

December 11, 2013

The Honorable Max Baucus
Chairman
The Honorable Orrin G. Hatch
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Dave Camp
Chairman
The Honorable Sander M. Levin
Ranking Member
Committee on Ways & Means
United States House of Representatives
Washington, DC 20515

Dear Leaders of the Senate Finance and House Ways and Means Committees:

The Cognitive Specialty Coalition, representing more than 68,500 physician specialists who provide primarily face-to-face care and care coordination for Medicare beneficiaries with chronic and complex conditions, greatly appreciates your ongoing efforts to permanently repeal the Sustainable Growth Rate payment formula and ensure access to care. Examples of cognitive specialists include rheumatologists who deal with complex chronic conditions such as arthritis and other rheumatic diseases; endocrinologists dealing with diabetes; infectious diseases specialists dealing with HIV; neuro-ophthalmologists dealing with the most complex of visual disorders; and neurologists who deal with multiple sclerosis, Alzheimer's disease, Parkinson's disease, and epilepsy. Frequently, cognitive specialists are able to prevent the need for costly procedures by identifying and treating patients early.

We appreciate modifications the committees have made to the SGR repeal bill based on recommendations provided by our organizations and other groups. The current legislation would permanently repeal the SGR and eliminate all future SGR-related cuts; cancel the penalties scheduled under existing reporting programs and replace these programs with a consolidated Value-based Payment program; provide opportunities for higher payments based on successful participation in the VBP program or an alternative payment model; advance quality measure development and clinical data registries; and effect other beneficial reform.

Our organizations urge your committees to vote to advance the bipartisan, bicameral SGR repeal legislation with the intent of further improving it as the legislative process moves forward. As the process moves forward we ask that you consider the following issues and recommendations to improve the bill and increase support for the legislation among our member physician specialists and others.

First, we believe it is critical that positive payment updates for all providers be included in the bill at some point in the legislative process and appreciate the addition in the Ways and Means Chairman's Amendment of 0.5 percent payment updates through 2017. The further-reduced 10-year cost of SGR repeal makes these updates more feasible. Given the impacts of a decade of nearly frozen payment rates in the face of ever-growing practice costs, positive updates were also included in the bipartisan Energy and Commerce committee bill that committee passed unanimously earlier this year. Positive updates are needed to maintain patient access and allow practices to remain viable while coping with EHR and ICD-10 implementation, and to possibly adopt payment innovations. We hope you will recognize that inclusion of positive updates is essential to physician acceptance of this framework and will take advantage of the even further-reduced cost of SGR repeal.

Second, we urge adoption of a threshold scoring model rather than a competition model, which is the approach the Energy and Commerce committee took in its bipartisan plan. All physicians who are providing high quality, high value care and meeting benchmarks should be able to receive the highest payment updates. We do not support offsetting payment increases of high performers with payment decreases to others, if it is possible that physicians providing quality care could receive reductions because of others' performance or nuances of the VBP program and its applicability to them. Additionally, under the competition model many variables that ultimately determine rankings against peers may not be in the control of the individual physician.

Third, we thank the committees for their work to encourage care management for individuals with chronic care needs. We assume the committees intend for those provisions to apply to cognitive specialists as well as primary care providers who are providing this type of care coordination for individuals with chronic conditions. Many of our members provide exactly the type of chronic care management the bill seeks to encourage, and in many instances they are actually the primary care physician coordinating their patients' care. However, many of our members are in small or solo practices and find it difficult to meet the infrastructure requirements of a patient-centered medical home and related models. If the intent of this section is to encourage the chronic care management services, we are hopeful that physicians providing that care will be included regardless of whether they are part of a PCMH.

We ask that the following insertion in the discussion draft be considered, in the section regarding comparable qualifications to bill the payment code for chronic care management services:

(Within Section 4, page 97 of the discussion draft)

(ii) meets such other comparable qualifications as the Secretary determines to be appropriate. Such qualifications shall be attainable by any provider who performs the requisite chronic care management services, regardless of specialty designation.

Finally, we are concerned about the future extension of programs to improve the practice climate for primary care providers that have not been applicable to cognitive specialists. Specifically, the Medicaid primary care increase expires at the end of 2014 and the primary care bonus expires at the end of 2015. Although it may not be possible to include extension of those in this SGR repeal bill, we believe it is vitally important that these programs include all physicians who primarily bill evaluation and management codes, regardless of specialty designation, in order to ensure the physician workforce can meet the needs of all Medicare beneficiaries. Continuing to focus on physician designation rather than patient care will further erode the supply of cognitive care providers who already are experiencing the same economic disadvantages as PCPs with the resulting difficulty in attracting graduating US medical students into the specialties.

Thank you for taking these issues into consideration. We urge members of the committees to vote to advance the SGR bill through your committees so that further improvements to this important legislation can be made as it moves forward in the legislative process.

Sincerely,

American Academy of Allergy, Asthma, and Immunology
American Academy of Neurology
American Association of Clinical Endocrinologists
American College of Rheumatology
Infectious Diseases Society of America
North American Neuro-Ophthalmology Society
The Endocrine Society