

July 7, 2011

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Dear Mr. Hackbarth and Dr. Berenson:

The members of the Cognitive Specialty Coalition (CSC) are writing to commend the Medicare Payment Advisory Commission (MedPAC) for your attention to the dilemma facing cognitive care specialists. In its June 2011 Report, MedPAC concludes that Congress should act to ensure that patients will continue to have access to cognitive care specialists and, moreover, notes that the validation of physician service time can be improved. CSC is a group of physician specialty organizations whose members' medical practice centers on providing cognitive care. Cognitive specialists are physicians with additional training in a specific field of medicine who primarily provide Evaluation & Management (E&M) services to people with complex medical conditions that require a level of expertise which the referring physician is not trained to diagnose or qualified to treat.

The June MedPAC report cites an opportunity to make needed changes in fee schedule services by replacing the sustainable growth rate (SGR) formula with a different payment structure. The CSC is particularly hopeful to see the following idea under consideration:

**Realign payments for physician and other health professionals to help ensure an adequate supply of practitioners in cognitive (nonprocedural) specialties who focus on managing patients with chronic conditions.**

The respective members of the CSC all have seen the negative impacts that an imbalance or mispricing in reimbursements and the corresponding salary differentials can have. For example, it has become more difficult to recruit physicians into cognitive care specialties. Neurology, rheumatology, infectious diseases, and endocrinology have seen this in the difficulty of filling their residency slots with US medical school graduates. A study from the Association of American Medical Colleges noted that 35 percent of residents and fellows in rheumatology programs, 37.7 percent in neurology programs, and 34 percent in endocrinology programs are international medical school graduates (IMGs), compared with 3.7 percent in dermatology and 2.5 percent in orthopedic surgery (AAMC Center for Workforce Studies 2008). The JAMA study further noted that there is a strong correlation between residency match and compensation (Ebell 2008). Results of the 2011 Infectious Diseases (ID) match show a decrease in the number of applicants, and an increase in the number of unfilled fellowship slots. Moreover, according to a survey of recently graduated ID fellows, inadequate compensation was the most frequently reported reason for job dissatisfaction.

Difficulty attracting physicians into cognitive specialties already has influenced the cognitive care workforce. Cognitive physician shortages are seen in the different mean wait times for a non-urgent new patient appointment. For a new arthritis patient, that mean wait time is 38 days (Lewin Group 2006). The mean wait time for a new patient to see a neurologist is 28.1 days (AAN 2010). And it is standard to encounter waits of 3–9 months to see an endocrinologist (JCEM 2008). Compared with other specialties, the mean appointment wait time for dermatology is 22.1 days and for cardiology 15.5 days (Merritt Hawkins and Associates 2009).

The looming physician shortages are occurring at a time when the US has an aging baby boomer population, suggesting that the need for medical care only will grow. The CSC wholeheartedly agrees with MedPAC that payments must be realigned so that an adequate supply of cognitive specialists can be maintained to treat the growing patient populations which have complex chronic and acute conditions which require medical expertise beyond primary care.

In addition, MedPAC believes that pricing inequity may be partly driven by inaccurate estimates of physician work time, especially as doctors become increasingly expert and efficient with procedures. The CSC supports ongoing efforts by the Relative Value Update Committee (RUC) to evaluate the potential use of extant databases as a means to ensure that accurate and verifiable time estimates are used in determining service values. It is important that any savings attained by lowering the time estimates for overvalued services be used to increase payments for E&M and other undervalued services (instead of reverting to the government).

We thank you for engaging with the CSC in a past meeting; we are more than happy to meet with you at any future time to continue the dialogue. The members of the CSC stand ready to provide whatever assistance you may want in order to develop any recommendations that would alleviate the current reimbursement imbalance to ensure that Medicare beneficiaries will have an appropriate number of cognitive care specialists to meet our country's future medical needs. Should you or your staff have any questions, please feel free to contact Mark Pascu, Regulatory Affairs Manager with the American Academy of Neurology, at [mpascu@aan.com](mailto:mpascu@aan.com) or at (202) 525-2018.

Sincerely,

American Academy of Neurology  
American Association of Clinical Endocrinologists  
American College of Rheumatology  
Infectious Diseases Society of America  
North American Neuro-Ophthalmology Society  
The Endocrine Society

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