



Center for Health Policy Research and Ethics

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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,

With great sadness and regret I hereby resign from my appointment as a member of the Physician-Focused Payment Model Technical Advisory Committee (PTAC), effective immediately. I was honored to have been nominated (in 2015, reappointed in 2017) and to have served. I am proud of the work we did, and I will treasure the relationships that have been cemented and created therein. However, I have concluded that the PTAC is ineffective at its mission and that fundamental change is necessary, and I hope my resignation will be seen as the cry for help that it is.

I want to make clear that my judgment is far from a partisan one. PTAC's struggles have far more to do with executive branch vs. legislative branch tensions than they do with Democrats vs. Republicans.

I note that over the last three years (we began receiving proposals 12/1/2016), we have reviewed 32 proposals submitted by thoughtful practitioners in various fields of health care delivery (with one more on the docket for this December), and we recommended either testing or implementation for 16 of them. Every single one of those recommendations has been declined by the Secretary of HHS. Of late, public language has been used praising PTAC's various efforts and contributions, but the outcome is the same: HHS/CMS/CMMI remains opposed to implementing ideas submitted from the field. And also lately, some of the language used insinuates that PTAC proposals were similar to models being promulgated by CMMI, and that is inaccurate to the point of being disingenuous.

I understand that officials at HHS are busy, and they have their own agendas and missions to fulfill. I am aware that to approve proposals coming through PTAC is to expand the number of items on their plates, not reduce them. But that was, in my view, precisely the Congressional intent in the PTAC portions of MACRA, to widen the range of ideas being tested by CMMI to include the best of those suggested by practitioners, not just by policy wonks and bureaucrats. As a reminder, the models we recommended were not developed by PTAC. They were developed by practitioners. The fact that HHS/CMS/CMMI has rejected all of them over a three-year period leads me to the conclusion that they are not pursuing Congressional intent, and our work has been fruitless.

Furthermore, continuing the PTAC process as if nothing is wrong risks deceiving the healing professions that ideas approved by PTAC have a decent chance of being implemented. Under current modus operandi, they manifestly do not. This is a deception I no longer wish to be a part of.

But I have to say what bothers me the most is the process that led to these rejections. Now the legislation was imperfect. It merely requires the Secretary to “respond” to PTAC’s recommendations. And after sometimes unpredictable delays, the Secretary has indeed responded, in each case by saying no. But the letters of rejection invariably used the arguments we developed to critique the proposals as reasons to reject. In effect, staff inside HHS/CMS/CMMI were allowed to play the roles of prosecutor, judge, and jury before the Secretary, and the PTAC was never allowed the right of rebuttal of their one-sided arguments, so that the Secretary might be more fully informed about the implications of his or her choices. That is both unfair and unwise, in my view.

Let me be clear, none of the proposals we recommended were perfect, and most needed a bit of tweaking, as we indicated in our recommendation letters, and which CMS data and professionals could have done, to make them properly testable and implementable. The PTAC had hoped to provide this kind of assistance to applicants and were funded by Congress to do so. However, for reasons that are still opaque to me, HHS General Counsel forbade us from providing “technical assistance,” and so instead those funds were spent on contractors who did factual data analyses and literature reviews that were useful to us in general but could not help specific applicants overcome technical objections based on their own limited data sets.

I am proud of the review process we created and of the analyses we did. I am sorry we were not successful in getting HHS to agree with the value of many (or any) proposals from the field. I hope my resignation (and those of others) might spur a re-examination of departmental priorities and processes so that a more fruitful process of taking physician payment reform ideas from the field may be created as soon as possible. I am of course more than willing to help design those process improvements from outside PTAC, if that would be helpful to you or others.

Sincerely,



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