Call9 emergency medical

**Physician-Focused Payment Model Technical Advisory Committee**
*C/o U.S. DHHS Asst. Secretary for Planning and Evaluation Office of Health Policy*
200 Independence Avenue S.W.
Washington, D.C. 20201
PTAC@hhs.gov January 30, 2018

**Letter of Intent: Tech-enabled Emergency & Acute Medicine at SNF bedside (TEAM SNF) to Reduce Unplanned Hospital Admissions Alternative Payment Model (APM)**

Dear Committee Members,

On behalf of Call9 Medical, P.C. d/b/a Call9 Emergency Medical, I would like to express intent to submit a Physician-Focused Payment Model for PTAC review by April 15, 2018.

**Physician Focused Payment Model Overview:**

Nursing home residents account for 19% of ambulance traffic to the Emergency Department. CMS has stated that as many as two-thirds of those ambulance trips can be avoided, resulting in as much as $40 billion in unnecessary costs annually. Further, residents in skilled nursing facilities (SNFs) have complex care needs and their access to acute, emergency, and critical care is often delayed and fragmented. As a result, they experience higher readmission rates and suffer worse outcomes. The TEAM SNF APM leverages board-certified Emergency Medicine expertise across geography, population, and care platforms using an advanced interactive telecommunications system for patient encounters and treatment, coupled with additional On-Site Emergency-Trained staff working in a multidisciplinary team in concert with SNF nurses and nursing staff. This model has been successfully implemented in New York, where it has demonstrated the ability to reduce unnecessary hospitalizations, reduce costs, and improve quality of life for SNF residents. This Advanced Alternative Payment Model (A-APM) would allow for this success to be realized nationwide.

This high-tech, high-touch model transforms clinical care to residents of SNFs, including Long Term Acute Care, Sub-Acute Rehabilitation, and all other Post-Acute nursing home patients.

Residents have 24/7, year-round access to this program. Activation of these emergency services by SNF staff is triggered by use of nationally recognized standards. In addition, existing SNF nurses and nursing assistants are integrated through a training program. This A-APM achieves significant elder care cost reductions and improves quality of care. This A-APM also reflects a broad range of Emergency and Critical care services not currently available in SNFs, customized to the emergency and delivered by physicians.

Inadequate reimbursement opportunities within traditional Fee-for-Service (FFS) Medicare discourages investment in the resources and services needed to avoid unnecessary hospitalizations. We therefore propose that the model include the following:

- Episodic payment per Emergency First Responder Activation that includes after-emergency physician monitoring.
- Shared Savings for reductions in unplanned hospital and Emergency Department utilization.

Shared savings would be lost/decreased if the eligible providers did not achieve the results and would lead to an increase in unreimbursed costs that the eligible professionals or entity would incur. Beneficiary co-payments will be suspended for the model.

Clinical quality measures coupled with cost efficiency quality measures will be utilized to evaluate the program and determine the level of shared savings. The quality reporting will be based on population health quality targets such as: reductions in hospital utilization and costs; hospital readmissions; ambulance and hospital emergency department use; and improvements in self-reported quality of life. As such, the proposal meets the requirements of the Quality Payment Program for a physician-focused payment model to serve as an A-APM.

**Goals of the Model:**

The goals of the program include: 30%-40% (or greater) reduction in avoidable inpatient hospital admissions for Medicare beneficiaries in SNFs; measurable increases in staff clinical effectiveness; increase in resident and family satisfaction; and improved longitudinal population health management. As evidence that a minimum 30% target is reasonable, note that through October 2017, data shows Call9's existing TEAM SNF program in Medicare Advantage achieved an estimated 50% reduction in unnecessary inpatient admissions per SNF per year with significant savings to Payors. Additional goals of the model include:

- Bridging the unnecessary gap of where patients have their emergencies and where patients are treated for their emergencies with technology.
- Motivation of Emergency Medicine physicians to use their skills in a manner other than in traditional emergency department models not privy to the use of smart technology.
- Model enablement of shared decision making with a multidisciplinary team including patients, families, primary care physicians, and SNF nurses and staff.

**Expected Participants:**

The TEAM SNF APM participants would be Original Medicare beneficiaries, including dual eligibles, admitted to TEaM SNF-enabled SNFs. This model would potentially be available to ~2.2 million Medicare beneficiaries in ~15,600 SNFs in the US. TEAM SNF participating providers lead a 24/7/365 intensive multidisciplinary team, including: EM physicians, on-site first responders, certified nurse practitioners, and other care staff.

**Implementation Strategy:**

Call9 Emergency Medical, an Emergency Medicine physician group headquartered in Brooklyn, NY, will be implementing this payment model with SNF partners. Call9 is a Professional Corporation which includes more than 80 employed and affiliated providers, and provides medical care, coordination of care services, and technology-enabled services to more than 5,000 SNF residents each year across at least nine facilities in both rural and urban areas.

**Timeline:**

Call9 expects to submit a full PFPM proposal to PTAC by April 15, 2018. As the proposed payment model describes the work already being performed by Call9 Emergency Medical, Call9 is ready to implement the model as soon as it is approved, and will expand to SNFs through New York and additional states.

Sincerely yours,

***Timothy C. Peck MD***

*CoFounder & CEO, Call9 Emergency Medical*