2021 L Street, NW, Suite 900, Washington, DC 20036 ph 202.776.0544 fax 202.776.0545 e-mail ASH@hematology.org

2013 President

Janis L. Abkowitz, MD University of Washington

Box 357710 Seattle, WA 98195-0001 phone 206-685-7877

fax 206-543-3560 janabk@u.washington.edu

President-Elec

Linda J. Burns, MD
Division of Hematology, Oncology,
and Transplantation
420 Delaware Street, SE
MMC 480/Room 14–154A Moos Tower
Minneapolis, MN 55455-0341

phone 612-624-8144 fax 612-625-9988 burns019@umn.edu

Vice President

David A. Williams, MD Chief, Division of Hematology/Oncology Children's Hospital Boston 300 Longwood Avenue, Karp 8 Boston, MA 02115

phone 617-919-2697 fax 617-730-0934 dawilliams@childrens.harvard.edu

Secretary

Stephanie J. Lee, MD, MPH Fred Hutchinson Cancer Research Center 1100 Fairview Avenue North, D5-290 PO Box 19024 Seattle, WA 98109

phone 206-667-5160 fax 206-667-1034 sjlee@fhcrc.org

Treasurer

Richard A. Larson, MD University of Chicago 5841 S. Maryland Avenue, MC-2115 Chicago, IL 60637-1470 phone 773-702-6783

phone 773-702-6783 fax 773-702-3002 rlarson@medicine.bsd.uchicago.edu

Councillors

Kenneth Anderson, MD Michael A. Caligiuri, MD Joseph Connors, MD Jonathan D. Licht, MD Margaret A. Shipp, MD Marilyn Telen, MD Alexis Thompson, MD, MPH John Winkelmann, MD

Editors-In-Chief

Bob Lowenberg, MD, PhD, Blood Charles Parker, MD, The Hematologist

Executive Director

Martha L. Liggett, Esq. mliggett@hematology.org

April 15, 2013

Representative Fred Upton Chair, Energy and Commerce Committee 2183 Rayburn House Office Building Independence and S. Capitol St., S.W. Washington, D.C. 20515 Representative Dave Camp Chair, Ways and Means Committee 341 Cannon House Office Building 1st and Independence Ave., S.E. Washington, DC 20515

Submitted Electronically to: sgrcomments@mail.house.gov

Dear Chairmen Camp and Upton:

The American Society of Hematology (ASH) appreciates the opportunity to offer the Society's comments on your revised proposal to repeal the sustainable growth rate (SGR) formula and reform Medicare's physician fee for service payment system.

ASH represents approximately 14,000 clinicians and scientists committed to the study and treatment of blood and blood-related diseases, including blood cancers such as leukemia, lymphoma and myeloma, and nonmalignant illnesses such as anemias, thrombosis and bleeding disorders. ASH's mission is to promote the understanding, prevention and treatment of blood disorders, and improve healthcare and patient outcomes with hematologic disease.

ASH appreciates the fact that you have provided significant detail to your original physician reimbursement reform proposal and that you continue to seek input from physicians and their medical societies on the changes you are proposing. ASH reiterates our support for the first phase of the proposal which will eliminate the SGR formula and set in statute a period of stable and predictable updates in physician fees. **ASH** recommends that this period at a minimum be set at 5 years and that the fee updates provided during this period be based on the medical rate of inflation.

ASH also supports moving to a system that combines a base payment rate with a variable rate tied to quality performance as described in your proposal. ASH concurs that the variable rate be based on three criteria: performance on quality measures scored relative to peers, significant improvement in one's own quality score over time, and the execution of clinical improvement activities. In addition, ASH supports the risk-adjustment of quality measures based on the severity of illness of patients and allowing physicians to participate in this program individually or as part of a group practice. These are all key elements of Phase II of your proposal.

Response to Questions for Phase II

1. How should the Secretary address specialties that have not established sufficient quality measures?

ASH believes the best way to address this problem is to provide significant time for the implementation of the Update Incentive Program (UIP) that will allow for the

development of new quality measures and other clinical improvement activities. ASH recommends that the UIP be phased in over a period of years, where the portion of payment for physician reimbursement under the UIP increases gradually over a 4 year period. A phased-in approach has been taken by the Centers for Medicare & Medicaid Services (CMS) to implement most major changes made to payment systems to physicians, hospitals, and other providers.

In addition, the proposal's broad definition of quality measures to include both outcome and healthcare process metrics will allow more measures to be included in the program. This is very important for ASH as hematologists care for patients with many rare diseases, with many stages and different molecular subtypes. Randomized clinical trials and guidelines do not exist for many areas of hematology, and because the science is ever-changing, a potential quality metric may quickly become out-moded, making year-to-year comparisons difficult. In addition, many hematologic diseases are chronic in nature, and surrogate end-points may be difficult to abstract and quantify.

