

November 19, 2019

The Honorable Gene L. Dodaro
Comptroller General of the United States
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear General Dodaro:

I have decided to resign from my appointment as a member of the Physician-Focused Payment Model Technical Advisory Committee (PTAC), effective immediately. Unfortunately, I no longer believe that PTAC can be successful in advancing the development and implementation of good physician-focused payment models. I am also deeply concerned that the Department of Health and Human Services is disseminating misinformation about PTAC's role in the design of the HHS payment models that have been announced recently, including models that I believe are seriously flawed, and that the PTAC process is being used to delay action on desirable stakeholder-developed payment models.

I was very honored when you appointed me 4 years ago as one of the first members of PTAC, and I was honored again when you reappointed me to a second term in 2017. I and the other members of PTAC have worked extremely hard over the past four years to develop and implement an efficient and effective process for evaluating proposals for physician-focused payment models and for making recommendations regarding those proposals to the Secretary of Health and Human Services. Over the past three years, more than thirty physicians, medical specialty societies, and other individuals and organizations have responded by submitting proposals for payment models designed to support improved patient care at lower costs, and our Committee has prepared detailed analyses and comments on all of these proposals.

PTAC has recommended that sixteen of these proposals be implemented or tested. Sadly, not a single one of the proposals we have recommended is being implemented or tested by the Department of Health and Human Services, and the Secretary has stated that none of them will be. This is not because PTAC has done a bad job; indeed, both in the formal responses to our recommendations and in a variety of public events, the Secretary of HHS, the CMS Administrator, and the Director of the Center for Medicare and Medicaid Innovation (CMMI) have repeatedly praised PTAC for its work. It also seems clear that future recommendations will meet the same fate; the former Director of CMMI told us there was "no circumstance" in which CMMI would ever directly implement a payment model submitted through the PTAC process. We have been told that at most, CMMI would consider how to incorporate "concepts" from the models that PTAC recommended into the payment models that CMMI itself develops. In my view, this is completely inconsistent with the spirit of MACRA; Congress clearly envisioned that at least some of the good payment models developed by physicians would be implemented if they were recommended by PTAC.

I do not want to be part of a process that misleads physicians and other stakeholders into thinking that if they develop a good physician-focused payment model, go through the rigorous review process PTAC has established, and receive a positive recommendation, they will have a chance of seeing their work implemented. The people who have submitted proposals to PTAC have spent many hours and significant amounts of money to develop their proposals, respond to our questions, and attend our meetings. All of this work has been wasted since it has been made clear that their work will not be implemented, and it does

not appear that the outcome will be any different for future proposals, no matter how good they are. Moreover, HHS has not responded to PTAC's recommendations in a timely fashion, forcing many applicants to wait as much as a year only to learn that the payment model they developed will not even be tested on a small scale.

Over the past two months, HHS and CMMI have announced three new sets of payment models for primary care, kidney care, and oncology care. Although PTAC had recommended the implementation or testing of seven different payment models in these areas, none of the models that we recommended were included in the models that CMMI has announced. The models that CMMI has developed differ in significant ways from what PTAC recommended; they fail to include components that PTAC recommended, and they include components that PTAC specifically recommended against.

Despite these differences, HHS and CMS officials have stated publicly that the new CMMI payment models are based on PTAC's recommendations and that PTAC has been "instrumental" in the development of some of these models. This is simply false. PTAC has not been consulted in any way about the models CMMI has developed, and indeed, we have been told very explicitly by legal counsel at HHS that we are prohibited from providing advice to CMMI on its work.

I believe there are serious flaws with the new payment models HHS has recently announced that have significant potential to harm patients and cause other undesirable impacts on the healthcare system. I do not want anyone to think that I, as a member of PTAC, played any role in the development of these models, as HHS officials have implied. Moreover, I feel a strong obligation to inform patients, healthcare providers, and Congress about the flaws in the models and to urge that changes be made. However, this spring, when I prepared a detailed analysis of CMMI's proposed primary care model, I was criticized by HHS staff and some of my colleagues on PTAC for doing so because the public might believe that I was speaking on behalf of PTAC and because I was damaging PTAC's ability to work with HHS.

Consequently, because of all of these issues, I have concluded that I need to resign.

Congress created PTAC in order to encourage and enable physicians to play a more direct role in designing Medicare payment systems. I believe the PTAC process has successfully demonstrated that physicians are both willing and able to design changes in payments that would enable Medicare beneficiaries to receive better care while reducing spending for the Medicare program. I greatly appreciate the opportunity you gave me to help create that process, and I am very proud of the work that PTAC has done. I hope that Congress will take the necessary steps to ensure that all of this good work does not go to waste.

Sincerely,



Harold D. Miller
President and CEO

cc: Chairman and Members, PTAC
Sarah Selenich, PTAC Designated Federal Officer