American Society of Anesthesiologists®

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August 15, 2016

Acting Administrator Andrew Slavitt
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Request for comments, CMS Patient Relationship Categories and Codes

[Submitted to: patientrelationshipcodes@cms.hhs.gov]

Dear Acting Administrator Slavitt:

The American Society of Anesthesiologists® (ASA), on behalf of our over 52,000 members, appreciates the opportunity to respond to this request for comments on Patient Relationship Categories and Codes. The mandate to create Patient Relationship Categories and Codes to help define the relationship of the clinician with the patient was included in the Medicare Access and CHIP Reauthorization Act (MACRA) statute. ASA welcomes the opportunity to work with the Centers for Medicare and Medicaid Services (CMS) to ensure that our members can successfully participate in this new program and continue to provide Medicare beneficiaries high quality and high value healthcare.

ASA has embraced the underlying goals of MACRA in many of our efforts. ASA has invested heavily in initiatives aimed at improving the safety, quality and efficiency of care for the surgical patient. We have developed a clinical registry, operated by the Anesthesia Quality Institute (AQI) that contains detailed files on millions of anesthetic administrations by thousands of physician anesthesiologists in hundreds of care settings.

We have also sponsored the Perioperative Surgical Home (PSH) Collaboratives in almost 60 large and small health care institutions. PSH is a patient-centered delivery system that aligns with the National Quality Strategy (NQS) to achieve the triple aim of improving health, improving the delivery of healthcare and reducing costs. These goals are met through shared decision-making and seamless continuity of care for the surgical patient, from the moment the decision for surgery is made, all the way through recovery, discharge and beyond. We believe this model is especially important to highlight. It exemplifies the collaborative and team-based practice environment that captures the full capacity of physician anesthesiologists and for that reason it is critical that it is captured in the Patient Relationship Categories and Codes.

Lack of Information on Operationalization of Episode Groups to Measure Resource Use and other MACRA Efforts

The request for comments released by CMS includes a list of draft Patient Relationship Categories and a series of questions to stakeholders designed to elicit reaction and input on this proposed list. What is lacking from this document is an explanation of how Patient Relationship Categories will be used in the measurement of Resource Use and to advance other efforts in the Quality Payment Program (QPP) which is made up of the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs).

The MACRA statute provides very limited direction. While it directs the Secretary of Health and Human Services (HHS) to create Patient Relationship Categories and Codes to be used to attribute patients and episodes to practitioners, it provides little direction on how they will be operationalized. Without an understanding of the role Patient Categories and Codes will be used in the larger context of the overall MACRA program, it is difficult for ASA to provide more substantive and thoughtful commentary, as we do not understand how it will apply to physician anesthesiologists or other providers.

We also are not clear on the scope of the effort. For example, CMS has proposed a series of Patient Relationship Categories. Will CMS later be issuing a series of Patient Relationship Codes? If so, how will the categories and codes relate to each other? Once this effort is implemented, will the categories and/or codes be selected by the clinician at the claim line level or claim level or will CMS be assigning a single category/code to a clinician based on a historical claims analysis or other means?

ASA urges CMS to provide stakeholders greater detail on how the Patient Categories and Codes will be used in the larger context of the MACRA program.

Pilot Testing Recommended

ASA supports the recommendation by the American Medical Association (AMA) and other medical specialty societies that CMS conduct a pilot test of the Patient Relationship designations. Through pilot testing CMS will be able to assess the appropriateness of the designations, identify and resolve logistical and other problems prior to implementation and provide an opportunity for participating clinicians to better understand the intent of the initiative and test the capacity of their systems to accurately submit to CMS the new Patient Relationship Categories and Codes.

ASA recommends CMS implement a pilot test, similar to the three-phased pilot test recommended by the AMA, prior to the implementation of Patient Relationship Categories and Codes. ASA is willing to work with CMS to facilitate the roll-out of any pilot testing.

