

AMERICAN MEDICAL ASSOCIATION INTEGRATED PHYSICIAN PRACTICE SECTION

Resolution: 1
(A-25)

Introduced by: Steven Wang, MD

Subject: Ensuring Physician Input in the Development of Alternative Payment Models (APMs)

Whereas, AMA policy D-385.950 “CMMI Payment Reform Models” and H-330.894 “Demonstration Project Regarding Medicare Part D” are against mandatory and for voluntary Center for Medicare and Medicaid Innovation (CMMI) models; and

Whereas, AMA policy H-385.901 “Expanding AMA Payment Reform Work and Advocacy to Medicaid and Other Non-Medicare Payments for Pediatric Health Care and Specialty Populations” advocates for CMMI models that serve specialties and policies not served by current models; and

Whereas, the Physician-Focused Payment Model Technical Advisory Committee (PTAC), which was created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), was intended to improve the efficiency and effectiveness of healthcare using proposed solutions from frontline stakeholders¹; and

Whereas, to date, there have been no PTAC recommended models that have been tested or implemented by CMMI^{2,3}; and

Whereas, CMMI has not been transparent about why PTAC recommended models are rejected for testing or implementation⁴; and

Whereas, CMMI has recently signaled its new strategic direction, which includes amongst others, “increase[ing] independent provider participation in value-based payment programs;”⁵ therefore be it

RESOLVED, that our American Medical Association seek meaningful and transparent involvement of physicians who could potentially be AMMI APM model participants throughout the model development process, prior to approval for testing or implementation (Directive to Take Action).

Fiscal Note: (Assigned by HOD)

Received: 5/20/2025

REFERENCES

1. Physician-Focused Payment Model Technical Advisory Committee. *PTAC frequently asked questions*. Office of the Assistant Secretary for Planning and Evaluation, United States Department of Health and Human Services. <https://aspe.hhs.gov/collaborations-committees-advisory-groups/ptac/ptac-faqs> Accessed May 23, 2025.
2. Rath, D. (2024, April 11). Surgeon leader to Congress: *Make CMMI test physician-developed APMs*. Healthcare Innovation. <https://www.hcinnovationgroup.com/policy-value-based-care/alternative-payment-models/news/55017602/surgeon-leader-to-congress-make-cmmi-test-physician-developed-apms> Accessed May 23, 2025.
3. Berlin, J. (April 2020). *Going nowhere: APM committee resignations cast doubt on payment model's future*. Texas Medical Association. <https://www.texmed.org/Template.aspx?id=53087> Accessed May 23, 2025

4. Rath, D. (2019, Nov 20). *PTAC members resign, frustrated with HHS rejection of payment model proposals*. Healthcare Innovation. <https://www.hcinovationgroup.com/policy-value-based-care/alternative-payment-models/news/21115452/ptac-members-resign-frustrated-with-hhs-rejection-of-payment-model-proposals> Accessed May 23, 2025.
5. Centers for Medicare & Medicaid Services. (2025). *CMS Innovation Center 2025 strategy to make America healthy again*. <https://www.cms.gov/priorities/innovation/about/strategic-direction> Accessed May 23, 2025.

RELEVANT AMA POLICY

CMMI Payment Reform Models D-385.950

Our AMA will: (1) continue to advocate against mandatory Center for Medicare and Medicaid Innovation (CMMI) demonstration projects; (2) advocate that the Centers for Medicare and Medicaid Services seek innovative payment and care delivery model ideas from physicians and groups such as medical specialty societies to guide recommendation of the Physician-Focused Payment Model Technical Advisory Committee (PTAC) and work of the CMMI to propose demonstration projects that are voluntary and can be appropriately tested; and (3) advocate that CMMI focus on the development of multiple pilot projects in many specialties, which are voluntary and tailored to the needs of local communities and the needs of different specialties.

Citation: Res. 213, A-21

Demonstration Project Regarding Medicare Part D H-330.894

1. Our American Medical Association will continue its policy of promoting beneficiary choice and market based options in the context of the Medicare prescription drug benefit program (Part D).
2. Our AMA encourages the development of voluntary models under the auspices of the CMS Innovation Center (CMMI) to test the impact of offering Medicare beneficiaries additional enhanced alternative health plan choices that offer lower, consistent, and predictable out-of-pocket costs for select prescription drugs.

Citation: BOT Action in response to referred for decision Res. 142, A-07; Reaffirmed: CMS Rep. 01, A-17; Appended: CMS Rep. 4, A-22

Expanding AMA Payment Reform Work and Advocacy to Medicaid and Other Non-Medicare Payment Models for Pediatric Health Care and Specialty Populations H-385.901

1. Our American Medical Association supports appropriate demonstration projects, carve outs, and adjustments for pediatric patients and services provided to pediatric patients within the payment reform arena.
2. Our AMA will extend ongoing payment reform research, education, and advocacy to address the needs of specialties and patient populations not served by current CMMI models or other Medicare-focused payment reform efforts.
3. Our AMA will support and work with national medical specialty societies that are developing alternative payment models for specific conditions or episodes, target patient populations including pediatric populations, and medical and surgical specialties and continue to advocate that the Centers for Medicare and Medicaid Services, including the Center for Medicare and Medicaid Innovation; state Medicaid agencies; and other payers implement physician-developed payment models.
4. Our AMA will consider improved Medicaid payment rates to be a priority given the critical impact these payment rates have on patient care and patient access to care.

5. Our AMA will support and collaborate with state and national medical specialty societies and other interested parties on the development and adoption of physician-developed alternative payment models for pediatric health care that address the distinct prevention and health needs of children and take long-term, life-course impact into account.

Citation: Res. 817, I-23