March 24, 2014

The Honorable Ron Wyden  
Chairman  
Committee on Finance  
United States Senate  
Washington, D.C.  20510

The Honorable Orrin Hatch  
Ranking Member  
Committee on Finance  
United States Senate  
Washington, D.C.  20510

Dear Senator Wyden and Senator Hatch:

The Cancer Leadership Council, a coalition of cancer patient, health professional, and research organizations, is writing to commend your work on the SGR Repeal and Medicare Provider Payment Modernization Act of 2014. The legislation outlines a responsible process for moving the Medicare program away from a system that emphasizes volume of services to one that focuses on quality of care.

We urge immediate Senate consideration and passage of this bill, which repeals the flawed SGR formula and provides incentives for physicians to undertake quality improvement efforts and to participate in alternative payment models.

*Sustainable Growth Rate Formula*

Although the sustainable growth rate (SGR) formula was intended to control spending on physician payments, it has not achieved its intended purpose. Instead, both physicians and patients have experienced the anxiety of anticipated reductions in Medicare payment and the potential that those payment reductions would disrupt care. Although Congress has over the last decade approved many short-term measures to prevent decreases in Medicare payments, such actions are not the optimal solution for addressing the flaws of SGR.
Repealing the SGR formula is in the best interest of the Medicare program and the beneficiaries who depend on it. We applaud your efforts to repeal the SGR formula and at the same time move Medicare away from a volume-based system of payment toward a system that rewards value.

**Merit-Based Incentive Payment System**

We are pleased that the legislation provides for the implementation in four years of the Merit-Based Incentive Payment System, or MIPS, that would provide physicians and other health professionals payment adjustments for undertaking certain activities. Professionals who are eligible for MIPS payment adjustments would be assessed according to efforts in four categories: quality, resource use, meaningful use, and clinical practice improvement activities.

Although clinical practice improvement activities are only one factor for assessing physician performance in MIPS, the inclusion of this assessment category has the potential to encourage real transformation of medical practice toward a patient-centered system of quality care. We are pleased that the legislation includes references to specific practice improvement efforts that might be included as assessment factors in MIPS, such as care coordination, beneficiary engagement, and patient safety and practice. These are all improvement efforts that hold the promise of fostering a stronger cancer care system.

We applaud the quality measurement development process identified in the legislation. The Centers for Medicare & Medicaid Services is required to seek stakeholder input regarding the annual list of quality measures that will be used in the following MIPS performance assessment period, prior to publication of the list through a notice-and-comment rulemaking process. The legislation anticipates professional society input regarding quality measures, but it also provides the opportunity for other stakeholders to propose quality measures. The patient organizations in the Cancer Leadership Council endorse this process and look forward to working in collaboration with their provider colleagues and independently to define quality measures assessing the patient experience and encouraging proper health care utilization.

**Alternative Payment Models**

Significant experimentation in alternative payment and delivery models is already underway among cancer care providers. Several of those payment/delivery pilots or demonstration projects have incorporated input from and consultation with cancer patients and their families, and we believe that consultative approach to new payment systems has advantages for building patient-centered systems of care.
The legislation defers to professional societies to develop alternative payment models. According to the process outlined in the legislation, a Technical Advisory Committee will assess physician proposals for new models. We recommend a process that includes consultation with patients in payment model design, and we will seek to assure such consultation as alternative payment models are designed, presented to the Technical Advisory Committee, and tested in the Medicare program.

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We look forward to working with you as Congress considers and approves the legislation and implementation activities commence.

Sincerely,

Cancer Leadership Council

American Cancer Society Cancer Action Network
American Society for Radiation Oncology
CancerCare
Cancer Support Community
Hematology/Oncology Pharmacy Association
International Myeloma Foundation
Kidney Cancer Association
The Leukemia & Lymphoma Society
LIVESTRONG Foundation
Lymphoma Research Foundation
National Coalition for Cancer Survivorship
National Patient Advocate Foundation
Ovarian Cancer National Alliance
Prevent Cancer Foundation
Sarcoma Foundation of America
Susan G. Komen

cc:  Senate Majority Leader Harry Reid
     Senate Minority Leader Mitch McConnell