Unique Role of Physician Anesthesiologists as it Relates to Attribution of Costs

Because of the unique role that physician anesthesiologists play when providing anesthesia services during surgical procedures, ASA wishes to request some clarification and provide recommendations in how costs are attributed to physician anesthesiologists.

In the typical practice environment for physician anesthesiologists, purchasing and acquisition decisions and thus the availability of choices of equipment and supplies, is most often not within the control or discretion of the anesthesiologist. As such, ASA believes it would be most appropriate that these resources and their accountability be shared with the surgeon and the facility. This approach of shared accountability across providers is consistent with our recommendation to create a team-based Patient Relationship Category discussed elsewhere in this letter.

ASA recommends that these resources are proportionately attributed to all, providers and facilities, involved in rendering the service. We believe such a methodology is aligned with the concept of shared accountability.

ASA's Assessment of the Application of Proposed Patient Relationship Categories on Physician Anesthesiologists

In reviewing the proposed Patient Relationship Categories, ASA considered the wide spectrum of roles a physician anesthesiologist plays in relation to engagement with patient care. We believe it is important to understand these roles in order to design appropriate Patient Relationship Categories. We believe this wide variation in roles may result in the need for multiple Patient Relationship Categories for physician anesthesiologists.

Patient Relationship Roles for Physician Anesthesiologists

- Providing anesthesiology during surgery
    - Traditional practice: This includes assessment of patient's condition prior to anesthesia, preoperative management of chronic medications, review of diagnostic studies, determination of available anesthetic options, creating plan with patient and obtaining consent; intraoperative management of anesthesia, monitoring and maintenance of physiologic functions and immediate postoperative care.
    - Advanced, more comprehensive practice: This includes the above but with deeper engagement in preoperative preparation including optimization of medical conditions including nutrition, tobacco use, diabetic control - often weeks ahead of planned surgery; postoperative management of pain with interventional procedures or pharmacologic therapy during hospitalization and after hospital discharge, fluid management. This is the model of practice promoted in the Perioperative Surgical Home initiative described earlier.
- Providing critical care
    - Critical care of patients with respiratory or surgical disease: Anesthesiologist-intensivists function as consultants to admitting physicians or, in many facilities, as the admitting attending physician themselves.
- Providing pain management services
    - Acute (post surgery): This includes prescribing oral or injected narcotic and non-narcotic analgesics and/or by providing interventional pain management utilizing epidural or nerve block techniques.
    - Chronic pain management: This includes care of patients with the full spectrum of painful disorders including musculoskeletal disease, malignancy or traumatic pain. Similarly, approaches include pharmacologic therapy, especially management and prevention of opioid dependency and interventional injection procedures.

Review of Proposed Patient Relationship Categories

ASA reviewed the proposed Patient Relationship Categories. ASA believes that, among the Patient Relationship Categories included in the notice, the following patient category comes closest to describing physician anesthesia care: ***Acute Care Relationships: Clinician who is a consultant during the acute episode***. This Patient Relationship Category appears to describe some of the relationships that physician anesthesiologists have with their patients. However, this description does not cover all of the types of relationships anesthesiologists have with their patients. This limited application to physician anesthesiologists is very worrisome to ASA. Patient Relationship

designations will create an important pathway for CMS to measure Resource Use. ASA is very concerned that a lack of Patient Relationship designations for physician anesthesiologists today will severely limit the agency's ability in the future to measure our members' Resource Use as the MACRA program develops and matures.

ASA urges CMS to develop different Patient Relationship Categories that will create a pathway for CMS to be better able to measure Resource Use by physician anesthesiologists. As previously mentioned, since we have a very limited understanding of how the patient categories will be operationalized, it is difficult for us to provide more definitive recommendations as to how the proposed relationship categories should be refined to capture the relationships physician anesthesiologists have with the patients under their care.

Deficits in the Proposed Patient Relationship Categories

In reviewing the proposed Patient Relationship Categories, we identified two important areas that the proposal failed to capture: modified version of the "traditional" non-patient facing category and a team-based category.

