



AMERICAN
PSYCHOLOGICAL
ASSOCIATION
PRACTICE ORGANIZATION

April 11, 2013

The Honorable Frederic Stephen "Fred" Upton
Chairman, Energy and Commerce
Committee
United States House of Representatives
Washington, DC 20515

The Honorable Joseph R. "Joe" Pitts
Chairman, Energy and Commerce
Committee, Health Subcommittee
United States House of Representatives
Washington, DC 20515

The Honorable David Lee "Dave" Camp
Chairman, Committee on Ways and Means
United States House of Representatives
Washington, DC 20515

The Honorable Kevin P. Brady
Chairman, Committee on Ways and Means,
Subcommittee on Health
United States House of Representatives
Washington, DC 20515

Dear Chairmen:

The American Psychological Association Practice Organization (APAPO) wishes to thank the Committees for this opportunity to comment on the second draft of the Sustainable Growth Rate (SGR) Repeal and Reform Proposal. We are especially appreciative of the Committees' commitment to ensure that all providers, not just physicians, are included in this effort to repeal the SGR and reform the Medicare payment model. While we could not address every question raised, our responses to most of the Committees' questions are provided below.

Questions for Phase II:

- ✓ Is it appropriate to reward improvement in quality over time in addition to quality compared to peers?

Most mental health interventions are provided by psychologists, psychiatrists, and clinical social workers using a variety of modalities. Psychologists also provide extensive assessment, testing, and behavioral health services that most other mental health providers do not furnish.

Because of these differences it is critical to determine what is meant by the term "peers" when examining quality among providers. Any attempt to examine quality across provider specialties must ensure that the providers are performing the same service (based on the CPT code used) and that the appropriate comparison variable is used.

750 First Street, N.E.
Washington, DC 20002-4242
(202) 336-5800
(202) 336-5797 Fax
(202) 336-6123 TDD

- ✓ Are there sufficient clinical practice improvements relevant to your specialty? If not, does your organization have the capacity to identify such activities and how long would it take?

Developing measures to assess quality is challenging for mental health. Currently most measures reflect changes in symptom status or disorder status but do not gauge the efficacy of the modality used in the intervention.

Quality could be assessed by provider behavior (with the understanding that the patient's problem(s) will cause expectations for provider behavior to vary), change in symptoms or disorder status, or evaluation of functioning. While there are many measures for outcomes that are disorder/symptom specific, assessment of expected provider behavior and universal measures of functioning are less common. However, the latter may be most relevant to determining the patient experienced quality of care.

As used in this proposal it is unclear whether "quality" refers to measuring patient change or provider behavior. Working with patients to identify and address maladaptive behavior is very different from interpreting an X-ray or suturing a wound. It is important to note that in many cases, a realistic treatment goal may be continued maintenance of present functioning rather than actual improvement in symptoms as some mental health problems are chronic. On the other hand, it should be easier to measure quality involving behavioral health treatment by psychologists as the goals are more objective and observable (e.g., patient's compliance with medical treatment plan).

Questions for Phase III:

While we do not have answers for the specific questions regarding Phase III we support the idea that measures of quality and assessments of provider efficiency should be risk-adjusted.

Questions for Alternative Payment Model (APM) Adoption:

- ✓ What do you believe will be necessary to support provider participation in new payment models?

The APMs will have to demonstrate that they accurately value the professional's skill, time, and clinical decision making. They must also provide consistency so that providers have some idea what they will be paid from one year to the next. The models' requirements must not be overly burdensome.

- ✓ What is a reasonable time frame for CMS to approve and adopt APMs?

This is not a change that can be made quickly. CMS should first conduct APM demonstration projects to determine their suitability for the Medicare program. The demonstrations should involve providers of various sizes (including solo and small practitioners) and specialty types.

Questions for Current Law Improvements:

- ✓ What improvements upon current law will help ease the administrative burden upon medical providers and allow more time caring for Medicare beneficiaries?
- ✓ What improvements upon current law would support the provision of quality health care deliver for Medicare beneficiaries?

We are addressing these two questions together because we believe that reducing administrative burdens on providers is one way to support quality health care delivery.

Like physicians, psychologists deal with a range of complex patients, many of whom have mental and physical co-morbidities. But under current CMS internal policy, psychologists are not allowed to use the evaluation and management (E&M) codes to reflect levels of complexity. This prohibition on E&M also prevents psychologists from being recognized for their work in care coordination and transitional care management, vital services that are necessary to ensure the health and well-being of the patient.

Improvements upon current law that would enable psychologists to better care for their Medicare patients would be to:

1. Amend the Medicare payment formula so that psychologists, as low-cost, low-technology providers, are not penalized by adjustments in practice expense that favor specialties with higher costs for equipment and supplies.
2. Grant psychologists access to the E&M codes, including the new codes for care coordination and transition care management.
3. Add psychologists to the physician definition in Medicare to remove unnecessary physician supervision in programs such as partial hospitals.
4. Adopt the BHIT bill and make psychologists eligible for the same incentives as other providers.
5. Expand opportunities for psychologists to be part of integrated health care that addresses patients' physical and behavioral health needs.

In closing, we wish to add a few general comments. First, we request that a psychologist be included on the Expert Panel discussed in the proposal. Second, to ensure the inclusiveness that the Committee has agreed to there should be only one program for all providers; not separate but similar programs for physicians and non-physicians. Third, the introductory language in Paragraph C, Phase III, should be changed to say that the Secretary will solicit provider or specialty society (not physician) organization input on how to assess efficiency in Phase III and the Secretary will continue to consult provider or specialty society (not physician) organizations on the efficiency measures on an on-going basis.

APAPO again wishes to thank the Committees for the opportunity to provide comments on this proposal. We look forward to working with the Committees as they explore ways to repeal the SGR and reform the current Medicare payment model.

Sincerely,

Katherine C. Nordal, Ph.D.
Executive Director for Professional Practice