ASTRO
TARGETING CANCER CARE

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August 29, 2019

The Honorable Alex M. Azar II
Secretary
US Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

Dear Secretary Azar:

On behalf of the American Society for Radiation Oncology[1] (ASTRO), I am writing to express concerns and offer physician-recommended changes for the proposed Radiation Oncology Alternative Payment Model (RO Model) in advance of our formal comments due on Sept. 16. According to the RO Model proposed rule (CMS-5527-P), the model is designed to test whether prospective episode-based payments to radiation therapy centers for episodes of care would reduce Medicare expenditures while preserving or enhancing the quality of care for Medicare beneficiaries. Unfortunately, we believe this test is flawed, as reducing payment will not improve quality, but rather jeopardize access to safe and effective radiation treatments by putting too much financial strain on radiation oncology practices that have no choice but to participate. Instead, ASTRO recommends significant changes to the proposal that will incentivize the use of high quality, efficient radiation therapy treatments that drive value and generate savings for Medicare.

ASTRO embraces the spirit and goals of the Medicare Access and CHIP Reauthorization Act (MACRA) and is committed to ensuring that radiation oncology can fully participate in an Advanced Alternative Payment Model that drives greater value in cancer care. This commitment is grounded in the belief that such a transition will lead to improved patient outcomes through the delivery of high quality, efficient care, as well as stable and predictable payment rates and reduced administrative burden associated with activities that do not lead to better patient care. We are fully invested in working with Centers for Medicare and Medicaid Services (CMS) on ways to improve the model so that it may be successful for all stakeholders, including the Medicare program, taxpayers, beneficiaries and radiation oncology providers.

[1] ASTRO members are medical professionals practicing at hospitals and cancer treatment centers in the United States and around the globe. They make up the radiation treatment teams that are critical in the fight against cancer. These teams include radiation oncologists, medical physicists, medical dosimetrists, radiation therapists, oncology nurses, nutritionists and social workers. They treat more than one million cancer patients each year. We believe this multi-disciplinary membership makes us uniquely qualified to provide input on the inherently complex issues related to Medicare payment policy and coding for radiation oncology services.

While ASTRO believes that there are some positive elements included in the CMS proposed RO Model, if finalized, we believe the model will undermine the goals of payment reform and may limit patient access to life-saving radiation treatments. While we appreciate CMS' recognition of ASTRO's efforts and the opportunity to collaborate on the development of an alternative payment model for radiation oncology, there are key issues with regard to the RO Model as it is proposed that will need to be addressed in order to ensure its success.

Our key concerns and suggested solutions include:

- **Mandatory Participation.** Requiring participation representing 40% of radiation oncology episodes goes too far for an untested model. *Instead, CMS should consider launching the model as voluntary, then transitioning to mandatory on a limited basis, including opt-outs for low-volume practices and hardship exceptions.*
- **National Case Rates.** There are serious flaws in the calculation approach for the national case rates that would result in a significant and unfair payment penalty for participants. We are concerned that the methodology fails to account for a range of complex clinical scenarios and treatment costs for many clinics. *CMS must also ensure adequate payments for patients receiving standard of care multi-modality treatments, such as combination therapy for gynecological cancer.*
- **Efficiency and Discount Factors.** The proposed payment adjustments could disproportionately harm "efficient" practices and result in excessive cuts. *CMS should adjust the efficiency factor to avoid penalizing efficient practices and scale back the discount factors, which risk patient access by causing significant financial issues for such a capital expenditure intensive specialty.*
- **APM Incentive Payment.** CMS' selective waiver of the 5% APM incentive payment on freestanding center technical payments undercuts the spirit and letter of the MACRA's intent of encouraging providers to assume risk and participate in APMs. *CMS should either remove this waiver or eliminate the 5% technical component discount factor.*
- **Innovation.** Innovation in radiation oncology has contributed greatly to increased cure rates and reduced side effects from treatment. Yet, the RO Model does not adequately account for the next generation of advances in the delivery of radiation oncology. *CMS should consider a new technology determination process that pays fee-schedule rates for a limited time and adopt a rate review mechanism for new service lines and upgrades.* It's important that practices can continue to invest in innovations that provide clinical benefit for patients.
- **Burden.** The proposed RO Model would heap additional administrative tasks and costly requirements on already burdened radiation oncology practices. *CMS should rely heavily on recommendations from the radiation oncology community to ensure that only information that is most meaningful and least burdensome is collected. In addition, CMS should delay the start of the model until July 1 to allow time for practices to make necessary adjustments.*

ASTRO's official comment letter will provide additional details on these issues, as well as data points demonstrating alternative methodologies that the final model should adopt. ASTRO appreciates the opportunity to engage on the development of this proposed alternative payment model for radiation oncology. Our goal moving forward is to work constructively with the Department and Agency to improve upon the proposed RO Model.

In sum, while we believe that there are flaws in this initial design, we look forward to the opportunity to modify this proposal so that it can be successfully implemented. We do not believe any of these issues to be insurmountable and we would like to partner with you on finalizing the best possible model.

If you have any questions regarding the recommended revisions found in our comments, please contact Anne Hubbard, Director of Health Policy at 703-839-7394 or Anne.Hubbard@ASTRO.org.

Sincerely,

Laura Thevenot

Laura I. Thevenot, CAE
Chief Executive Officer

Cc: CMS Administrator Seema Verma