The American College of Surgeons (ACS) is excited to have the opportunity to testify regarding our work in developing the ACS-Brandeis Advanced Alternative Payment Model (A-APM) and our experience navigating the Physician-focused Payment Model Technical Advisory Committee (PTAC) process. Given that the fee-for-service approach to physician payment does not encourage the most appropriate/team-based care, ACS is appreciative to Congress for enacting the Medicare Access and CHIP Reauthorization Act (MACRA). Through MACRA, there is a pathway for the ACS-Brandeis A-APM, as well as other APMs focused on serving the needs of patients and providing meaningful APM participation options.

Overall, we view MACRA, and particularly its APM provisions, as an opportunity to propose, implement, and develop new measurement and physician payment strategies and to incentivize team-based patient care. Shortly after MACRA went into effect, ACS began looking at options for developing an A-APM and searching for possible health care partners. In the end, we partnered with a team from Brandeis University to develop the ACS-Brandeis A-APM. The Brandeis team has in-depth knowledge of Medicare cost measurement/analysis and has developed an extensive software program, the Episode Grouper for Medicare (EGM). The EGM is a combination of clinical episode definitions and complex algorithms which assign charges to an episode and roles to providers. Since the A-APM functions most efficiently with the participation of all who care for the patient, we have worked to build a coalition of other surgical and health care providers to share their expertise and inform the model.

Once the ACS-Brandeis model was submitted to the PTAC, we worked with our assigned representatives from December 2016 through March 2017 to answer questions which helped to refine and enhance our model. These discussions with PTAC turned out to be mutually beneficial since our answers provided clarity to PTAC and their questions often addressed issue areas of which, we were not cognizant. The ACS-Brandeis A-APM received preliminary approval during the April 2017 PTAC meeting and a positive response from the HHS Secretary in September 2017. We are currently working with CMS and CMMI in the next phase of development and validation in preparation for testing.

With both quality and patient safety as guiding principles for developing the ACS-Brandeis A-APM, we look towards our recently-published Optimal Resources for Surgical Quality and Safety as a valuable resource for surgeons to improve the quality of care they provide and to improve patient safety. In line with our experience, the model that we have developed is broadly applicable to the full range of health care providers involved in patient care for a given treatment or condition. Our episode based measurement framework coupled with the EGM allows for quality and cost measurement designed around the patient and the full team of providers who have influence over the patient’s experience and outcomes.

Overall, ACS appreciates the chance offered by the Chairman and the committee to share our story and experience in developing our APM proposal. While we are closely monitoring and regularly weighing in with CMS on all aspects of the implementation of MACRA, it is this opportunity for payment and care model design and development that we find most promising. This process is unprecedented in its transparency, and leans heavily on the expertise of medical providers and it is for these reasons that we believe it will succeed. We look forward to keeping you informed of our continued progress as our model moves forward with refinement, testing, and hopefully implementation.