through a tailored approach to care.

PSH was developed initially as a care model, but ASA believes that it can fit under and help enhance existing payment models or promote new payment models. We request that Congress encourage CMS to consider three pathways for the integration of PSH within their efforts towards value-based care and the development of Advanced APMs.

Care Model

PSH integrated into any system or model

- Provides a systematic approach that embeds measurable quality metrics and enhances patient care.

Plug & Play

PSH embedded into an existing Advanced APM

- Provides a care pathway for existing MIPS APMs and Advanced APMs.
- Allows greater participation in Advanced APMs by specialists that currently do not participate.
- Recognizes the impact of acute care episodes on population health improvement.

Independent APM

Integrate the PSH care model with a financial risk model

- This model will be designed to meet all three of the criteria for an Advanced APM (financial risk, quality and HIT).
- Expands opportunities for APMs that are physician-led and covers various sites of service including inpatient, outpatient and ambulatory surgical centers.

Role of the Physician Anesthesiologist in Addressing Substance Abuse in an APM Environment

Numerous recent reports have found that current opioid epidemic is the deadliest drug crisis in American history. Last month President Trump declared the opioid crisis a public health emergency. Combating this epidemic will require a multi-pronged strategy – a critical element of this fight will be the design of a system that promotes the appropriate prescribing of opioids to patients by addressing inappropriate financial incentives for providers and implementing evidence-based practice standards that reduce opioid use and deter the inappropriate prescriptions of opioids. The significant extent of this crisis compels us to enact such strategies as part of the implementation for all payment models where opioid prescriptions are relevant.

Anesthesiologists, as general anesthesiologists and as pain specialists, along with many other physician specialties have been working diligently to address issues of over-prescribing of opioids. ASA has been leading efforts to support their physician members and the patients they service in this area. We ask Congress to urge CMS to consider the strategies described below in payment model development, taking into account the important role of anesthesiologists.

- Taking a unique approach to tackling this epidemic, ASA is partnering with Premier Inc., and its network of hospitals, on a **national opioid safety pilot** to reduce patient harm from opioid misuse, dependence and addiction. The six-month pilot, which began in September, is geared at addressing opioid misuse and abuse, through implementation of evidence-based practices and education provided by ASA physician members, aimed at improving pain management and reducing opioid prescriptions after surgery. We believe this is one way to reduce the number of medications in America's households and prevent them from getting into the wrong hands, a large contributing factor to this epidemic.
- ASA released a statement for long-term opioid use in chronic, non-cancer pain conditions which provides a guide to management of opioid use for chronic non-cancer pain. This document provides a comprehensive set of considerations including patient evaluation, communication, use of quality metrics, consideration of multimodal treatment options, assessment of risk of dependence and addiction among other considerations. The statement can be found here: <https://www.asahq.org/resources/resources-from-asa-committees/considerations-for-long-term-opioid-use>
- ASA collaborated with the CDC on the **Guideline for Prescribing Opioids for Chronic Pain**, which provides recommendations for primary care providers on opioid prescribing, including when to initiate or continue opioids for chronic pain; follow-up and discontinuation; and addresses risk and harm of opioid use. Because of ASA's involvement, the CDC modified the guideline's recommendation on acute pain.

- ASA has collaborated with other pain societies, through the ***Pain Care Coalition (PCC)*** — comprised of the American Academy of Pain Medicine, American Pain Society, and ASA. The coalition works together to support policies to further responsible pain care. Most recently, the PCC submitted comments to the White House Opioid Commission, in response to the commission’s interim report.

Taken together ASA believes that the integration of these strategies; some that are led by anesthesiologists and others that are examples of anesthesiologists working with primary care physicians, surgeons or other providers; into payment models can be an effective means to address the opioid epidemic, enhance the quality of care provided to patients and as a result also produce overall cost savings to the system.

Recognizing and Integrating Specialists within the APM Environment

ASA, along with other procedure-focused medical specialties, remains concerned with the lack of alternative payment models which are applicable to the services we provide. As the Quality Payment Program (QPP) approaches its second year of implementation, the need for expanding opportunities for procedure-based specialists to fully participate becomes even more critically important to ensure that the Program offers opportunities for payment reform to a wide range of physicians participating in the Medicare program. To address this comprehensively, ASA believes this issue must be addressed on two levels.

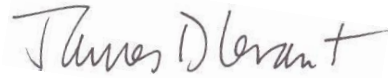
Firstly, greater efforts must be made to recognize the contributions that anesthesiologists can make to the success of broad-based population health oriented APMs. Actively managing and coordinating the care of patients undergoing surgical procedures is often overlooked, yet can yield substantial improvements in cost and quality, contributing to the success of population health management programs. Key to the success of the PSH model is the active management of patients at the time of transitions in care—pre-procedure to procedure and procedure to post-procedure—and in care setting—e.g., institution to home. Use of measures that capture these contributions and integration of care models such as PSH can help CMS and other payors better understand the impact of anesthesiologists and other specialists on the cost and quality of healthcare provided to Medicare beneficiaries.

On a parallel track we believe greater efforts and resources must be committed to the development of APMs that more directly capture the contributions of a wide range of specialists. Similar to the situation for many other specialties, currently there are few, if any, opportunities for physician anesthesiologists to participate in Advanced APMs. Nor do we see a significant change to this situation in the near future. The scarcity of Advanced APM opportunities means it is highly unlikely that any of our members, or many specialists in general, will be eligible to participate in models that may have the greatest impact on advancing the triple aim.

We urge Congress to encourage CMS to develop models that capture the contributions of specialists across the spectrum of care. We are eager to work with the Agency and other stakeholders to turn these desirable goals into a reality. We remain committed to identifying and nurturing payment solutions to ensure a diversity of provider types have options under the Advanced APM track of the QPP. We look forward to working alongside CMS to achieve this aim.

We appreciate the House Energy and Commerce Committee's consideration of how Alternative Payment Models can advance payment reforms to Medicare, and this opportunity to share how the ASA's Perioperative Surgical Home delivers value, patient satisfaction and reduced costs. Please contact Manuel Bonilla, Chief Advocacy Officer, at: m.bonilla@asahq.org or 202-289-2222 should you have any questions.

Sincerely,

A handwritten signature in black ink that reads "James D. Grant". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.

James D. Grant, M.D., M.B.A., FASA
President
American Society of Anesthesiologists