



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Submitted via email to PTAC@HHS.gov

October 30, 2017

Physician-Focused Payment Model Technical
Advisory Committee
c/o U.S. Department of Health and Human Services
Assistant Secretary for Planning and Evaluation,
Office of Health Policy
200 Independence Avenue, SW
Washington, DC 20201

RE: Advanced Care Model Service Delivery and Advanced Alternative Payment Model

Dear Members of the Committee:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the Coalition to Transform Advanced Care's proposal for an Advanced Care Model Service Delivery and Advanced Alternative Payment Model.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 191,500 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

This letter includes ASHA's comments related to the following areas:

- Health Care Provider's Perspective
- Payment Methodology; and
- Health Information Technology

Health Care Provider's Perspective

The purpose of the Advanced Care Model (ACM) and Advanced Alternative Payment Model (AAPM) is to address the gap in care for individuals with advanced illness in their last year of life through a palliative-focused episode of care in transition between the hospital and hospice. The ACM delivery structure includes 24/7 access to palliative care providers, registered nurses, and other health care providers. The ACM AAPM incentivizes clinicians to provide more home-based care to manage their sickest and most vulnerable patients. The expected benefits of the ACM AAPM for Medicare beneficiaries include improvements in:

- engaging the patient and their family;
- shared decision making between patients, caregivers, families, and physicians;
- coordinating care aligned with patient preferences;
- managing symptoms;
- preventing avoidable and unwanted hospitalizations or low-value treatment; and
- avoiding unwanted, futile end of life care.

ASHA appreciates the proposal's inclusion of a broad range of providers who have the competence and experience to be successful in the ACM AAPM. The ACM AAPM would be useful for diagnoses that include functional problems addressed by speech-language pathologists (SLPs).

Speech-language pathology services may be medically necessary for patients who experience a stroke, brain tumor, heart disease, or neurodegenerative diseases (e.g., Parkinson's disease). Although the SLP's role is short-term, it could make a significant difference in the patient's function and outcomes related to swallowing, communication, and cognition. Beyond making suggestions for diet modification, SLPs work with patients to develop safer swallowing strategies, and work with caregivers on feeding strategies to facilitate maximum oral intake. To assist the patient with communicating, SLPs may offer an augmentative and alternative communication (AAC) system or strategy. AAC is used to help patients communicate about their pain, medical needs, and preferences. For functional cognitive impairments, SLPs use visual or written cues as memory strategies to orient the patient and increase their involvement in their care. All of the above service can mitigate the patient's anxiety, agitation, or the need for additional resources.

For these reasons, ASHA requests that the Coalition to Transform Advanced Care (CTAC) and Physician-Focused Payment Model Technical Advisory Committee (PTAC) consider the integral role of speech-language pathology when reviewing this proposal. Speech-language pathology services directly impact each of the anticipated beneficiary improvements (i.e., patient and family engagement, symptom management). In addition, the ACM patient identification and eligibility criteria of functional decline and nutritional decline directly correlate to speech-language pathology services.

Payment Methodology

Individuals with advanced illness account for 25% of Medicare fee-for-service costs. This proposal is expected to reduce Medicare spending as a result of the improved care coordination and increased patient/caregiver engagement. CTAC proposes a \$400 per member per month (PMPM) payment for the ACM AAPM episode of care. This payment would convert the palliative care provider's fee schedule to a team-based, population health payment structure that rewards quality. Qualification as an AAPM also creates incentives for non-palliative care specialties to enhance care coordination.

While ASHA supports the goals of the ACM AAPM and agrees that better management and care coordination is needed, we find the proposed \$400 PMPM payment may be insufficient to incentivize widespread participation by palliative care providers. We request that CTAC and PTAC carefully review this proposal to ensure that the need to generate savings does not outweigh the need to ensure improved care and outcomes.

Health Information Technology

The proposal requires participating entities to utilize an electronic health record (EHR), which is consistent with AAPM requirements under the Quality Payment Program. However, CTAC is asking that the Centers for Medicare and Medicaid Services (CMS) consider the use of non-

certified EHR as a qualification for AAPM designation given that the ACM AAPM can be operated by provider entities other than physician practices. ASHA supports this request. The requirement for using certified electronic health record technology (CEHRT) to qualify as an AAPM should be eliminated because many non-physician clinicians, such as audiologists and SLPs, have been excluded from CMS initiatives to incentivize and expand the use of such technology.

Thank you for the opportunity to provide comments on the Coalition to Transform Advanced Care's proposal on the Advanced Care Model Service Delivery and Advanced Alternative Payment Model. If you or your staff have any questions, please contact Daneen G. Sekoni, MHSA, ASHA's director of health reform analysis and advocacy, at dsekoni@asha.org.

Sincerely,

A handwritten signature in cursive script that reads "Gail J. Richard".

Gail J. Richard, PhD, CCC-SLP
2017 ASHA President