



June 4, 2010

Jonathan Blum
Director, Center for Medicare Management
Centers for Medicare & Medicaid Services
Department of Health & Human Services
200 Independence Avenue, SW Room 314G
Washington, DC 20201

CC: Dr. Jeff Kelman, Center for Drug and Health Plan Choice (CPC)
Dr. Michael Rapp, Office of Clinical Standards and Quality Care (OCSQ)
Liz Richter, Deputy Director, Center for Medicare (CM)
Laura Hoffmeister
Allison Eydt, Offices of Executive Operations and regulatory Affairs (OEORA)
Dr. John McInnes, Offices of Executive Operations and regulatory Affairs (OEORA)
Shelby Venson, Offices of Executive Operations and regulatory Affairs (OEORA)

Dear Mr. Blum,

The American College of Rheumatology appreciated the opportunity to meet with you and your colleagues on May 18 to discuss issues important to patients with rheumatologic diseases, rheumatology providers, and CMS. As the only professional society for rheumatology providers, the ACR is committed to promoting policies and practices that help our members provide the best care possible for their patients. As such, we highlighted the following points:

The ACR urges CMS to maintain the current rheumatology measures in the Physician Quality Reporting Initiative (PQRI) in 2011. These measures assess processes of care that are evidence-based and meaningful to both providers and patients. At this time, consistent and meaningful measures will help increase adoption of PQRI reporting among rheumatologists and best promote use of the PQRI measure data to inform practice improvement.

The ACR asks that CMS contribute to a feasible and sound implementation of EHR meaningful use. We have signed on to, and fully support, comments from the American Medical Association regarding the proposed rule. Further, we feel strongly that rheumatologists should not be responsible for reporting on specialty group measures in 2011 and 2012, as there are no applicable specialty group measures proposed. Going forward, we would welcome the opportunity to work with CMS to develop subspecialty group measures that facilitate the use of EMR as a means to improve the quality of care for rheumatic disease patients.

The ACR requests that CMS streamline the practice of medicine and ensure patient access to timely care by including certain drugs used primarily to treat rheumatic diseases on the Part D formulary or making their primary use under Part D. The ACR membership has repeatedly expressed frustration with the inconsistent coverage of Medicare B and D formularies. Physicians must repeatedly complete tedious paperwork to ensure patient coverage which can delay patient care. These common drugs are:

- methotrexate,
- prednisone,
- azathioprine,
- salsalate,
- choline magnesium trisalicylate,
- mycophenolate mofetil,
- cyclophosphamide

We understand the issues regarding legislation and rule making that may impact modification of the current process. However, for Medicare beneficiary access to needed medications, this process should be modified for their benefit.

The ACR requests that CMS recognize the importance of subspecialty care and appropriately reimburse subspecialists, like rheumatologists, for their expertise. The recent CMS policy change to eliminate consultation service codes asserts that the value of subspecialty care is no longer appreciated in medicine. As you know, subspecialists have completed additional training and acquired medical expertise that primary care physicians do not receive. Primary care physicians frequently request consultations from subspecialists for patients with complex conditions which the PCP cannot appropriately diagnosis or treat. Evaluation and management of these more complicated patients requires the review of additional pertinent medical information that is not accounted for in the current code for new patients. With the elimination of consultation codes, subspecialists are now required to provide similar specialty care, but are no longer reimbursed appropriately for their expertise.

The ACR is actively involved in developing evidence-based practice guidelines, developing and testing quality measures, and growing the Rheumatology Clinical Registry. Immediately after its launch in 2009, the RCR was used by 240 ACR members to accomplish PQRI reporting on more than 7,400 patients with rheumatoid arthritis. Furthermore, ACR provides member resources regarding practice management issues, including professional guidance on appropriate coding and compliance guidelines.

The ACR is able to uniquely offer clinical and methodological expertise, as well as education and information dissemination to our membership. We invite CMS to partner with the ACR in identifying the best strategies to ensure the highest quality care for beneficiaries with rheumatologic conditions.

We appreciate you taking the time to meet with us to discuss these important issues. The ACR looks forward to continued dialogue on these important issues and working with you on necessary reforms in health care delivery.

If you have any immediate questions, please feel free to contact ACR Director of Government Affairs Aiken Hackett at (404) 633-3777.

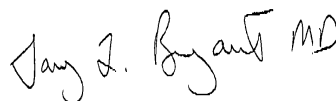
Sincerely,

David Borenstein, MD



President-elect,
American College of Rheumatology

Gary Bryant, MD,



Chair,
ACR Quality Measures
Subcommittee

Karen Kolba, MD



Chair,
ACR Committee on
Rheumatologic Care