Acute Unscheduled Care Model (AUCM):
Enhancing Appropriate Admissions

Background

Over the last several years, there has been a movement in health care away from reimbursing physicians and other healthcare practitioners based simply on the volume of services they perform towards rewarding them for the value of care they deliver to their patients. The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 accelerated healthcare payment reform efforts by establishing the Quality Payment Program (QPP), the main quality reporting program in Medicare. As part of the QPP, physicians and other healthcare practitioners who actively participate in certain "Advanced" alternative payment models (APMs) can receive a 5 percent payment bonus through 2024 and a higher payment fee schedule update starting in 2026. If physicians do not participate in an Advanced APM, they must report measures under the Merit-based Incentive Payment System (MIPS), which can be burdensome.

Emergency physicians play a vital role in their communities, serving as safety-net clinicians who care for people at their greatest time of need. As they treat each patient, they must make a critical decision about whether the patient should be kept for observation, admitted to the hospital, or discharged. Fundamentally, they act as a gateway to the hospital for many patients and are therefore in a prime position to be meaningful participants in APMs. **However, while many emergency physicians participate in APMs, there simply are not any opportunities to do so.**

ACEP's Solution for Emergency Medicine: The Acute Unscheduled Care Model

Recognizing the gap in available Medicare Advanced APMs for emergency physicians to participate in, ACEP knew that as the leading voice in emergency medicine, we had to help find a solution. In 2015, ACEP formed an APM Task Force, co-chaired by Drs. Jeff Bettinger and Randy Pilgrim. The task force reviewed various APM proposals and eventually developed the Acute Unscheduled Care Model (AUCM, fondly pronounced as "Awesome"). ACEP submitted the AUCM proposal to a federal advisory committee called the Physician-Focused Payment Model Technical Advisory Committee (PTAC) in October 2017 for consideration.

The PTAC is tasked with recommending physician-focused APM proposals to the Secretary of the Department of Health and Human Services (HHS) for consideration based on a set of ten criteria established by the HHS Secretary. After months of back and forth with a Preliminary Review Team (PRT) within the PTAC (three out of ten PTAC members that carefully review the proposal, provide feedback, and issue a preliminary report), ACEP officially resubmitted the model in June 2018. The submitted model can be found here: https://aspe.hhs.gov/system/files/pdf/255906/ACEPResubmissionofAUCMtoPTAC.PDF

PTAC Meeting

On September 6, 2018, Dr. Randy Pilgrim, Dr. Jeff Bettinger, and Dr. Sue Nedza presented the model to the PTAC during a public meeting. During the meeting, the PTAC voted on the ten criteria. The PTAC determined that the proposal met all ten criteria:

PTAC Rating of Proposal by Secretarial Criteria

Criteria Specified by the Secretary	Full PTAC Rating
1. Scope (High Priority)	Meets and Deserves Priority Consideration
2. Quality and Cost (High Priority)	Meets
3. Payment Methodology (High Priority)	Meets
4. Value over Volume	Meets
5. Flexibility	Meets
6. Ability to be Evaluated	Meets
7. Integration and Care Coordination	Meets
8. Patient Choice	Meets
9. Patient Safety	Meets
10. Health Information Technology	Meets

The PTAC then voted to submit the model to the Secretary for FULL IMPLEMENTATION.

PTAC Recommendation

PTAC Recommendation	# of Votes (Plurality Rules) /1
1. Do Not Recommend to Secretary	0
2. Recommend to Secretary to Test on Limited Scale	2
3. Recommend to Secretary	5
4. Recommend to Secretary with High Priority Consideration	2

1/ Although there are 10 PTAC members, only 9 voted. 1 PTAC member, Harold Miller, recused himself from deliberations and voting due to his past involvement working on potential APMs with ACEP.

The full PTAC agreed that this model has a great potential to improve the way emergency care is delivered and that it filled a huge gap in the current portfolio of APM. Members of the PTAC also spoke in high praise of ACEP's work on the model, as well as of the presentation by Dr. Randy Pilgrim, Dr. Jeff Bettinger, and Dr. Sue Nedza and their ability to successfully address the concerns of the PRT. One member of the PTAC even said that it was the best APM he has reviewed to this point.

Report to the Secretary

Based on the voting and recommendations the PTAC made at the September 6 public meeting, the PTAC formally issued a report to the HHS Secretary on October 20, 2018. The report states that the PTAC officially recommends the proposal to the Secretary for implementation and that the Committee finds that the proposal meets all 10 of the Secretary's criteria and that the proposal deserves priority consideration based on the scope criterion.

HHS Secretary's Response

On September 27, 2019, the HHS Secretary responded to the PTAC's recommendation by stating that he was "interested in exploring how the concepts in the AUCM model for care management by emergency physicians after an ED encounter could be incorporated into models under development at the Centers for Medicare & Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMS Innovation Center)."

ACEP has had conversations with the CMS Innovation Center (also known as CMMI) since the Secretary has issued its report. However, to this date, CMMI has yet to make any tangible progress on the implementation of the model.

ACEP's APM Initiative

Since it is unknown how long it will take for CMMI to begin incorporating the AUCM into the Medicare APMs it is developing, ACEP created our own initiative to promote participation in emergency medicine-focused APMs being offered by other payors. As Medicaid and private payors move away from fee-for-service contracts with providers towards value-based payment arrangements, the AUCM would be an ideal APM construct for these payers to pursue. However, while we encourage other payors to incorporate core concepts of the AUCM into emergency medicine-focused APMs, we anticipate that some features of the APM will be different from the AUCM depending on the specific patient population being targeted.

ACEP has developed resources to help emergency physicians and other stakeholders understand more about the landscape of health care payment reform and how a model like the AUCM could help improve emergency care and lower costs. We have also created a set of frequently asked questions that will help clarify any misperceptions about the AUCM, the QPP, or APMs in general.

All these materials and more are found on ACEP's website: www.acep.org/apm.