Finally, it is important to allow for measures that are approved by consensus-based groups such as the National Quality Forum, as well as measures developed by specialty societies using a systematic, consensus-based process. Measures developed this way can fill gaps, differentiate performance, and address the clinical care, safety, care coordination and experience domains. The AMA Physician Consortium for Performance Improvement (PCPI) process has limited the number of hematology measures available because its process is so backlogged, it has not been able to accept new topics for development. Like ASH, many specialty societies are under pressure to revise and develop new measures in order for their members to be able to comply with the PQRS program. This increase in the sheer volume of measures directly impacts the total number of measures that PCPI and NQF can efficiently manage, which limits and slows down the development and approval process. However, ASH has developed additional quality improvement tools that should be considered for the UIP as described in your proposal. The acceptance of ASH's Practice Improvement Modules described below would significantly expand the ability of hematologists to participate in the program.

2. Is it appropriate to reward improvement in quality over time in addition to quality compared to peers?

ASH supports the Update Incentive Program including measures that recognize quality improvement of an individual over time in addition to quality performance as compared to peers. Rewarding physicians whose individual performance is significantly improving along with rewarding the "top performers," will encourage the maximum degree of quality improvement across the entire specialty.

The ASH Practice Improvement Modules (PIMs) combine an assessment of quality as compared to others and a means to improve a practitioner's quality practices over time. PIMs are web-based self-evaluation, chart abstraction tools that guide board-certified physicians through medical record abstractions and a practice system inventory to establish a performance assessment for a chronic condition or preventive service. PIMs include "quality indicators" which are the key procedural steps expected to be performed in the routine diagnosis or treatment of a patient. Through the PIMs process, physicians can make substantial improvements in practice that will translate into higher quality of care for patients. The interactive PIM process allows physicians to reflect on detailed performance data, select areas for improvement and create an improvement plan with goals and strategies. Once the plan has been implemented and its effect measured, the board-certified hematologist reports the results to the American Board of Internal Medicine (ABIM) for its Maintenance of Certification (MOC) program. ASH believes that the PIMs process is one that could be further developed to meet the requirements of an aligned quality-related reporting system.

3. Are there sufficient clinical practice improvement activities relevant to your specialty? If not, does your organization have the capability to identify such activities and how long would it take.

While ASH has developed a variety of evidence-based tools, including clinical practice guidelines, quick reference guides, performance measures and PIMs to measure quality and practice improvement for various hematologic diseases, we remain concerned that there are not sufficient measures available for all members, especially those subspecialists that treat non-malignant hematologic diseases. The development of measures takes time and resources, including significant volunteer effort from ASH members. It can take up to several years for ASH to complete the process for developing a single quality measure. If your proposal were to take effect, ASH would assess its current PIMs to determine their suitability for the UIP. In addition to the time it would take to revise the PIMs for the UIP, there will be an additional delay for an approval process at CMS. But, even if ASH's PIMs could be adapted to the UIP, there remain many subspecialist hematologists who would not be able to participate based on the limited number of current measures available. (Hematology PIMs developed by ASH focus on the following topic areas: myelodysplastic syndromes (MDS), multiple myeloma, perioperative anticoagulation management and immune thrombocytopenia (ITP). ASH is in the process of finalizing two additional PIMS focused on non-Hodgkin lymphoma and MDS.)

Response to Questions on Phase III

ASH continues to be concerned that efficiency measures will be difficult to incorporate into an incentive system. This may have to be done in a more general way, such as looking at efficiencies in evaluation and management services or other services or tasks that are shared by all types of practitioners. ASH asks that efficiency measures only be implemented after the quality-related payment system has been incorporated into practice for several years.

Response to Questions on Provider Opt-Out for Alternate Payment Model (APM) Adoption

For physicians who predominately care for relatively rare diseases for which quality data are not available, ASH would ask that Congress direct the Secretary to develop Alternate Payment Models that would assure that these physicians are not penalized. Two options come to mind. The first would be to give these physicians the opportunity to meet certain "process" measures such as those developed for specialty medical homes or specialized treatment centers. The other alternative would be to allow for 100 percent of these physicians' payment to be based on the "base" payment rate in lieu of 75 percent or whatever portion is determined to be the base payment share once the UIP is in place. This opt-out policy could be in place for a transitional period until such time as quality measures are available under UIP.

The Society thanks you again for the opportunity to submit these comments and looks forward to working with you to find a permanent solution to the physician payment issue. ASH would welcome the opportunity to meet with you to further discuss the Society's concerns. If you have any questions or would like additional information, please have your staff contact ASH Senior Director of Government Relations, Practice, and Scientific Affairs Mila Becker at mbecker@hematology.org or 202-776-0544.

Sincerely,

Janis L. Abkowitz, MD

Jano 2. althouits

President