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January 20, 2017

VIA ELECTRONIC MAIL

Physician-Focused Payment Model Technical Advisory Committee
c/o Angela Tejada, ASPE
200 Independence Ave., SW
Washington, DC 20201
PTAC@hhs.gov

Re: Public Comment—Project Sonar Advanced APM

Dear Committee Members,

The Digestive Health Physicians Association (DHPA) writes in support of Project Sonar, a Physician-Focused Payment Model submitted to this Committee in December 2016.

The DHPA is a trade association representing 65 independent gastroenterology (GI) practices in 31 states across the country. Our mission is to promote and preserve high quality, cost-efficient and accessible care furnished to patients in the independent GI practice setting. DHPA's member practices include more than 1,500 gastroenterologists and other physician specialists who provide care to approximately 2.5 million patients annually in nearly 4 million distinct patient encounters.

Most relevant for purposes of this letter in support of Project Sonar, our physicians are on the front lines diagnosing and caring for thousands of patients with Inflammatory Bowel Disease (IBD). The two variants of IBD—Crohn's Disease and Ulcerative Colitis—are among the most significant, chronic gastrointestinal conditions, affecting upwards of 1.5 million Americans. An analysis in the peer-reviewed literature estimates that annual, IBD-associated treatment costs in the United States are \$6.3 billion

(\$3.6 billion for Crohn’s disease, \$2.7 billion for ulcerative colitis).¹

As noted in the Project Sonar (PS) submission, PS is a care management program developed by community-based physicians to improve the management of patients with chronic disease. The key to Project Sonar—which has been deployed, to date, with great success for patients with Crohn’s disease—is the combined use of evidence-based medicine coordinated with proactive patient engagement. From DHPA’s perspective, a Project Sonar Advanced APM would have great value on two levels—not only would it have a profound impact in care delivery for thousands of patients with Crohn’s disease, but it would serve as a model for the expansion of PS and other chronic care management programs that physician specialists can employ for the benefit of their patients.

DHPA believes that a Project Sonar Advanced APM would be of tremendous consequence as physicians in our member practices care for patients with IBD. In particular (and as detailed in the Project Sonar submission), there are four aspects of PS that make it a Physician-Focused Payment Model (PFPM) particularly worthy of your recommendation with a high priority:

- PS enables us to decrease the cost of care for our patients with Crohn’s disease by decreasing the complication rate through better medical management;
- PS enables us to identify the high-risk patient with Crohn’s disease before complications ensue;
- PS enables us to channel care of patients to those healthcare professionals in our practices who have the most knowledge, experience and expertise to address the specific patient’s needs; and
- PS enables us to better engage our patients so that early warning signs can routinely be assessed even before the patients realize they need intervention.

In short, PS is a powerful tool in improving our patients’ quality of life and decreasing costs by reducing potentially avoidable complications, emergency department visits, and inpatient admissions. It fosters a true partnership between us as clinicians and our patients—with a documented tripling of patient engagement to 75-80% over a 20-month study period.² Moreover, PS helps shift our management and care of patients with Crohn’s disease from a reactive to proactive model, while moving away from fee-for-service reimbursement to a value-based payment model.

¹ Kappelman, MD, et al., “Direct Health Care Costs of Crohn’s Disease and Ulcerative Colitis in United States Children and Adults,” *Gastroenterology* 2008 Dec; 135(6): 1907-1913 (available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2613430/>).

² Project Sonar Advanced APM, Submission to Physician-Focused Payment Model Technical Advisory Committee (Dec. 21, 2016) p. 4.

DHPA also believes that PS will have benefits that extend beyond the immediate value it will provide for the care and management of patients with Crohn's disease. To date, the opportunities for gastroenterologists and other physician specialists to participate in APMs have been extremely limited. Adoption of the PS Advanced APM will allow specialists to participate in value-based care outside of an ACO/MSSP/CRC+ model and to do so in connection with chronic diseases and conditions that are not triggered by a surgical procedure on an inpatient or outpatient basis.

The Project Sonar Advanced APM is designed to improve health care quality while providing cost savings to patients and the Medicare system, preserving patient choice and enhancing patient safety, which meets the criteria for PFPMs as established by the Secretary of HHS in regulations at 42 CFR §414.1465. This is precisely the type of innovative, team-based PFPM that this Committee should embrace—not only for its immediate benefit in managing patients with Crohn's disease, but for the broader opportunity it presents in advancing care management programs for patients with chronic disease.

DHPA appreciates the careful consideration the Committee will give the proposal and recommends that the Project Sonar Advanced APM be implemented as a high priority.

Sincerely,



Lawrence Kim, M.D.
Chair, Health Policy

cc: Kevin Harlen, Executive Director, DHPA