



September 8, 2015

Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1631-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: CMS-1631-P, Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2016

Dear Mr. Slavitt,

On behalf of the Cancer Support Community (CSC), an international nonprofit organization that provides support, education and hope to over 1 million people affected by cancer each year, we appreciate the opportunity to respond to your request for comments on revisions to the physician fee schedule. CSC respectfully submits the following comments for your consideration:

Distress Screening Protocol to Improve Psychosocial Assessment

As you continue to reform the physician fee schedule, CSC strongly urges you to implement a validated protocol to routinely screen Medicare patients for psychosocial distress and link them with appropriate professional and community resources. We know that screening for psychosocial distress along with follow-up care is a fundamental component of comprehensive quality cancer care that improves patient outcomes at a decreased cost to the health care system. Yet this service is rarely performed systematically and is currently not reimbursed by CMS.

According to the Institute of Medicine (IOM), there are more than 14 million cancer survivors in the U.S. today, and at least 50 percent of those suffer from treatment-related side effects, including physical, psychosocial, cognitive and sexual abnormalities, as well as concerns regarding recurrence and/or the development of new malignancies. Survivors also face issues involving lack of appropriate health maintenance counseling, increased unemployment rate and workplace discrimination. Studies show that the same effects of distress are observed in patients with other chronic illnesses such as diabetes, arthritis and heart conditions, among others. Research shows that distress can negatively affect medical and psychological outcomes and obstruct advancement into long-term survivorship. Screening for psychosocial distress helps people identify their concerns and

worries, and voice them with their health care team; it also provides the roadmap for the health care team to deliver personalized information and support to address each person's specific concerns. This research points to the need for a reimbursable distress screening protocol. We urge CMS to adopt such a protocol and make it reimbursable.

Payment for Care Management Services

As the largest direct provider of social and emotional support services for people impacted by cancer, serving nearly 1 million patients and caregivers free of charge each year, CSC has a unique understanding of the importance of mental health professionals as a part of patient centered cancer care.

We applaud CMS's initiatives to improve the accuracy of payment for and encourage long-term investment in, care management services. As chronic conditions become more advanced, decisions faced by patients and families become more complex and often have significant trade-off considerations including efficacy, tolerability, cost and impact to overall quality of life, to name a few. We know from the [Cancer Experience Registry](#)—the only Registry of its kind to map the patient experience with cancer—that patients often feel unprepared to make treatment decisions yet they are left to manage the short and long-term effects of their cancer experience. Further, patients who have had advance care planning conversations with their health care providers and families are more likely to be satisfied with the care they receive.

Chronic care management has been shown to increase health care quality. However, proper management and care coordination of chronic illnesses is labor intensive and requires extensive interaction with the beneficiary to develop care plans, discuss options, follow-up with multiple specialists and continuous coordination and communication among all health care professionals and caregivers involved. As such, Medicare should reimburse health care professionals, including licensed mental health professionals, for the significant amount of work involved in advance care planning discussions with patients and families. The current CCM codes exclude mental health professionals and we urge you to reverse this omission.

To underscore our recommendations we would like to share with you some of the findings from data collected through the Cancer Support Community's Cancer Experience Registry, a database and community of over 8,200 people with all types of cancer, indicating that quality of life issues and attention to individual preferences and needs are key factors in patients' definition of value.

When asked to define value in the context of their cancer experience, [25 percent of respondents](#) defined value as an existential, practical, relational benefit. Registrant responses include:

- "Being informed, empowered and part of the decision-making"
- "Being treated as an individual not a diagnosis"
- "Balancing quality of life with effective treatment"
- "Information and appropriate communication of that information at the right time and right place."

CSC strongly supports access to patient-centered, high quality, comprehensive care for all people. Public policies and health care delivery models should support the patient-physician dialogue and shared decision-making to arrive at evidence-based care plans that incorporate patients' values and

preferences. Patients should have access to an informed, evidence-based dialogue between the physician and the patient that incorporates consideration of the patient's definition of value and the impact of the care plan on the overall patient experience.

In closing, I would like to thank you for the opportunity to comment on this proposed rule and share the voice of patients living with cancer. Please feel free to contact me if I can provide further information. I can be reached at (202) 659-9709 or by email at linda@cancersupportcommunity.org.

Sincerely,



Linda House, MSM, BSN, RN
President

References

- Adler, N.E., Page, A.E.K. (2008). Cancer care for the whole patient: Meeting psychosocial health needs. Institute of Medicine (IOM). Washington, DC: The National Academies Press.
- Longacre, M. L., Charap, E. S., Buzaglo, J. S., Kennedy, V., & House, L. (2015, May 3). Defining value in oncology: perspectives from patients with metastatic breast cancer. Retrieved from <http://www.cancersupportcommunity.org/General-DocumentsCategory/Research-and-Training-Institute/Posters-and-Presentations/Defining-Valuein-OncologyPerspectives-from-Patients-with-Metastatic-Breast-Cancer.PDF>