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June 7, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445–G
200 Independence Avenue, SW
Washington, DC 20201

Re: File Code CMS–5527–P2. Radiation Oncology Model (RO Model); Proposed Rule

Dear Administrator Brooks-LaSure:

On behalf of the physician and medical student members of the American Medical Association (AMA), I appreciate the opportunity to offer our comments to the Centers for Medicare & Medicaid Services (CMS) on the proposed rule delaying the start date and modifying the performance period for the Radiation Oncology Model (RO Model), published in the *Federal Register* on April 8, 2022 (87 Fed. Reg. 20800).

Radiation oncology specialists and the AMA have long supported creating an alternative payment model that would allow radiation oncologists to be compensated based on how many patients they treat and what treatments their patients need, instead of how many doses of radiation they receive. For this reason, in previous comments on the RO Model, the AMA has expressed support for the bundled payment approach while recommending modifications to the RO Model design. The AMA agrees with CMS' current proposal to delay the start date and modify the performance period for the RO Model, and we greatly appreciate that CMS is willing to consider modifications to the design of the RO Model as well. **The AMA urges CMS to take full advantage of the extra time Congress has provided to work with stakeholders to redesign key features of the RO Model.**

The RO Model Should Be Voluntary

Radiation oncology practices must invest large amounts of money in expensive radiation treatment equipment and need to employ highly skilled professionals capable of operating a radiation oncology clinic. The move to a bundled payment model from the current payment system will represent a major change in payment for services that are delivered to patients with life-threatening illnesses. Even with improvements, the RO Model will represent a major change in payment for services that can prevent death and have significant impacts on patients' quality

of life. We have previously recommended and want to underscore now that it is essential to test this approach on a limited scale with practices who voluntarily participate in order to ensure that patients will not be harmed and that radiation oncology practices will able to deliver these essential services. **The AMA strongly urges CMS to conduct a limited scale test of the RO Model on a voluntary basis rather than mandating participation in an untested model.**

Payment Rates Should Be Stable and Accurate

The proposed RO Model grew out of a November 2017 report to Congress in which CMS observed that:

> *the Agency faces certain challenges in determining accurate prices for services that involve expensive capital equipment. Consequently, Medicare Physician Fee Schedule (PFS) rates for services involving external beam radiation have fluctuated over the last decade. Under an episode payment model, more stable prices for radiation therapy services could be tested to determine if they reduce expenditures while maintaining or enhancing quality of care.*

Rather than providing stable, adequate payment, the discount factors of 3.5 percent for professional services and 4.5 percent for technical payments that had been adopted by CMS could destabilize the delivery of radiation oncology services. In addition, Medicare PFS and Outpatient Prospective Payment System cuts could exacerbate the impact of the RO Model discount factors due to the inclusion of a trend factor in the RO Model payment methodology.

Bundled payment systems allow physicians flexibility to deliver the set of services that will best meet patients' needs. Imposing steep payment cuts for radiation oncology services would do the opposite: it would reduce flexibility and potentially result in the loss of services that could make it difficult for patients with cancer to obtain the services they need close to home. CMS would in effect be testing the impact of a substantial pay cut, not the impact of a bundled payment model. It seems highly unlikely that this approach would lead to improvements in the delivery of care for patients who need radiation oncology services. **The AMA urges CMS to reduce or eliminate the discount factors in the RO Model and provide more stability in payment rates.**

Modify Reporting Requirements and Reduce Regulatory Burden

The AMA has heard many concerns about the need for RO Model participants to extract and submit clinical data elements as part of the model's quality reporting requirements. The AMA is also concerned about other aspects of the performance monitoring plan outlined in previous rulemaking, and we agree with the detailed recommendations for modifications to the RO Model's quality measures that have been provided in comments from the American Society for Radiation Oncology. **At a time when physicians and other health professionals are facing tremendous levels of burnout following more than two years on the front lines of a global**

pandemic, CMS should work with the radiation oncology community to help them recover, not add to their already high data collection and reporting costs.

The model design should not be driven solely by the desire to use a particular evaluation methodology and produce a target amount of savings for Medicare. **For the RO Model to truly advance innovation in care for patients with cancer while reducing avoidable Medicare spending, CMS needs to work collaboratively with the physicians who provide these services to redesign the RO Model before attempting to implement it.**

Thank you for delaying the RO Model and for considering the AMA's comments on this proposal. If you have any questions regarding this letter, please contact Margaret Garikes, Vice President of Federal Affairs, at margaret.garikes@ama-assn.org or 202-789-7409.

Sincerely,

James L. Madara, MD