

February 25, 2013

Dear Members of the U.S. House Ways and Means and Energy and Commerce Committees:

The American Academy of Audiology is the world's largest professional organization of, by, and for audiologists. The American Academy of Audiology (the "Academy") promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research. On behalf of over 11,000 members, the Academy writes to thank you for your recent correspondence seeking feedback from provider-based organizations regarding the Sustainable Growth Rate (SGR) formula and payment reform under the Medicare system.

As the Committees work to address issues such as improving quality of care, alongside the transition of Medicare from a fee-for-service to a value-based purchasing model, we appreciate the opportunity to address the reform development process and principles in your February 7, 2013 proposal:

**PHASE 1: Repeal the SGR and provide a period of predictable, statutorily-defined physician payment rates**

The Academy commends the distinguished Committee members for your dedication to Medicare payment reform and for creating a long-term solution to the SGR. Audiologists have experienced cuts to reimbursement through the Medicare Fee Schedule for four consecutive years amounting, in some cases, to nearly 50% reductions in reimbursement. The impact of these cuts is unsustainable for our members. Coupled with the continuous threat of additional reductions due to the antiquated Sustainable Growth Rate formula, the result is that those in independent practice will be unable to treat Medicare patients, may no longer be able to provide those services that have sustained the greatest reductions, or may be forced to retire from clinical practice. Therefore, while the need for access to hearing health care and balance services continues to rise with our aging society and increased number of Medicare beneficiaries, access to these critical services will decline as providers recognize they simply cannot continue to provide services at such reduced reimbursement levels. A more predictable, statutorily-defined and equitably allocated payment structure would serve to mitigate this expected decline in available and necessary services.

**PHASE 2: Reform Medicare's FFS payment system to better reflect the quality of care provided**

The Academy remains a proponent of quality measures reporting through programs such as the Physician Quality Reporting System (PQRS) currently implemented through the Centers for Medicare and Medicaid Services (CMS). The model, which began with affording qualifying

participating providers a payment incentive and will begin penalizing providers for unsatisfactory reporting in 2015, allows health care professionals an opportunity to quantify their quality of care performance and continually seek to improve their patient care delivery as demonstrated through measure reporting compliance. Although audiology was among the most recent professions added to the list of qualified providers to report under the PQRS, our members are consistently among the most successful accurately reporting professions.

The Academy endorses reform that would reward providers for delivering high quality care. As with most new programs, we encourage policymakers to bear in mind the acclimatization period necessary for providers to incorporate and adopt new reporting practices. As noted above, audiology is among the most recent of the health care professions added to the list of qualified participants under the PQRS and audiologists are currently eligible to report on only four measures. This is in part due to the lengthy and complex measures development process that requires significant resources from the providers themselves as well as the professional associations to which they belong. At the same time, professionals like audiologists must actively participate within the CMS and National Quality Forum (NQF) framework of maintaining current requirements where CMS may retire measures on an annual basis or NQF may withdraw endorsement for a measure at any time without consulting the professionals most affected by the changes.

In any future quality of care program, greater emphasis should be placed on the coordination of care that occurs between and among the various types of health care professionals who are responsible for the beneficiary's treatment. The Academy has put significant time and resources in developing measures and educating audiologists about PQRS. Any changes to or elimination of the PQRS should not disadvantage health care professionals or create a situation in which professions must "reinvent the wheel" in terms of Medicare measure development and reporting.

### **PHASE 3: Further reform Medicare's FFS payment system to also account for the efficiency of care provided**

Incentivizing not only physician but non-physician health care professionals to provide high quality cost-effective care focused on positive patient outcomes, when done correctly, will be advantageous to the Medicare beneficiary. In the current model, each covered service is reimbursed independently of the other services provided by a professional, which creates little incentive or motivation on the part of the health care professional to adopt new practices and efficiencies that will result in a higher standard of care.

As you examine ways to streamline and improve care, we urge members of the Committee to consider eliminating the current barriers to the services that audiologists provide which could greatly increase the efficiency of the Medicare system. Audiologists are doctoral-level professionals trained to evaluate, diagnose, treat, and manage hearing and balance disorders. Under the current system, diagnostic testing, for hearing and balance services, requires an

unnecessary physician's order. To have a hearing test ordered, Medicare patients must first make an appointment with their physician instead of being allowed access to an audiologist as an entry point for hearing and balance care. Often, the physician (likely a primary care provider) will first refer to an otolaryngologist (ear, nose and throat specialist) who will ultimately have to refer to the audiologist. This system is inefficient and results in additional and unnecessary costs to the patient and the already fiscally challenged Medicare program. There are myriad examples of the efficacy and safety of audiologists as an entry point for hearing and balance care delivery (e.g. private insurers, the military, the Veterans Administration). We strongly believe that the removal of these outdated barriers would greatly increase efficiency and would align with the type of delivery system this phase of the proposal seeks to achieve.

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The Academy appreciates the efforts by the members of the House Ways and Means and Energy and Commerce Committees to ensure high quality and efficient care through a transformation of the Medicare payment process and we appreciate the opportunity to offer input. Should you need clarification on any of our comments above or further information, please contact Melissa Sinden, Senior Director of Government Relations at (202)544-9335 or by email at [msinden@audiology.org](mailto:msinden@audiology.org). Thank you for your review and consideration of our comments and suggestions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Deborah L. Carlson'.

Deborah L. Carlson, Ph.D.  
President