



NATIONAL COALITION
FOR CANCER SURVIVORSHIP

The power of survivorship. The promise of quality care.

November 12, 2013

The Honorable Max Baucus
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

The Honorable Dave Camp
Chairman
Ways and Means Committee
United States House of Representatives
Washington, D.C. 20515

The Honorable Sander Levin
Ranking Member
Ways and Means Committee
United States House of Representatives
Washington, D.C. 20515

Dear Chairman Baucus, Chairman Camp, Senator Hatch, and Representative Levin:

The National Coalition for Cancer Survivorship (NCCS) is a national organization representing survivors of all forms of cancer. We focus on public policy advocacy to improve cancer care delivery and payment policies so that all cancer patients have access to care of the highest quality. We appreciate the opportunity to comment on the legislative package to repeal the sustainable growth rate (SGR) formula and reform the Medicare physician payment system. We commend the approach of your committees to address the payment system as a continuum and to propose immediate reforms leading to bold transformation to a system that rewards quality of care instead of volume of services.

The threatened reductions in Medicare physician payment resulting from the SGR formula have been disconcerting to Medicare patients, just as they have been to Medicare providers. It is a significant accomplishment that your package would eliminate that threat, as doing so provides assurances to cancer patients who rely on Medicare that their care will not be threatened going forward.

The recommended new codes for care coordination for individuals with complex chronic needs are an important immediate reform and will assist providers and patients in the transition to a quality-based system of care. NCCS has long championed the establishment of Medicare codes for cancer care treatment planning and coordination, as we believed this service in a fee-for-service system could foster better coordination and more appropriate utilization of care and could also serve as a transition away from a volume-based system of care. We are gratified by the recognition of this concept in the form of the complex chronic care coordination codes. We also urge that there be clarity in the final legislative package regarding the utilization of these codes for the management of cancer, which has become a complex chronic disease for many Medicare beneficiaries.

We applaud the recommended new structure for the value-based performance payment program and its reliance on quality measures and clinical practice improvement activities, among other standards, for performance assessment and incentive payments. This system will require the development of new quality measures, in addition to those that are utilized in current payment incentive programs, to assure high-quality and patient-centered care delivery. We are pleased by the inclusion in the value-based



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performance payment program of clinical practice improvement activities that emphasize care coordination and beneficiary engagement, including the establishment of care plans for patients with complex needs. We see these clinical practice improvement activities as a logical development and extension from the codes for care coordination for those with complex chronic diseases – a logical extension for cancer care patients who will benefit from these efforts and a rational step-wise development of a new system for Medicare payment. Very important to NCCS is the fact that incentive payments for performance of care coordination and beneficiary engagement efforts will establish them as the standard of care for cancer patients and others.

We are pleased that the reform package would foster and encourage alternative payment models. We look forward to seeing the details related to the development of such alternatives, certification or selection of them, and implementation of the new payment systems. We know that physicians, physician practices, and physician specialty societies are keenly interested in understanding how to proceed with alternative payment models. As patient advocates, we also wish to understand the process. Moreover, we recommend that the alternative payment models include a heavy emphasis on quality measurement, including measures that will protect against the underutilization of care. Also of concern to cancer patients are protections against delays in access to new treatments that represent therapeutic advances.

Thank you for your work to reform the Medicare physician payment system to emphasize quality and to protect Medicare for cancer patients and other beneficiaries of today and tomorrow.

Sincerely,

A handwritten signature in black ink, appearing to read "Shelley Fuld Nasso".

Shelley Fuld Nasso
Chief Executive Officer