

November 3, 2017

Seema Verma
Centers for Medicare and Medicaid Services Administrator
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Submitted electronically: Partnership@cms.hhs.gov

Re: “Patients Over Paperwork” Initiative

Dear Administrator Verma:

On behalf of our members, the American Society for Radiation Oncology¹(ASTRO), thank you for inviting us to participate in the “Patients Over Paperwork” listening session on October 26, 2017. ASTRO greatly appreciated the opportunity to discuss the regulatory burden on radiation oncology physicians and its impact on their ability to deliver efficient care that is of high quality and high value.

According to a recent survey of ASTRO members, more than one-third of respondents reported that administrative burden, and consequently less time for patient care, represented the greatest challenge faced by their practice. Therefore, ASTRO believes your analogy for the current regulatory atmosphere as “a house that has been painted over one too many times without the appropriate stripping of old paint” is an apt description. Regulations have been layered on over the last few years and even decades, with little consideration as to whether they are still appropriate or even achieve the intended purpose. It’s time to strip the old layers of regulation out of the healthcare system, examine their effectiveness and consider new ways of supporting the delivery of high value care.

As you requested, we would like to follow up with additional ideas and thoughts about reducing regulatory burden in healthcare: First, compliance with Merit Based Incentive Payment System (MIPS) requirements as outlined in the 2018 Quality Payment Program proposed rule; and second, the use of Radiation Oncology Benefit Managers in the review and approval of patient treatment plans, particularly with regard to Medicare Advantage Plans.

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.

MIPS Participation Requirements

We refer the agency to ASTRO's comments on the Quality Payment Program proposed rule for 2018². In general, ASTRO urged CMS to recognize that burdensome reporting requirements take away from patient care. We understand that it is important to collect data to determine the quality of patient care delivery, but we disagree with requirements that are onerous and distract from patient care. As an example, the Agency is exploring full year reporting for the MIPS Quality performance category beginning in 2018. Because much of this reporting requires manual input of data, we believe it is unnecessarily burdensome and urge the Agency to reduce the burden to a 90-day reporting period similar to that of the Advancing Care Information and Improvement Activities performance categories.

We urge the Agency to make MIPS scoring more achievable so that physicians can create a business plan that accounts for the reporting requirements. The current scoring methodology is complex and difficult to understand. A more straightforward scoring methodology could be incorporated into practice operations and business plans, yielding greater chances for success for participants. Additionally, **ASTRO urges CMS to work collaboratively with specialty societies in the development of measures.** We believe that this type of collaborative work can yield measures that utilize the most recent and relevant clinical guidelines that ensure the most appropriate care pathways.

Further, we urge the Agency to reconsider requirements that specific types of EHRs be purchased for data reporting. For many practices, the requirements to purchase specific EHRs and then the necessary frequent upgrades are costly and burdensome. **ASTRO urges the Agency to work with EHR vendors to ensure that their technology can meet reporting requirements. Currently, physicians are penalized if reporting requirements aren't met. This is unfair insofar as they are at the mercy of the products available from EHR vendors.** It would seem more appropriate for CMS to work directly with EHR vendors to ensure that their technology is able to meet CMS designated reporting requirements.

Radiation Oncology Benefit Management (ROBM) Companies

ASTRO believes that it is time for CMS to step in to address the valueless burdens associated with Radiation Oncology Benefit Management (ROBMs), particularly in the Medicare Advantage market. ROBMs that operate on behalf of Medicare Advantage Plans should be held to the same standards as Medicare Administrative Contractors, this includes requiring them to acknowledge the National and Local Coverage Determinations issued by CMS. These coverage policies are adhered to by the various Medicare Administrative Contractors and they should be adhered to by Medicare Advantage plans.

ASTRO endorses professionally developed and vetted clinical practice guidelines, appropriateness of care criteria and consensus-based model policies developed in a transparent

² ASTRO Comments on [2018 QPP Proposed Rule](#)

manner with peer review and input as the foundation for clinical decision making. However, too often physicians face overly restrictive ROBM guidelines that oversimplify the process of individual patient management and abrogate the professional judgments that are often only possible within the private boundaries of a direct patient-doctor relationship.

ASTRO has received numerous complaints regarding ROBMs related to increases in denials and delays in preauthorization, treatment or payment. These activities have often caused distressing delays in care for cancer patients, as well as increased costs for providers and their practice staff who must navigate tedious authorization processes. ASTRO members have shared specific accounts of delays in treatment and payment and inadequate peer-to-peer reviews of contested cases. We urge CMS to reign in this activity by applying the same regulatory authority to ROBMs as is applied to Medicare Advantage plans, as ROBM activity is increasingly burdensome and ultimately jeopardizes the quality of cancer care.

Reducing regulatory burden will result in higher quality care and a more efficient health care system. Again, ASTRO appreciates your commitment to reducing regulatory burden in the healthcare system and we look forward to continued opportunities to collaborate with the Agency, as it proceeds with the “Patients Over Paperwork” initiative. Thank you for the opportunity to provide additional comments, should you have any questions, please contact Anne Hubbard, Director of Health Policy at 703-839-7394 or Anne.Hubbard@ASTRO.org.

Sincerely,



Laura I. Thevenot
Chief Executive Officer