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Association of Community Cancer Centers

December 3, 2010

BY ELECTRONIC DELIVERY

Donald M. Berwick
Administrator
Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Room 314G
Washington, DC 20201

Re: Medicare Program; Request for Information Regarding Accountable Care Organizations and the Medicare Shared Savings Program (CMS-1345-NC)

Dear Dr. Berwick:

The Association of Community Cancer Centers (ACCC) appreciates this opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) request for information regarding accountable care organizations (ACOs) and the Medicare Shared Savings Program.[1] ACCC is a membership organization whose members include hospitals, physicians, nurses, social workers, and oncology team members who care for millions of patients and families fighting cancer. ACCC's more than 900 member institutions and organizations, when combined with our physician membership, treat 60 percent of all U.S. cancer patients.

ACCC thanks CMS for its continued efforts to obtain stakeholder input on ACOs and the Shared Savings Program. CMS seeks to advance ACO structures through the Shared Savings Program and the Center for Medicare and Medicaid Innovation (CMMI), with the goal of improving the quality of health care services and lowering health care costs.[2] In the request for information, CMS notes that it

[1] 75 Fed. Reg. 70165 (Nov. 17, 2010).
[2] Id. at 70165-70166.

wants ACOs to be "organized in ways that are patient-centered and foster participation of physicians and other clinicians who are in solo or small practices."[3] We support CMS's efforts to improve the quality of cancer care and believe that any effort to develop new health care delivery systems and payment models to achieve this goal must allow community cancer centers and physician practices to participate.

ACCC's members are committed to ensuring that patients have access to high-quality cancer care in their communities across the nation, but we are concerned that many of our members will not have the opportunity to participate in the Shared Savings Program or the models tested by the CMMI because they are small practices or facilities. CMS's request for information focuses on the challenges facing groups of solo and small practice providers, but CMS also should be aware that hospitals also have concerns about their ability to participate in ACOs. Many of our members are located in rural areas that do not have a sufficient concentration of patients or other providers that might be necessary to form an ACO on their own. They also may lack the resources necessary to coordinate care or track outcomes across a larger group of providers, or to spend on legal fees for developing networks and partnerships with other providers. We note that some states, such as New York, prohibit providers and physicians from sharing costs for electronic health record technology, even if the arrangement would otherwise be permitted under federal law.[4] These providers are concerned that they will be able to participate only if they cease to be independent entities and are acquired or employed by larger hospitals. Our members are reluctant to incur these costs, disrupt their practices, and, most important, change their patients' sites of care and providers in order to participate in the Shared Savings Program or other tests of payment models with uncertain outcomes.

In the request for information, CMS asks, "What policies or standards should we consider adopting to ensure that groups of solo and small practice providers have the opportunity to actively participate in the Medicare Shared Savings Program and the ACO models tested by CMMI?"[5] CMS should encourage ACOs to form that include networks of solo and small practice providers, as opposed to ACOs in which all physicians are employed by hospitals or are members of practices owned by hospitals. We also recommend that CMS establish standards to ensure that patients have access to providers in their communities. Such standards could require a specific geographic distribution of physicians and providers throughout the area served by the ACO.

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[3] Id. at 70166.

[4] Letter from Richard F. Daines, Commissioner, New York State Department of Health, to Laboratory Owner/Operators, Sept. 27, 2010.

[5] 75 Fed. Reg. at 70166.

CMS also recognizes that "many small practices may have limited access to capital or other resources to fund efforts from which 'shared savings' could be generated."[6] CMS asks for comments on "payment models, financing mechanisms, or other systems" it might consider to address this issue.[7] We recommend that CMS develop incentive payments for physicians to form ACOs and take increased administrative costs into account in calculating payments to physicians who participate in the Shared Savings Program or programs under the CMMI. The cost of legal services also could be reduced if CMS and the Office of Inspector General were to issue clear guidance on the types of arrangements and relationships that are permitted for participants in an ACO. These measures also would be beneficial to hospitals and larger providers that would like participate in ACOs, as well.

CMS asks how it should "assess beneficiary and caregiver experience of care as part of [its] assessment of ACO performance" and asks for comments on the "aspects of patient-centeredness" that are "particularly important for [it] to consider."[8] CMS should evaluate ACOs based on the quality of care they provide as compared to consensus-based practice guidelines, as well as the patient and caregiver's experience with the ACO. Relevant aspects for patients and caregivers include distance required to travel for care, waiting times, availability of treatment options, continuity of care, and access to clinicians to explain their treatment and answer questions.

ACCC appreciates the opportunity to submit these comments. We would be pleased to answer any questions. Please contact Matt Farber at 301-984-9496, ext. 221 if ACCC can be of any assistance.

Sincerely,

Al B. Benson III

Al B. Benson III, MD, FACP
President
Association of Community Cancer Centers (ACCC)

[6] Id.
[7] Id.
[8] Id.