Letter to the Hill on Payment Reform for Freestanding Radiation Therapy Centers

On September 12, a diverse group of radiation oncology stakeholders sent a letter to Congress in support of payment reform for freestanding radiation therapy centers. The group stated its support for "well-structured reforms, such as bundled payments, which would de-link reimbursement for radiation therapy services from the current "fee-for-services" model. The letter also expressed opposition to the proposal in the President’s FY 2014 Budget to exclude radiation therapy from the in-office ancillary services (IOAS) provision of the Stark physician self-referral law. The letter was sent to leadership in the House of Representatives and the Senate as well as the committees on Energy and Commerce, Finance, and Ways and Means.

A list of signatories to the letter is included here:

- 21st Century Oncology
- Association of Freestanding Radiation Oncology Centers
- Genesis Healthcare Partners
- Large Urology Group Practice Association
- The US Oncology Network
- South Florida Radiation Oncology
- UPMC CancerCenter
- Vantage Oncology

Radiation Oncology Stakeholders Uniformly Oppose HOPD/ASC Cap in CY 2014 Physician Fee Schedule Proposed Rule

As this newsletter previously reported, the CY 2014 Physician Fee Schedule Proposed Rule contains policies which propose to cut freestanding radiation therapy centers by -7.7%. The primary policy contributing to this cut is a proposal to cap physician services at payment rates paid in the hospital outpatient department (HOPD) or ambulatory surgical center (ASC) setting. Comments from radiation oncology stakeholders uniformly oppose the proposal which affects 211 physician services (impacting radiation oncology and other specialties). Excerpts are included below:

- American College of Radiation Oncology.
  - ACRO strongly requests CMS not implement the OPPS/ASC cap.
- American College of Radiology.
  - The ACR also requests that CMS not finalize the new proposed OPPS/ASC cap.
- Association of Freestanding Radiation Oncology Centers.
  - AFROC strongly opposes the HOPPS cap set forth in the Proposed Rule.
- American Society for Radiation Oncology.
  - ASTRO strongly opposes this [OPD/ASC] proposal.
Cancer study: Many still getting intensive care near end of life

A September 4 report from The Dartmouth Institute for Health Policy and Clinical Practice examined trends in end-of-life care for advanced cancer patients across regions, academic medical centers, and National Cancer Institute-designated cancer centers. The report found that although the use of hospice care for Medicare cancer patients is increasing, most patients don’t receive hospice care until they are within three days of the end of their life. Further, research shows that patients with advanced cancer often receive aggressive care until their final days.

Overall, there were extensive changes across medical centers, cancer centers, and regions. Some increased care intensity over time, while others received less intensive care. The percentage of end-stage cancer patients who died in the hospital decreased 4 percent from 2003 to 2010. The percentage of patients receiving hospice care increased 6 percent during the same time frame.

According to Dr. David Goodman, lead author of the report, "These trends can be called encouraging, but most of the hospice care received was within the last three days of life. What’s more, the average number of days patients spent in the intensive care unit during the last month of life increased by 21 percent, which could be driven by hospitals looking for more generous insurance payments for expensive services."

Study: Lack of breast screening leads to more cancer deaths

A September 9 study published in Cancer from researchers from Massachusetts General Hospital, Harvard Medical School, and other Boston institutions, found that in a group of more than 7,000 women who did not receive regular mammograms, more than 70% died from breast cancer. Using a "failure analysis" technique, the researchers looked backward from death, and tracked breast cancer patients diagnosed between 1990 and 1999 with data from two Massachusetts hospitals. Studying links between patients who died and whether they had received mammograms, researchers concluded that more deaths occur in unscreened women. The research team hopes this will spark further investigation.
IOM Report: U.S. Cancer Care Delivery is in Crisis

A 315-page report from the Institute of Medicine (IOM) titled "Delivering High-Quality Cancer Care" identified a long list of reasons cancer care delivery is in crisis, including a rise in the demand for cancer care, increasing healthcare costs, increasingly complex disease, lack of palliative care and a shrinking oncology workforce.

The IOM appointed an independent committee of experts to observe opportunities for and challenges to cancer care delivery. The committee found that decisions about cancer care are too often not evidence-based and patients don’t receive palliative care to treat their symptoms and side effects.

