April 10, 2014

Glenn M. Hackbarth, J.D., Chairman
Medicare Payment Advisory Commission (MedPAC)
425 Eye Street, N.W.
Suite 701
Washington, D.C., 20001

RE: April Public Meeting; Primary/Cognitive Care Issues

Dear Chairman Hackbarth:

The undersigned organizations as representatives of cognitive specialists1 are writing to share our concerns about the lack of inclusion of cognitive specialists in MedPAC discussions about improving the practice climate for primary care providers.

We continue to be very concerned about the Commission’s emphasis on primary care and lack of recognition for cognitive physicians, those specialists who sit down face to face with complex patients and primarily provide evaluation and management care.

As an example, the most recent MedPAC commission report stated that, “The physician fee schedule must be rebalanced to achieve greater equity of payments between primary care and other specialties.” The commission followed in its most recent meeting suggesting that the primary care bonus should be continued.

We completely agree that measures must be taken to improve access to primary care, but we think the more appropriate distinction in accomplishing this is between physicians who primarily provide evaluation and management and those who provide procedural care.

Following this is a document originally published in the Journal of the American Medical Association in 2008 that has been updated with 2013 data. It shows that cognitive specialists are in the same crisis as primary care. Cognitive physicians, who on average bill more than 60 percent of their charges to Medicare under the same evaluation and management codes as primary care physicians, have similar incomes and face the same recruiting problems.

The National Commission on Physician Payment Reform agreed stating in March 2013 “[w]hile the discussion about reimbursement has generally focused on services performed by primary care physicians, the commission believes that the real issue is not one of relative payment of specialists versus primary care physicians but, rather, of payment for E&M services as contrasted with procedural services.”

1 Cognitive specialists are physicians with additional training in a specific field of medicine who primarily provide E/M services to individuals with complex medical conditions that require a level of expertise the referring physician is not trained to diagnose or qualified to treat. Frequently, cognitive specialists are able to prevent patients from having costly procedures by identifying and treating patients early.
In 2011 MedPAC weighed in stating that SGR reform offered the opportunity to, “[r]ealign payments for physicians and other health professionals to help ensure an adequate supply of practitioners in cognitive (nonprocedural) specialties who focus on managing patients with chronic conditions.”

As the US population grows and ages, the prevalence of many of the conditions treated by cognitive care providers is projected to increase – especially conditions prevalent among the elderly. Portions of the ACA such as the Medicaid bump and the primary care bonus will be expiring in the near future. Now is the time for MedPAC to recommend policies that ensure that some of Medicare’s highest need, highest cost patients have the physicians they need.

In considering the quality of care offered to Medicare beneficiaries it is essential that patients receive the right care from the right physician at the right time. We implore the Commission to review the chart included and recognize the need to improve E/M for both primary care and cognitive providers as it advises Congress on the Medicaid bump, the primary care bonus, and any programs designed to ensure greater access to Medicare beneficiaries in need of E/M services.

American Academy of Allergy, Asthma & Immunology

American Academy of Neurology

American College of Rheumatology

American Psychiatric Association

Endocrine Society

Infectious Diseases Society of America

North American Neuro-Ophthalmology Society