

November 20, 2017

Jeffrey Bailet, MD  
Committee Chairperson  
Physician-Focused Payment Model  
Technical Advisory Committee  
Office of the Assistant Secretary for  
Planning and Evaluation  
U.S. Department of Health & Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Dr. Bailet:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to provide our strong support for the Acute Unscheduled Care Model (AUCM) proposal currently being reviewed by the Physician-Focused Payment Model Technical Advisory Committee (PTAC). The AUCM model allows emergency physicians to avoid hospital admissions for patients that are seen in the emergency department while also ensuring the safe discharge of patients to the home environment, and to foster care coordination around post-discharge workups.

Patients who receive emergency department care often have a post-discharge event such as a repeat emergency department visit, inpatient admission, or observation stay, within 30 days of receiving emergency department care. Yet the current payment system does not support emergency physician services aimed at providing appropriate care transitions for patients who receive emergency department care and are discharged to their home, and who avoid a hospital admission. The AUCM model could enhance the ability for emergency physicians to coordinate, manage, and avoid unnecessary post-discharge events.

One recent *Health Affairs* article reviewed an emergency-department initiated, multi-disciplinary, community-based care coordination model, *Bridges to Care*, which similarly focused on improving the transition home after an emergency department visit.<sup>1</sup> The study found the model resulted in a long-term reduction in both emergency department visits and hospital admissions. This illustrates the significant potential for models such as AUCM to reduce health care spending from hospital admissions and readmissions, while improving quality of care for patients who are discharged to their home.

The AUCM model also complements other alternative payment models (APMs), such as the Comprehensive Primary Care Plus (CPC+) and Oncology Care Model (OCM), that seek to increase patients' access to non-urgent care and prevent avoidable emergency department use.

---

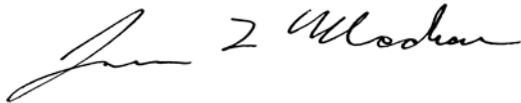
<sup>1</sup> Capp, Roberta et al. "Coordination Program Reduced Acute Care Use and Increased Primary Care Visits Among Frequent Emergency Care Users." *Health Affairs*. October 2017 36:10.

Jeffrey Bailet, MD  
November 20, 2017  
Page 2

Finally, the AUCM model addresses a gap in APMs. Too often, emergency department visits are viewed as a failure in care coordination, and there has been no effort to meaningfully integrate emergency care into existing APMs. While there has been emphasis on avoiding readmissions from the emergency department in Medicare beneficiaries with recent inpatient stays, there has been little recognition of care provided by emergency department physicians during the initial diagnosis, stabilization, and treatment prior to an inpatient admission. This model would help reduce fragmentation in health care and better integrate emergency medical care with primary and specialty care, while helping reduce avoidable health care spending.

The AMA urges the PTAC to recommend the AUCM model to the Secretary, and to work with the Center for Medicare and Medicaid Innovation to get a test of the model implemented. We thank the Committee for the opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large, sweeping initial "J".

James L. Madara, MD