



November 20, 2017

Via Electronic Submission

Jeffrey Bailet, M.D.

Committee Chairperson, Physician-Focused Technical Advisory Committee (PTAC)

c/o Angela Tejada, ASPE

Office of the Assistant Secretary for Planning and Evaluation

200 Independence Ave. SW Washington, DC 20201

Re: Public Comment – Acute Unscheduled Care Model (AUCM): Enhancing Appropriate Admissions

Dear Dr. Bailet:

I am writing on behalf of the Emergency Department Practice Management Association (EDPMA) to endorse the Acute Unscheduled Care Model (AUCM): Enhancing Appropriate Admissions. EDPMA is one of the nation's largest professional physician trade associations focused on the delivery of high-quality, cost-effective care in the emergency department. EDPMA's members include emergency medicine physician groups as well as billing, coding, and other professional support organizations that assist healthcare providers in our nation's emergency departments. **Together, EDPMA's members deliver (or directly support) health care for about half of the 141 million patients that visit U.S. emergency departments each year.** We work collectively and collaboratively to deliver essential healthcare services, often unmet elsewhere, to an underserved patient population who often has nowhere else to turn.

Emergency physicians play an essential role in reducing healthcare costs by providing quality care and diagnostic testing on a timely basis so patients can avoid significant downstream health problems and related costs. To date however, the legislative parameters for developing an Advanced Alternative Payment Model have made it very difficult for emergency physicians to take part. Therefore, EDPMA is very pleased to endorse the Acute Unscheduled Care Model (AUCM): Enhancing Appropriate Admissions which would allow emergency physicians to be recognized for the important role they play in value-based care.

This model ensures that physicians who are making the initial decision on inpatient or outpatient care are recognized for making good decisions, are encouraged to discharge from the emergency department when appropriate, and are rewarded for participating in post-discharge coordination. The model focuses on fee-for-service Medicare beneficiaries with an acute unscheduled ED visit with no inpatient admission in the 90 days prior to the ED visit or who had an ED visit within 30 days of the index visit and incentivizing out-patient care. The model is expected to result in a 3% decrease in overall risk-adjusted admission rates at a given hospital (when compared to prior year) across the aggregated conditions.

Please accept EDPMA's formal endorsement of this important AAPM model.

Sincerely,

A handwritten signature in black ink that reads "A Brault".

Andrea Brault, MD, FACEP, MMM, Chair of the Board

Emergency Department Practice Management Association (EDPMA)