

Internists say that all health care payers should support innovative payment models

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An internal medicine physician and fellow of the American College of Physicians (ACP) detailed for the House Energy and Commerce Committee his medical practice's experience participating in the CPC+ program. In testimony at the health subcommittee's hearing on "MACRA and Alternative Payment Models: Developing Options for Value-based Care," Louis Friedman, DO, FACP, who is part of Woodbridge Medical Associates a 5 clinician practice in Woodbridge, N.J., conveyed ACP's message that all public and private payers should support innovative payment and delivery models.

CPC+ was launched by the Centers for Medicare and Medicaid Services (CMS) following the passage of MACRA as a national advanced [primary care](#) medical home [model](#) with the goal of strengthening primary care through regionally-based multi-payer payment reform and care delivery transformation. ACP strongly supports CPC+, which is the only medical home model that is specifically identified as an advanced Alternative Payment Model (APM) in the Quality Payment Program (QPP). CPC+ offers the potential of greatly strengthening the ability of internists and other primary care clinicians, in thousands of practices nationwide, to deliver high value, high performing, effective, and accessible primary care to millions of their [patients](#).

"Under CPC+, we have expanded our ability to analyze and deliver care and our patients have benefitted in many ways," said Dr. Friedman.

"With the added financial support that the CPC+ program provides, we have been able to offer self-management programs such as nutrition

classes and dietitian visits. These are available free of charge to patients, and have been well received by many who need them."

Dr. Friedman also noted that "Pre-visit planning by ancillary staff and effective monitoring within the EHR have helped us to improve our rates of vaccination, screening procedures for mammograms, and diabetic eye exams. Screening tools for early detection of dementia have helped at-risk families better prepare to care for their loved ones. The CPC+ reimbursement for managing patients with this diagnosis has been helpful with targeting this effort."

Dr. Friedman went on to suggest to the committee ways in which the program could be improved. He suggested that reporting requirements should be simplified, in keeping with the goal of reducing administrative burdens on physicians as stated in ACP's Patients Before Paperwork Initiative, as well as new initiatives from the administration. Dr. Friedman also suggested that interoperability among electronic health records software vendors, would allow for better communication between medical offices and hospitals.

"Since 2016, practice participation among ACP members in advanced [payment](#) and delivery models is increasing—and many more have noted that they are making changes to prepare for successful participation in the QPP overall," concluded Dr. Friedman. "We in the physician community appreciate this opportunity to offer our input on how these models are impacting our practices and patient care, both now and throughout the transition. We very much want to be part of this process and to provide feedback whenever needed."

Provided by American College of Physicians

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