



August 12, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-6082-NC
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Request for information; Reducing Administrative Burden To Put Patients Over Paperwork

Dear Administrator Verma:

The American College of Radiology (ACR), representing more than 36,000 diagnostic radiologists, interventional radiologists, radiation oncologists, nuclear medicine physicians and medical physicists, appreciates the opportunity to submit comments to the Centers for Medicare & Medicaid Services (CMS) on the reducing administrative burden to put Patients over Paperwork Request for Information (RFI).

ACR supports CMS' Patients over Paperwork initiative and strongly believes that the Appropriate Use Criteria (AUC) program will play an important role with the broader Patients over Paperwork initiative. The Protecting Access to Medicare Act (PAMA) mandates the ordering providers to consult AUC when ordering advanced diagnostic imaging services to include CT, MR, PET scans, and nuclear medicine exams for Medicare patients starting January 1, 2020. Year 2020 is considered to be an "Educational and Operations" testing period with no penalties. This new requirement allows the ordering providers to consult robust, peer reviewed and evidence based guidelines at the point of order in an entirely paperless process.

Unlike time consuming prior authorization (PA) programs that can ultimately delay and even overrule a physician's medical judgement and deny a patient from receiving a procedure, there is no "hard stop" to the AUC ordering process. Rather, the ordering providers need to only consult, but not adhere, to the imaging AUC recommendations. The ordering providers are still receiving the educational benefit of that consultation. In addition to the streamlined AUC consultation process, the ordering providers can also use AUC as a tool to educate their patients on why a certain imaging study is more appropriate than a study that the patient may request or if no imaging will be helpful in their evaluation.

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At its core, the PAMA AUC program is designed to curb exposure to unnecessary radiation, reduce Medicare spending on unnecessary advanced imaging procedures, ensure patients receive the correct imaging test at the right time, promote the movement towards value-based care, and be a more credible program alternative to the imposition of advanced imaging PA programs. PA programs remain a true threat to both ordering and referring physicians alike as it presents considerable administrative costs and operates in a non-transparent manner. In fact, the underlying goal of PA programs is to limit utilization of services, thus potentially impeding patient access to needed care at the right time. These programs are not instantaneous point of care advice. These types of policies present huge administrative burdens on physicians and, most importantly, have not been shown to reduce costs over time.

The following results of the 2018 American Medical Association PA Physician Survey¹ of 1,000 practicing physicians support these conclusions.

- 91% reported that PA delays patient's access to care;
- 75% reported that PA can lead to patients abandoning their recommended course of treatment;
- 28% reported that PA led to a serious adverse event;
- 65% reported having to wait at least 1 business day and 26% at least 3 days to get a decision from the health plans;
- 86% reported PA burdens to be high/extremely high;
- 88% reported that PA burdens have increased over the last five years; and
- On average, physicians and staff spend two business days each week completing PAs

In addition, if the imaging study is denied through the PA process, physician staff must take time to appeal the decision electronically, via telephone or even paper based fax, which can further delay patient care for weeks. In contrast, adoption of CDS allows a paperless mechanism to be in place for delivering transparent and evidence-based AUC to assist the ordering physicians to order the most appropriate imaging at the point of care without a "hard stop".

Ordering physicians who consistently override the guidance will be subject to an outlier policy yet to be defined by CMS. ACR firmly believes that as physicians become more accustomed to both the imaging AUC and decision support mechanism, the total percentage of outlying physicians will decline.

Conclusion

The ACR appreciates the opportunity to provide comments on the RFI. We encourage CMS to continue to work with physicians and their professional societies to reduce administrative

Reference:

1. American Medical Association. 2018 AMA Prior Authorization (PA) Physician Survey. <https://www.ama-assn.org/system/files/2019-02/prior-auth-2018.pdf>

burden, especially when it comes to prior authorization. If you have any questions or comments on this letter, please contact Angela Kim at 800-227-5463 ext. 4556 or via email at akim@acr.org.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "William T. Thorwarth, Jr.", with a stylized flourish at the end.

William T. Thorwarth, Jr, MD, FACR
Chief Executive Officer

Cc: Morgan Taylor, CMS
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