



COLLEGE of AMERICAN PATHOLOGISTS

March 1, 2016

Mr. Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: Request for Information Regarding Episode Groups for Implementation of the Medicare Access and CHIP Reauthorization Act of 2015

Sent via Electronic Submission to episodegroups@cms.hhs.gov

Dear Acting Administrator Slavitt:

The College of American Pathologists (CAP) appreciates the opportunity to comment on the Request for Information (RFI) regarding episode groups for implementation of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) as it relates to the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs). The CAP is a national medical specialty society representing 18,000 physicians who practice anatomic and/or clinical pathology. CAP members practice their specialty in clinical laboratories, academic medical centers, research laboratories, community hospitals and federal and state health facilities.

The CAP is looking forward to working with CMS to determine how to design the MIPS and APMs to measure appropriately providers who typically do not furnish services that involve face-to-face interaction with patients, particularly pathologists. The CAP believes considerable accommodations or alternate measures will be necessary to meet this clause¹ in [MACRA](#). In addition to offering these comments, the CAP looks forward to further conversations with CMS prior to release of the proposed regulations for the implementation of MACRA.

¹ In carrying out this paragraph, with respect to measures and activities specified in subparagraph (B) for performance categories described in subparagraph (A), the Secretary—
“(I) shall give consideration to the circumstances of professional types (or subcategories of those types determined by practice characteristics) who typically furnish services that do not involve face-to-face interaction with a patient; and
“(II) may, to the extent feasible and appropriate, take into account such circumstances and apply under this subsection with respect to MIPS eligible professionals of such professional types or subcategories, alternative measures or activities that fulfill the goals of the applicable performance category.
In carrying out the previous sentence, the Secretary shall consult with professionals of such professional types or subcategories.



Pathologists are key members of the health care team and their efforts are critical to ensuring a quality laboratory - a necessary first step to providing patients with timely and accurate diagnoses. Pathologists have long been responsible not only for providing diagnosis for individual patients but for key global elements of care which effect the entire population of hospital patients (e.g. ensuring appropriate utilization of blood and blood products, ensuring rapid turn-around time of critical laboratory tests, validation of newly introduced laboratory tests and educating clinicians on their appropriate use, developing disease oriented laboratory testing algorithms and reflex testing pathways, guiding molecular and genetic testing necessary for personalized therapy of cancer patients, management of appropriate utilization of laboratory and pathology services and leading and participating in key hospital committees such as quality and infection control, tissue and transfusion, and cancer committees.)

These unique contributions to quality healthcare provided by pathologists and other hospital-based physicians may require a unique mechanism to measure resource use for purposes of MIPS and APMs. To address this issue, the CAP has previously sought to identify an alternative mechanism for calculating the value-based modifier (VBM) for pathologists in conjunction with our efforts to identify potentially relevant episodes of care that could be used in the calculation. However, the CAP's analysis of potential episodes of care that encompass pathology services *did not show significant variation* in the cost of pathology services relative to other costs over which pathologists exert little control.

While pathology spending alone does not represent a large portion of episode or alternative payment model spend, nor are pathologists responsible for much of the total cost of care, the extensive influence of pathology diagnosis and laboratory testing on clinical decision making uniquely positions pathologists to advance achievement of the goals of these models, particularly in minimizing inefficiencies through adaptation of evidence-based pathways to diagnosis, extending far beyond actual payments made to pathologists. In short, the challenge is that the cost of the pathology services themselves is both relatively invariant and substantially smaller than the effect of pathologists' interventions on downstream cost avoidance. The CAP believes that failure to take this into account would fail to mobilize significant contributions to the overall success of an APM.

The current VBM program is designed for primary care specialties and generally does not measure the value that pathologists provide to their patients; in fact, these measures generally presume the diagnosis is known, and attempt to measure the efficacy and efficiency of management. For obvious reasons, such measures are inapplicable to diagnostic physicians, none of the cost measures or outcomes measures applies to pathologists, and the attribution mechanism has been designed for primary care specialties. While pathologists routinely contribute to team-based care, it is difficult to account for their resource use under the current system. We hope that CMS takes this into consideration as it develops measures for resource use for MIPS.



The CAP appreciates the opportunity to comment on this RFI. While our past efforts at identifying pathology based episodes have been unsuccessful, and we do not believe that the current CMS episodes are appropriate for pathologists since an episode is almost always triggered after a diagnosis, we look forward to working with CMS to establish alternative pathways for pathologists to participate in MIPS and APMs. Please direct questions on these comments to:

- Fay Shamanski or Loveleen Singh for MIPS. (202) 354-7113 / fshaman@cap.org or (202) 354-7133 / lsingh@cap.org
- Sharon West for APMs. (202) 354-7112 / swest@cap.org