Modified Version of "Traditional" Non-Patient Facing Patient Relationship Category

Capturing the role of a physician anesthesiologist can be challenging. The specialty is often categorized as non-patient-facing and lumped together with other clinicians who rarely furnish face-to-face services. Yet, this is not an accurate representation of the role of the physician anesthesiologist. Anesthesiologists do furnish face-to-face services both when personally performing and medically directing anesthesia services and when performing a range of services before, during and after administration of anesthesia. We believe it is appropriate and necessary for CMS to develop a modified version of a non-patient-facing Patient Relationship Category to capture the unique role of many physician anesthesiologists.

In our comments on the MACRA Proposed Rule, we applauded the Agency's recognition that the implementation of MIPS will not succeed with a one-size fits all approach. CMS proposed a number of accommodations for anesthesiologists as well as other provider types, including non-patient facing eligible clinicians. ASA believes that this same approach should be continued with the development of Patient Relationship Categories.

In the MACRA Proposed Rule, CMS introduced the term non-patient facing to apply to MIPS eligible clinicians who typically furnish services that do not involve face-to-face interaction with a patient." CMS indicates in the Proposed Rule that this typically includes anesthesiologists, pathologists, and radiologists. Based on the criteria based on analysis of submitted claims proposed by CMS, ASA was confused how CMS determined that a majority of anesthesiologists would qualify as non-patient facing. While ASA recommended revisions to the criteria for non-patient facing eligible clinicians, we continue to believe that the concept of recognizing these providers and the role they play in providing health services to Medicare beneficiaries is important. The non-patient facing definition in the MACRA Proposed Rule does not accurately describe the relationship between anesthesiologists and patients because physician anesthesiologists have face-to-face interaction when personally providing or medically directing anesthesia care. As a result, services provided by physician anesthesiologists are often erroneously categorized as non-patient-facing services.

For example, when providing medical direction of two, three or four concurrent cases, the physician anesthesiologist must perform the following activities: perform a pre-anesthetic examination and evaluation; prescribe the anesthesia plan; personally participate in the most demanding procedures in

the anesthesia plan, including induction and emergence; ensure that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified anesthetist; monitor the course of anesthesia administration at frequent intervals; remain physically present and available for immediate diagnosis and treatment of emergencies; and provide indicated-post-anesthesia care. Therefore it is clear that the criteria to meet the standards of medically directing anesthesia services as defined by CMS require a level of patient engagement that goes beyond the typical non-patient facing services and include face-to-face interaction with the patient.

At the same time, we support CMS' recognition that the scope of control over Resource Use exercised by physician anesthesiologists may be different from that pertaining to providers with primary or exclusive control of the complete plan of treatment during an illness or procedure

ASA recommends that CMS should develop Patient Relationship Category that modifies the traditional non-patient facing concept and more accurately describes the unique relationship between physician anesthesiologists and their patients.

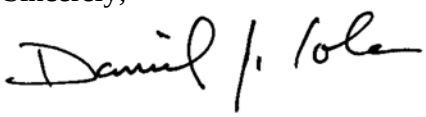
Team-Based Patient Relationship Category

ASA was disappointed that a team-based Patient Relationship Category was not included in the proposal. The team-based care model is an integral component of the modern healthcare system. It fosters provider accountability and supports patient-centered care. While many physician anesthesiologists practice in the previously described PSH, the team-based model can also be found in primary care, other inpatient hospital services and the hospital outpatient department. Since the team-based model is a current and growing method of providing care to patients across a wide range of healthcare environments, we believe the lack of a team-based patient category represents a real deficit in the proposal.

ASA recommends that CMS develop a team-based Patient Relationship Category.

Thank you for your consideration of our comments. We would be very glad to follow up with you as necessary on any issues on which you need additional information or would like further discussion. Please contact Sharon Merrick, M.S., CCS-P, ASA Director of Payment and Practice Management or Matthew Popovich, Ph.D., ASA Director or Quality and Regulatory Affairs at (202) 289-2222.

Sincerely,



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