ANALYSIS OF CMS REASONS FOR NOT IMPLEMENTING PTAC RECOMMENDATIONS

CMS Reason for Not Implementing PTAC-Recommended Models	Analysis
PTAC's recommendations, and selected components of the APMs recommended by PTAC, have been incorporated into the APMs that CMS has developed.	The primary care and kidney care APMs announced by CMS in 2019 are not based on the primary care and kidney care models recommended by PTAC nor do they follow the recommendations made by PTAC. For example: • the CMS Primary Care First APM fails to incorporate several of the essential components of the two primary care APMs recommended by PTAC.[66] • Whereas nephrologists felt they could significantly improve quality and reduce spending using the APM developed by the Renal Physicians Association and recommended by PTAC, nephrologists have expressed concern about their ability to participate in the CMS Kidney Care First APM.[67] • In its End-Stage Renal Disease Treatment Choices APM, CMS has proposed paying large bonuses to nephrologists when their patients receive kidney transplants, even though PTAC specifically recommended against such bonuses because of the shortage of kidney donors.[68]
The APMs recommended by PTAC will only affect a small number of patients and will not save significant amounts of money for Medicare.[69]	There are few patient conditions or procedures that individually represent a large amount of Medicare spending, so the only way to generate a large amount of total savings will be through combining smaller amounts of savings for individual groups of patients. Moreover, the goal of APMs is to improve care for Medicare beneficiaries, not simply to achieve the maximum savings possible. Reducing spending without harming patients will require use of multiple APMs that address the unique issues involved in treating each individual group of patients.
Specialty-specific APMs will fragment care delivery.	One of the criteria PTAC uses in recommending specialty-specific APMs is whether they have sufficient provisions for ensuring coordinated delivery of care between the specialists and primary care physicians. Moreover, ACOs cannot be successful unless the specialists in the ACOs can be paid in ways that enable them to deliver high-value care.
CMS has to spend several years and tens of millions of dollars to design, implement, and evaluate APMs, so it does not have the capacity to implement multiple additional APMs.	In most cases, PTAC has recommended that APMs be initially tested on a small scale, which would not require the large numbers of staff and expensive contracts CMMI has used for its current APMs. CMMI has more than enough resources to support testing additional models, since it received a new $10 billion appropriation to continue its work beginning in federal fiscal year 2020 and the APMs it has implemented so far did not come close to using all of the funds Congress appropriated for fiscal years 2011-2019.
The proposals recommended by PTAC do not include adequate estimates of their impacts and/or they are missing key details needed to implement an APM.	Most physicians and other stakeholder groups do not have access to the Medicare data needed to fully specify an APM. HHS has prohibited PTAC from providing data and technical assistance to groups developing APMs, and HHS has been unwilling to provide data or technical assistance through other means. One of the reasons PTAC has recommended that CMS initially conduct limited scale testing of the APMs is to enable the proposals to be refined using real-world data.
CMS cannot implement APMs that require use of proprietary technology, such as Project Sonar that was recommended by PTAC.	PTAC has not recommended APMs that *require* use of proprietary technology. Some of the providers that developed proposals to PTAC have indicated that they plan to utilize the APM payments to purchase proprietary technologies because they believe the technologies will help them to achieve the outcomes in the APM, but there is no requirement in the APM that other providers would have to use the same technology. In particular, the payment model developed for Project Sonar does not require the use of proprietary technology, and PTAC specifically addressed that issue when it recommended that CMS test it.[70]