

Eye Care Emergency Department Avoidance (EyEDA) An Alternative Payment Model (APM)

FAQs

July 30, 2019

I. Background

1. What is an Alternative Payment Model (APM)?

“An Alternative Payment Model (APM) is a payment approach that gives added incentive payments to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population.” <https://qpp.cms.gov/apms/overview>

2. What is the purpose of an APM?

This purpose of an APM is to reward providers who deliver the right care at the right time in the right place. APMs focus on quality and efficiency, rather than the volume of services delivered.

3. What are the benefits to health care providers of participating in an APM?

Providers who participate in an APM and deliver care more efficiently and effectively have the opportunity to share in the savings produced by their efforts. Their patients benefit from the improved care that APMs encourage.

4. What is PTAC and what is its role in reviewing APM proposals?

The Physician-Focused Payment Model Technical Advisory Committee (PTAC) was created by The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) which was enacted, in part, to improve how the federal Medicare program pays physicians for the care they provide to Medicare beneficiaries.

MACRA prompted a number of payment reform efforts including Medicare Alternative Payment Models (APMs). MACRA also created incentives for physicians to participate in APMs, and it specifically encouraged the development of certain types of APMs referred to as physician-focused payment models (PFPMs).

To encourage stakeholders to engage in the development of PFPMs, Congress also created PTAC. The statutory mission of PTAC is to make comments and

recommendations to the Secretary of the Department of Health and Human Services (the Secretary, HHS) on proposals for PFPMs submitted to PTAC by individuals and stakeholder entities. The Secretary is required by MACRA to review PTAC's comments and recommendations on submitted proposals and post a detailed response on the Centers for Medicare & Medicaid Services (CMS) website. <https://aspe.hhs.gov/ptac-physician-focused-payment-model-technical-advisory-committee>

5. What is an Advanced Alternative Payment Model?

Advanced Alternative Payment Models (Advanced APMs) are a track of the Medicare Quality Payment Program. An Advanced APM must meet these 3 criteria:

- Requires participants to use certified EHR technology;
- Provides payment for covered professional services based on quality measures comparable to those used in the MIPS quality performance category; and
- Either: (1) is a Medical Home Model expanded under CMS Innovation Center authority OR (2) requires participants to bear a significant financial risk.

<https://qpp.cms.gov/apms/overview>

6. How are APMs related to the TCPI program?

The CMS-supported Transforming Clinical Practice Initiative (TCPI) helps clinicians share, adapt, and develop comprehensive quality improvement strategies. The TCPI program prepares clinicians to learn how to successfully move toward participating in APMs.

<https://qpp.cms.gov/apms/overview>

The Southern New England Practice Transformation Network (SNE-PTN) has provided technical assistance to over 1,600 optometry practices across the nation, supporting improvements in clinical processes and practice operations to improve outcomes and reduce costs. During work with these providers, SNE-PTN identified opportunities to improve clinical quality and patients' experience of care, reduce costs to payers and patients, and provide optometrists and other eye care professionals the opportunity to emphasize value over volume, all critical elements of an Advanced APM.

A small number of optometry practices are participating in an APM as part of an Accountable Care Organization (ACO) or as an enrolled member in a Medicare Shared Savings Program, however, most optometry practices have no opportunity to participate in an APM.

We have addressed that challenge by submitting a proposal to the PTAC for a new Physician Focused Payment Model (PFPM) that focuses on the benefits of office-based care for ambulatory sensitive eye conditions.

7. What are ambulatory sensitive conditions?

Ambulatory sensitive conditions, “although variously defined, generally ... are those conditions which respond well to interventions deliverable in community-based healthcare settings, and if managed well should not require hospital admission.”¹

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4608278/>

II. Eye Care Emergency Department Avoidance (EyEDA) Model

1. What is EyEDA?

The Eye Care Emergency Department Avoidance (EyEDA) model is an Advanced APM developed by the University of Massachusetts Medical School (UMMS) through Southern New England Practice Transformation Network (SNE-PTN). The goal of the EyEDA model is to provide incentives for optometrists and other eye care professionals to increase visits for patients with ambulatory sensitive eye conditions such as conjunctivitis and common ailments. The aims are to provide better care for individuals, better health for populations and to lower the cost of healthcare

The EyEDA model’s key financial incentives consist of shared savings between payers and providers and it also includes financial risk for enrolled providers.

2. How would EyEDA affect patient care, health outcomes and system cost?

The EyEDA model encourages, patients to receive care for an urgent eye condition from an eye care professional in an office setting where they would likely experience quicker access , where their first encounter would be with a specialized eye care professional, where out-of-pocket expenses would be reduced and overall experience of care would be improved.

Encouraging care in office-based settings would reduce costs to the payer (e.g., Medicare, Medicaid or private insurance) and likely to the patient as well (office visit copayments are usually much less than ED copayments). Hence, EyEDA would reduce system cost for multiple stakeholders (the overall cost of health care).

