

# American Society of Interventional Pain Physicians®

## "The Voice of Interventional Pain Management"

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June 28, 2016

Honorable Senator Mitch McConnell, Senate Majority Leader  
Honorable Senator Harry Reid, Senate Minority Leader  
Honorable Representative Paul Ryan, Speaker of the House  
Honorable Representative Kevin McCarthy, House Majority Leader  
Honorable Representative Nancy Pelosi, House Minority Leader

### **Senate Committee on Finance**

Honorable Senator Orrin Hatch, Chairman, Senate Committee on Finance  
Honorable Senator Ron Wyden, Ranking Member, Senate Committee on Finance

### **Health, Education, Labor and Pensions**

Honorable Senator Lamar Alexander, Chairman, Health, Education, Labor and Pensions  
Honorable Senator Patty Murray, Ranking Member, Health, Education, Labor and Pensions

### **Energy and Commerce Committee**

Honorable Representative Fred Upton, Chairman, Energy and Commerce Committee  
Honorable Representative Frank Pallone, Ranking Member, Energy and Commerce Committee

### **Ways and Means Committee**

Honorable Representative Kevin Brady, Chairman, Ways and Means Committee  
Honorable Representative Sander Levin, Ranking Member, Ways and Means Committee

### **Oversight and Government Reform Committee**

Honorable Representative Jason Chaffetz, Chairman, Oversight and Government Reform Committee  
Honorable Representative Elijah Cummings, Ranking Member, Oversight and Government Reform Committee

**Re: Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models; Proposed Rule (CMS-5517-P)**

Dear Honorable Leadership and Members of Senate and House:

On behalf of the Board of Directors of the American Society of Interventional Pain Physicians (ASIPP), 50 state societies and the Puerto Rico Society of Interventional Pain Physicians; and North American Neuromodulation Society (NANS), as well as the entire membership of all organizations, we would like to express our concerns and also provide information on a number of proposed provisions affecting the medical community, independent practitioners, and interventional pain management practitioners in particular.

The proposed rule, a 962 page document published on May 9, 2016, took almost 13 months to prepare. It appears to have been prepared by nonmedical or non-practicing individuals. Further, it will be another 4 to 5 months before a final rule on the Merit-based Incentive Payment System (MIPS) is released, which would leave physicians with only 2 months to respond. We have submitted a letter to CMS (**CLICK LINK FOR LETTER:** <http://www.asipp.org/COMMENT-CMS-MIPS-APM.pdf>) with 1,433 physician signatures and 3,101 non-physician provider signatures, with a total of 4,534. This letter also contains all the signatures.

Medicare Access and CHIP Reauthorization Act (MACRA) consists of 2 separate components.

- Repeal of the sustained growth rate (SGR) formula
- Institution of the Merit-Based Incentive Payment System (MIPS) and alternative payment models.

Contrary to common belief, these are 2 independent activities. If repeal of the SGR formula causes damage, it is still coming in the future with marked reductions in physician payments. However, MIPS will start causing damage right away.

Independent practices already have been reduced from two-thirds of practicing physicians in 2008 to one-third now, and will become one-fifth by 2019 when penalties start taking effect. MIPS is a hypothetical quality and cost cutting measure administered by bureaucrats (even MedPAC says it will not improve quality or costs).

It takes approximately \$900 million in the form of penalties and awards them as bonuses. Elimination or repeal of the formula has no effect on anything except that they will not be getting bonuses and CMS will reduce its workforce with net savings. At the same time, there won't be any cuts. If true quality measures to improve quality and reduce costs can be found, then it will be worthwhile. Otherwise, independent practices will be reduced and all of them will flee to hospitals. Medicare will become insolvent much sooner due to an increased strain on Medicare with the most expensive and least efficient setting becoming the model of practice. It will completely destroy the patient-physician relationship as it has eroded substantially. It is also important to note that adoption of electronic medical records (EMRs) is decreasing rather than increasing.

Consequently, ASIPP is seeking the following to maintain the survival of independent practices and patient access at an affordable price.

- Exempt or exclude interventional pain management from the proposed MIPS program due to its independent specialty status without an anchor specialty.
- Replace MIPS with a better system or delay the implementation of MIPS for 2 years so that pilot programs can be started in order to evaluate the value and validity of the various measures and regulations introduced, as well as its value and validity in improving quality and reducing costs.
- Clarify multiple misleading proposals in the MIPS program to ensure that it facilitates meaningful opportunities for performance improvement and decreases administrative and compliance burdens.
- Accommodate the needs of interventional pain management physicians in solo and small practices in order to enhance their opportunities for success and avoid unintended consequences.

- Provide a guarantee to the physician community that the Centers for Medicare and Medicaid Services (CMS) will depart from its path of destruction of independent practices and instead assist them to progress into the future. Further, assurance is needed that the program is only for improving quality initiatives, rather than balancing the budget and lining the pockets of a few by changing regulations as they fit the needs of CMS and also misinterpreting or misconstruing the intent of the law.

We appreciate the Senate and House leadership and membership for considering our comments. Our common goal is the provision of quality, cost-effective care to Medicare recipients; however, the MIPS program as developed by CMS will not achieve that goal and will have the opposite effect by reducing quality and increasing costs and ending independent practices with hospitals dominating the entire scene.

We are also providing a detailed explanation (**CLICK LINK FOR EXPLANATION:** <http://www.asipp.org/EXPLANATION-MBIPS-REQUEST.pdf>) of these issues.

Thank you again. If you have any questions, please feel free to contact us.