CANCER LEADERSHIP COUNCIL

A PATIENT-CENTERED FORUM OF NATIONAL ADVOCACY ORGANIZATIONS ADDRESSING PUBLIC POLICY ISSUES IN CANCER

October 19, 2009

Charlene Frizzera
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, D.C. 20201

Re: CMS-1413-P, Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2010

Dear Ms. Frizzera:

The undersigned cancer patient, provider, and research organizations write to express their concerns about the potential adverse impact on access to quality cancer care resulting from proposed changes in payment for oncology services. We urge you to reconsider: 1) the elimination of consultation codes, 2) changes in assumptions regarding utilization of radiation oncology equipment, and 3) the validity of the survey data used to support changes in payments for oncology services.

Consultation Codes

Cancer care is complex, often involving many specialists and a complicated system of care. Consultation by physicians on cancer cases is an intellectually demanding endeavor that also requires significant time and reference to extensive medical records. The current consultation codes have served as a reasonable and responsible system of reimbursement for the services provided by consulting oncologists, and we urge that they not be eliminated.

We are concerned that the proposal to eliminate current consultation codes and redistribute the relative value units for those services to other evaluation and management codes will undermine progress toward better coordination and planning of cancer care. The cancer care system should move toward stronger integration of care by paying for cancer care planning and coordination, and the elimination of consultation codes is not

consistent with this sort of payment reform. Cancer advocates support the development of cancer care plans and survivorship plans and the enhanced coordination of all elements of cancer care as important steps toward improving the overall quality of cancer care. These services should be fairly reimbursed so that they are routinely performed, because their delivery will strengthen communication between patients and physicians, enable more informed patient decision-making, and contribute to better utilization of health care resources.

We urge reconsideration of the consultation codes, because abandoning them threatens the quality of the current system of care and the goal of enhanced quality of care.

Assumptions Regarding Utilization of Radiation Oncology Equipment

In the proposed rule, the Centers for Medicare & Medicaid Services (CMS) would increase the utilization rate assumption for radiation equipment valued over $1 million. We understand that CMS relied upon a Medicare Payment Advisory Commission (MedPAC) report in support of changing the utilization rate for equipment used in diagnostic imaging and radiation therapy, even though the MedPAC report referred only to diagnostic imaging equipment. We recommend that CMS reconsider the application of a higher utilization rate to equipment used in radiation therapy. The reimbursement cut that would result from this inappropriate assumption would threaten the viability of many facilities offering radiation therapy and would in turn affect the ability of cancer patients to obtain quality radiation therapy in convenient locations and accompanied by appropriate supportive care services.

Physician Practice Expense Survey

Proposed changes in physician payment in 2010 rely significantly upon a multi-specialty survey conducted by the American Medical Association with collaboration from medical specialty groups. We understand that for several specialties, including but not limited to oncology, the survey response rate was very low and that the reliability of the data from the survey has been questioned. We urge CMS to reconsider its heavy reliance on a potentially flawed study to support a significant change in physician payments.

Conclusion

Our fundamental goal is the development of a reimbursement system that will encourage the delivery of quality care and that will not put an unreasonable burden on cancer patients who are facing a very rigorous treatment regimen. We are concerned that elements of the proposed physician payment system for 2010 threaten patient access to quality cancer care. The reductions in payment for radiation oncology services are projected to average 19%, with certain practices experiencing much deeper cuts. The cuts in medical oncology payments are estimated to average 6%, with more drastic

reductions for some. It will be hard to sustain a quality system in light of cuts of the magnitude that will be experienced by many practices. We urge your action to protect cancer care quality.

Sincerely,

Cancer Leadership Council

American Psychosocial Oncology Society
American Society for Radiation Oncology
American Society of Clinical Oncology
Bladder Cancer Advocacy Network
Breast Cancer Network of Strength
C3: Colorectal Cancer Coalition
Cancer Care
Coalition of Cancer Cooperative Groups
Kidney Cancer Association
Lance Armstrong Foundation
The Leukemia & Lymphoma Society
Lymphoma Research Foundation
National Lung Cancer Partnership
National Patient Advocate Foundation
North American Brain Tumor Coalition
Pancreatic Cancer Action Network
Us TOO International Prostate Cancer Education and Support Network

cc: The Honorable Kathleen Sebelius
Secretary
Department of Health and Human Services