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RE: CMS-1524-P: Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2012

Dear Administrator Berwick:

The American Society of Hematology (ASH) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) proposed changes to the physician fee schedule for 2012. ASH represents more than 16,000 hematologists who are committed to the treatment of blood and blood-related diseases. ASH members include hematologists and hematologist/oncologists who regularly render services to Medicare beneficiaries.

The Society would like to offer comments on a number of provisions in the proposed rule that affect practicing hematologists and the Medicare beneficiaries whom they treat. ASH's comments focus on the following issues:

- Conversion Factor and Sustainable Growth Rate
- Identification and Review of Potentially Misvalued Codes
- Updates to Price and Useful Life for Existing Direct Inputs
- Quality Reporting Initiatives, including the Physician Quality Reporting System and the Electronic Prescribing Program

Conversion Factor and Sustainable Growth Rate

Under the current sustainable growth rate (SGR) formula, the conversion factor will be reduced by 29.5 percent in 2012. While ASH understands that Congressional action is needed to prevent this reduction, the Society wants to voice its deep concern to CMS. This proposed reduction is intolerable and could be a barrier to continued physician participation in the Medicare program, thus, severely jeopardizing patient access to care. There clearly needs to be both a short term solution to prevent the 2012 conversion factor reduction from occurring and a permanent "fix" to the SGR formula so that physicians are not threatened each year with massive payment reductions. ASH urges CMS to actively support legislative efforts to change the SGR system.

Identification and Review of Potentially Misvalued Codes

In the proposed rule, CMS is requesting that the Relative Value Scale Update Committee (RUC) of the American Medical Association (AMA) conduct a comprehensive review of all Evaluation and Management (E/M) codes. In support of this review, CMS notes that healthcare delivery system reform is resulting in a greater role for the primary care physician in managing chronic conditions. CMS states that the focus of primary care has evolved from "episodic treatment-based orientation to a focus on comprehensive patient-

centered care management in order to meet the challenges of preventing and managing chronic disease.” The rule states that a more current review of E/M codes is warranted as a result of these changes.

ASH agrees with the CMS position on primary care practice but emphasizes that it is not only family physicians and general practitioners for whom the practice of medicine is changing. Hematologists frequently treat and manage patients with chronic diseases including sickle cell disease, bleeding disorders such as hemophilia, acquired or inherited thrombotic disorders and blood-based cancers such as lymphoma and leukemia. Despite some improvements in relative payment rates over the years, the RBRVS system does not fully recognize the time and effort spent by all physicians, including hematologists, who manage a patient’s underlying condition as opposed to providing discrete procedural services, nor does it adequately recognize or compensate for non-face-to-face contacts with patients and their families. Hematologists spend significant time on the telephone counseling patients, coordinating care with other professionals, managing drug regimens and conducting other services. ASH is not convinced that the best way to deal with these patient management issues is through another RUC review of all of the E/M codes or through some alternative effort by the RUC and/or CMS to reassess this issue in a broader manner. However, ASH strongly urges CMS to view the issue of uncompensated or undercompensated patient management services broadly and that reforms not be limited to primary care physicians’ services.

Updates to Price and Useful Life for Existing Direct Inputs

ASH would like to express its appreciation for the adjustment made in the reimbursement assigned to the tray used for bone marrow biopsy and aspiration procedures. This price increase will help to cover the costs of providing these services.

Quality Reporting Initiatives

ASH supports efforts by CMS to implement the multiple quality initiatives mandated by Congress, including the Physician Quality Reporting System (PQRS), the Electronic Prescribing Program (eRx), the Electronic Health Record (EHR) Incentive Program and the Value-Based Modifier. The Society believes that these programs can play an important role in improving the care provided to patients particularly if they are periodically evaluated for their true impact on patient outcomes. The Society also appreciates attempts by CMS to begin to coordinate and standardize the requirements for these programs to minimize the burdens placed on participating physicians. As these programs move into a penalty phase, it is critical that CMS develop clear guidelines on how physicians in different sized practices participate in each of the quality programs. The Society recognizes that the timelines for these programs were mandated by Congress, but is extremely important for CMS to ensure that these programs are harmonized to the fullest extent possible.

In this unstable payment environment where providers face the threat of annual cuts from the sustainable growth rate formula, it is imperative that further instability not be added to the Medicare system. ASH members maintain the utmost commitment to providing quality care to Medicare beneficiaries; however, physicians must be able to easily navigate the program requirements and receive clear and timely feedback from CMS with respect to their performance in these programs before penalties are imposed.

Physician Quality Reporting System (PQRS)

ASH was one of the first medical specialty societies to develop quality measures, which have allowed many of its members to participate in PQRS. However, many hematologists have sub-specialized in other areas of hematology/oncology, and thus these measures are inapplicable to their practices. In 2009 and 2010, ASH submitted a proposal to develop an additional measure on Deep Vein Thrombosis in the Outpatient Population to the AMA’s Physician Consortium for Performance Improvement (PCPI). This measure proposal has not moved forward because of PCPI’s need to complete measure development and maintenance projects initiated in or carried over from 2010, as well as topics that must be prioritized for measure maintenance in 2011. In fact, ASH’s four hematology measures are awaiting full endorsement by the National Quality Forum, again, due to the backlog in maintenance projects. This delay has been frustrating to the Society, since it sought to

provide a broad group of its members the opportunity to participate in PQRS. Consequently, ASH is now deeply concerned that many of its members soon could be penalized because they do not have enough or any measures on which to report. The time necessary to develop and implement additional measures will prevent many members from being able to participate by 2015. CMS must address this issue as soon as possible, as physicians cannot afford to be penalized for circumstances beyond their control.

The Society does support the Agency's proposals to simplify the requirements to successfully participate in the Maintenance of Certification (MOC) program to receive the additional 0.5 percent bonus. This program provides a valuable way for our membership to participate in PQRS. As currently structured, physicians can only participate in the MOC program if they are reporting other quality measures. ASH asks that CMS allow physicians without applicable quality measures to participate in the MOC program and receive the bonus payment.

Electronic Prescribing Program (eRx)

Since the eRx program will move into a penalty phase in 2013, ASH recommends that CMS provide physicians with additional information on how to successfully participate as well as how to apply for an exemption to the program. The Society appreciates proposals from CMS to provide for additional hardship exemptions, but it is imperative that providers understand all of their options to avoid being penalized when it is not feasible for them to report. Once CMS has finalized its proposed hardship exemptions, CMS should publicize the creation of the web portal and/or mailing address to which hardship exemptions can be submitted.

Thank you again, for the opportunity to comment on this proposed rule. If you require additional information, please contact Mila Becker, Esquire, ASH Director of Government Relations and Practice at 202-776-0544 or mbecker@hematology.org.

Sincerely yours,

A handwritten signature in black ink, appearing to read "J. Evan Sadler". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

J. Evan Sadler, M.D., Ph.D.
President