3. How would EyEDA ensure quality of care is maintained or improved?

The EyEDA model would ensure health outcomes are maintained or improved by measuring patient experience and patient safety. Patients with ambulatory sensitive eye conditions who visit an eye care professional in an office setting would receive a survey evaluating their experience. Patient safety would be measured as the

¹ Longman, Jo M et al. “Admissions for chronic ambulatory care sensitive conditions - a useful measure of potentially preventable admission?.” *BMC health services research* vol. 15 472. 16 Oct. 2015, doi:10.1186/s12913-015-1137-0.

absence of adverse events (ED visit, hospital stay) within seven days of the office visit.

4. How would EyEDA affect payments to eye care professionals?

Eye care professionals who participate in EyEDA would continue to receive fee-for-service (FFS) payments from payers for services provided to patients with eligible eye conditions. The payments, however, would include a discount of 8% on a provider's contractual FFS reimbursement. If participating eye care professionals meet utilization targets—i.e., meeting a target number of patients with eligible eye conditions in an office setting—these care providers would receive a portion of the payer's savings as a financial reward ("shared savings"). The shared savings payments are estimated to exceed any discount applied to a provider's FFS rates. Participating in EyEDA would not affect the payment amounts for any services provided for conditions not included in the list of eligible eye conditions.

Eye care professionals who do **not** participate in EyEDA would not be subject to the discounted FFS rates nor eligible for the shared savings financial benefit.

5. What is the process for Medicare to adopt EyEDA?

SNE-PTN submitted the EyEDA proposal to PTAC for review in June 2019. PTAC's process is outlined below:

- Initial review to ensure the proposal meets PTAC submission requirements.
- Public review period (3 weeks) during which the public may post comments on the PTAC website.
- Preliminary PTAC evaluation of the proposal. This review may take several weeks.
- Period for feedback and response to and from the submitter.
- Recommendation posted to PTAC website, four weeks prior to full PTC meeting.

At the PTAC public meeting held in Washington D.C., the submitter will be provided the opportunity to make a public statement and respond to any questions from Committee members, and the Committee will hear comments from the public. After this process, PTAC members will deliberate and score the proposal on each of ten criteria established by the Secretary of HHS. Then PTAC members will vote on the proposal to:

- recommend Medicare implementation;
- recommend further development and implementation;
- recommend testing to inform payment model development;
- recommend that Medicare **not** implement; or,
- refer for other attention by HHS.

PTAC will write a full report explaining its recommendations, submit the report to the Secretary of HHS, and post it to the PTAC website.

The Health and Human Services Secretary must approve any APM that Medicare uses to pay health care providers.

6. What is the process for private payers to adopt EyEDA?

Private payers can implement the EyEDA payment model by establishing contracts with eligible eye care professionals. These contracts would identify performance criteria, including shared savings percentages, utilization targets, benchmarks and thresholds for quality metrics and base year and performance year periods.

7. Where can I get more information on the details of the EyEDA model and the current status of the EyEDA model’s potential Medicare implementation?

The HHS website contains a link to each proposal submitted to PTAC:

<https://aspe.hhs.gov/proposal-submissions-physician-focused-payment-model-technical-advisory-committee>. Click on the blue “Proposals” tab and find the link to the complete PDF document under the name, “Eye Care Emergency Department Avoidance (EyEDA)”.

The screenshot shows the ASPE website header with the U.S. Department of Health & Human Services logo and the ASPE logo (Office of the Assistant Secretary for Planning and Evaluation). A search bar is visible on the right. Below the header is a navigation menu with tabs for ABOUT, TOPICS, PUBLICATIONS, and DATA AND TOOLS. The main content area is titled "PROPOSAL SUBMISSIONS: PHYSICIAN-FOCUSED PAYMENT MODEL TECHNICAL ADVISORY COMMITTEE". There are social media icons for print, email, Twitter, and a plus sign. Below the navigation menu, there are tabs for PTAC, Charter, Bylaws, Members, Meetings, FAQs, Resources, For Public Comment, Proposal Submissions, and Contact. The "Proposal Submissions" tab is active, showing a blue bar with a plus sign and the text "DIRECTIONS FOR PROPOSAL SUBMISSIONS". Below this is another blue bar with a minus sign and the text "PROPOSALS". The main content area contains a paragraph stating that PTAC has received proposals for physician-focused payment models from members of the public. It also includes a list of proposals, with one entry: "Eye Care Emergency Department Avoidance (EyEDA) submitted by the University of Massachusetts Medical School – comment period closes July 29, 2019." This entry has two sub-items: "Letter of Intent" and "Proposal".

To check on the status of PTAC’s review of the EyEDA model for possible Medicare implementation, go to the website of the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Proposal Submissions: <https://aspe.hhs.gov/proposal-submissions-physician-focused-payment-model-technical-advisory-committee>. Click on the blue “Proposal Tracker” tab and find PTAC status of the EyEDA model.

8. How can I find out about the status of EyEDA’s implementation by private payers or obtain other information about EyEDA?

Private payers may adopt EyEDA in local, state, or regional markets. They will likely contact eyecare clinicians as part of this process, so be alert to any communication you may see from them. Alternatively, if you are interested in EyEDA, you should be able to contact your local payer representative or use your professional organizations (local chapters of societies, advocacy groups, or your medical neighborhood) to advocate for the adoption of EyEDA in your area.