

December 1, 2011

The Honorable Allyson Y. Schwartz  
1227 Longworth House Office Building  
Washington, DC 20515

Dear Congresswoman Schwartz:

The Cognitive Specialty Coalition, made up of physician specialists who practice primarily face-to-face care for Medicare beneficiaries, commends you for your efforts to alter the physician payment system in a substantive way that moves away from the flawed Sustainable Growth Rate (SGR) formula to a more stable system that would offer specialists who practice primarily nonprocedural care options for providing high quality, appropriate care.

Our organizations, representing 55,500 physicians find a number of your provisions laudable, however, one in particular inserts a hurdle that prevents us from considering the merits of the proposal.

Our specific concern is your proposal to differentiate payment updates based on specialty designation alone by providing a 2.5-percent increase for primary care providers as defined by the Affordable Care Act (ACA) and 0.5-percent increase for all other specialties for four years.

This split will further exacerbate the problems experienced by cognitive specialists who primarily bill evaluation and management codes (E/M) rather than procedural codes—*just as primary care providers do*. By the end of the four year period, with no guarantee that there will be new payment models, primary care providers will receive payments 18 percent greater than cognitive specialists (10 percent from the primary care bonus in the ACA plus 8 percent in your proposal) for providing identical care for Medicare beneficiaries.

Members of the Cognitive Specialty Coalition are not asking to be defined as primary care providers, but the practice climate for cognitive specialists much more resembles that of primary care providers than procedural specialists. We have presented data to your office that shows that cognitive specialists bill the same E/M codes, have similar recruiting problems, and commensurate income levels as primary care providers.

Picking winners and losers based on specialty designation, as the ACA did, will lead to the unintended consequence of an imbalanced physician workforce that does not provide the proper mix of physicians necessary to meet the needs of Medicare beneficiaries. Left out will be cognitive specialists who often manage care for patients with chronic disease, preventing hospital stays and costly surgeries. These valuable services go beyond primary care, improving patient outcomes and decreasing costs, and they must be properly compensated in order to ensure patient access.

If lines between physicians must be drawn, it should be done based on the services provided to patients, by incentivizing physicians who predominantly bill E/M codes rather procedural codes. This was one of the suggestions in the original MedPAC proposal calling for a primary care bonus.

At this time we are prepared to oppose the primary care differential portion of your proposal. For these reasons, prior to introduction of any legislation, we strongly urge you to alter your short-term primary care payment differential to instead incentivize physicians who primarily provide E/M care. We would like to work with you to amend your proposal's language in this manner. The modification would allow our organizations to consider the merits of your long-term proposal, which we all agree is vital to the discussion of how to move away from fee-for-service while providing access to care for Medicare beneficiaries.

American Academy of Neurology

American College of Rheumatology

The Endocrine Society

Infectious Diseases Society of America

North American Neuro-Ophthalmology Society