November 17, 2015

Mr. Andrew Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201


Dear Mr. Slavitt,

On behalf of the Cancer Support Community (CSC) and the patients we represent, we thank you for the opportunity to submit these comments in response to the recent Proposed Rule for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) published in the Federal Register on October 1st, 2015.

As the largest direct provider of social and emotional support services for people impacted by cancer, and the largest nonprofit employer of psychosocial oncology mental health professionals in the United States, CSC has a unique understanding of the cancer patient experience. Each year, CSC serves more than one million people affected by cancer through its network of 44 licensed affiliates - more than 120 satellite locations, and a vibrant online community- and delivers more than $40 million in free, personalized services each year.

Additionally, CSC is home to the Research and Training Institute - the only entity of its kind focused solely on the cancer patient experience. The Research and Training Institute has contributed to the evidence base regarding the cancer patient experience through its Cancer Experience Registry®, various publications and peer-reviewed studies on distress screening, and the psychosocial impact of cancer and cancer survivorship, to name a few. This combination of direct services and research uniquely positions CSC to provide you and other policymakers with feedback based on evidence as well as real world impact.

CSC commends CMS for the fundamental changes in physician payment policy arising with the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The dismantling of the sustainable growth rate (SGR), establishment of alternative payment models, and creation of the merit based incentive payment system (MIPS) under MACRA provide opportunities for CMS to implement significant positive changes to the Medicare program that will greatly benefit its beneficiaries.
We are particularly encouraged by CMS’s acknowledgement that resources are scarce for those health care professionals who perform extensive planning, psychosocial screening and critical thinking about the individual chronic-care needs of Medicare beneficiaries.

Psychosocial distress screening is vital to quality health care. Preliminary findings suggest that distress screening with appropriate follow-up care can lead to positive patient-centered outcomes, including improved access to community-based psychosocial services. According to the Institute of Medicine (IOM), there are more than 14 million cancer survivors in the U.S. today, and at least 50% of those suffer from late 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 the lack of appropriate health maintenance counseling, an 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, voice them with their health care team, and provide them with personalized information and support to address each individual’s specific concerns.

Cancer care that is planned according to the patient’s preferences and that coordinates active treatment and symptom management from the beginning of treatment holds the promise of boosting patient satisfaction with care, improving outcomes, and enhancing the appropriate utilization of resources. For this reason, we urge CMS to revise the chronic care management code to ensure that all licensed mental health professionals are considered in the list of care providers who would be reimbursed for providing planning and care coordination services to cancer patients and others with serious chronic illnesses. This will support the transition to a new payment system that is in the best interest of its beneficiaries, caregivers, and providers and that is accountable for the quality of care.

With regard to the use of telehealth technologies, CSC applauds the work of CMS to recognize the value of telemedicine, RPM and health IT in the Proposed Rule and believe that these tools will assist in encouraging and rewarding patient engagement and patient-centeredness.

As the care for chronic conditions, including cancer, 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 long-term effects of their cancer experience. Taking steps to ensure that patients have access to information that would allow a meaningful discussion with their health care team is most certainly an important part of the overall care equation.

Specifically, by using and integrating creative tools for telemedicine into care plans and required elements for data collection, health care teams, patients and policymakers will have the possibility to understand the patient experience and develop a comprehensive assessment of providers’ performance as well as the ability to ensure that patients receive appropriate clinical care.

We recommend the use of a validated telemedicine tool to routinely screen Medicare patients for psychosocial distress and link them with appropriate professional and community resources. We also suggest the implementation of new separate codes and payments for these services, to better align Medicare reimbursement schedules with a superior patient experience and high-quality health care.
delivery. The integration of telemedicine tools into quality measures and care plan tools may support provider adoption and promote collaboration among care teams across the continuum of care, supporting better, more effective care coordination and a more patient-centered treatment approach.

In conclusion, CSC sincerely thanks you for the opportunity to comment on this proposed rule and share the voice of patients living with cancer. I would be happy to speak with you further about this issue and can be reached at 202-650-5382 Linda@cancersupportcommunity.org.

Linda House, MSM, BSN, RN
President
Cancer Support Community National Headquarters
i Institute of Medicine: Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs, 2008.


v CMS, Calendar Year 2015 Medicare Physician Fee Schedule (MPFS).