The IOM recommended 10 strategies for improving cancer care delivery:

- Provide patients and their families with understandable information about cancer prognosis, treatment benefits and harms, palliative care, psychosocial support, and costs
- Provide patients with end-of-life care that meets their needs, values, and preferences
- Ensure coordinated and comprehensive patient-centered care
- Ensure that all individuals caring for cancer patients have appropriate core competencies
- Expand the breadth of data collected in cancer research for older adults and patients with multiple comorbid conditions
- Expand the depth of data collected in cancer research through a common set of data elements that capture patient-reported outcomes, relevant patient characteristics, and health behaviors
- Develop a learning healthcare information technology system for cancer that enables real-time analysis of data from cancer patients in a variety of care settings
- Develop a national quality reporting program for cancer care as part of a learning healthcare system
- Implement a national strategy to reduce disparities in access to cancer care for underserved populations by leveraging community interventions
- Improve the affordability of cancer care by leveraging existing efforts to reform payment and eliminate waste

This report is an update to IOM's 1999 report.

Proportion Of Physicians In Large Group Practices Continued To Grow In 2009—11

A September 10 Health Affairs article reported that in response to rising expectations for greater care coordination and accountability, physician practice groups are getting larger. Using Medicare claims from 2009 to 2011 to measure the change in size of group practices, the authors found that physicians in groups of more than 50, increased 4.7 percent in two years. One reason for this increase is growth in the number of multispecialty groups. The number of physicians in solo practices and in group practices of fewer than 50 physicians, declined over time.

"At the practice level, large groups have certain advantages over smaller groups, including greater access to capital to make technology investments, greater ability to standardize processes, and the ability to accept more insurance risk. By consolidating into larger groups, either "horizontally" into single-specialty groups or "vertically" into multispecialty groups, physicians may increase their market power."

The authors report that previous research "suggests that larger groups appear more likely than solo practitioners to incorporate quality improvement strategies...these improvements could contribute to more efficient and less costly care, but there is also the potential for concentrated providers to leverage higher rates of reimbursement."
PCORI Will Fund 71 New CER Projects, Including 11 Cancer-Related Studies

On September 10, The Patient-Centered Outcomes Research Institute (PCORI) announced that it will fund 71 new comparative clinical effectiveness research (CER) projects, totaling more than $114 million over three years. The awards include studies of ways to improve care for various health conditions, including several types of cancer. The following oncology/cancer related projects were approved in the following categories:

Assessment of Prevention, Diagnosis, and Treatment Options

- Patient Centered, Risk Stratified Surveillance After Curative Resection of Colorectal Cancer — The Alliance for Clinical Trials in Oncology Foundation
- Post-Treatment Surveillance in Breast Cancer: Bringing CER To The Alliance — The Alliance for Clinical Trials in Oncology Foundation
- Contralateral Prophylactic Mastectomy and Breast Cancer: Clinical And Psychosocial Outcomes — University of Texas MD Anderson Cancer Center
- Comparative Effectiveness of Surveillance Imaging Modalities in Breast Cancer Survivors — Group Health Cooperative
- Tools And Information To Guide Choice of Therapies In Older & Medically Infirm Patients With Aml — Fred Hutchinson Cancer Research Center

Improving Healthcare Systems

- Computerized Painrelieveit Protocol for Cancer Pain Control in Hospice — University of Illinois at Chicago

Communication and Dissemination Research

- Randomized Trial To Increase Adherence to Cervical Cancer Screening Guidelines for Young Women — University of California San Francisco
- UCSF CT Radiation Dose Registry to Ensure a Patient Centered Approach for Imaging — University of California San Francisco

Addressing Disparities

- Eliminating Patient Identified Socio-Legal Barriers to Cancer Care — Boston Medical Center

Accelerating Patient-Centered Outcomes Research and Methodological Research

- Measuring Patient-Centered Communication for Colorectal Cancer Care And Research — RTI International
- A Structured Approach To Prioritizing Cancer Research Using Stakeholders And Value of Information — Fred Hutchison Cancer Research Center

A full list of approved projects is available here. A fact sheet is available here.
CBO Report — Repeal and Replacing SGR Will Cost $175 Billion

A September 13 report from the Congressional Budget Office (CBO) states the Energy and Commerce Committee bill (H.R. 2810) to repeal and replace the Sustainable Growth Rate (SGR) formula will cost $175 billion over 10 years. The full committee passed the bill unanimously in July. Last spring, the CBO said that repealing the SGR would cost $140 billion. The new score will update Medicare payment rates by 0.5 percent until 2019, when performance-based payment methods for physician payments are introduced.

*****

The information provided in this newsletter is to be used only to educate clients on health care related news and actions from the Federal Government. Information in this newsletter is not intended to provide investment, financial, legal, medical or tax advice and should not be relied upon in that regard. Liberty Partners Group, LLC disclaims any and all responsibility for decisions made or actions taken based on the information contained in this newsletter.