



Testimony by the American Urological Association to the

PHYSICIAN-FOCUSED PAYMENT MODEL TECHNICAL ADVISORY COMMITTEE (PTAC)

Support of the LUGPA Alternative Payment Model (APM) for Initial Therapy of Newly Diagnosed Patients
with Organ-Confined Prostate Cancer

December 19, 2017

The American Urological Association, which represents over 90 percent of urologists in the country, wishes to thank the Physician Technical Advisory Committee (PTAC) for their efforts in helping us move toward a payment system that incentivizes quality and high value care for Medicare beneficiaries. Urologists care for a large percent of Medicare beneficiaries. Today, there are no urologic APMs and few other opportunities for urologists to be part of APMs. We look forward to there being advanced alternative payment models urologists can participate in when caring for Medicare beneficiaries.

The diverse AUA APM workgroup has consulted with LUGPA and reviewed carefully the LUGPA APM prior to initial submission to PTAC. We provided LUGPA feedback about broad participation in the LUGPA APM, the financial modeling, and clinical appropriateness of the proposed model.

We wish to publicly support the model and hope PTAC recommends approval for implementation. We want to address a few concerns of the Preliminary Review team:

- 1) We believe there are already urologists, particularly in large or multi-specialty groups, interested in the broad responsibility for patient care. We expect urologists will be interested in this model since a majority of care in the first year after prostate cancer diagnosis is related to the prostate cancer.
- 2) Since fewer than 1 percent of urologists are in APMs and urologists have limited participation in the Oncology Care Model, we believe it is important to have the LUGPA APM available to urologists and urology patients to accelerate improvements in care delivery.
- 3) Although there is growing recognition that active intervention may be deferred in a subset of patients, the use of active surveillance represents a paradigm shift in care for the field. As such, numerous barriers still exist to modify physician and patient behavior. Consequently, adoption of active surveillance is highly variable. These barriers are exacerbated by lack of resources to ensure compliance with surveillance protocols and misaligned payment incentives, which encourage active intervention. Therefore, the LUGPA APM realigns payments with clinical best practices, as well as provides resources to manage the surveillance process, which will accelerate the use of surveillance, thereby reducing healthcare costs and increasing the quality of patient care.



Thank you for your time. We appreciate the chance to make this public comment and look forward to a positive review.