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May 31, 2013

The Honorable Max Baucus
Chairman
Committee on Finance
511 Hart Senate Office Building
Washington, DC 20510

The Honorable Orrin G. Hatch
Ranking Member
Committee on Finance
104 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Baucus and Ranking Member Hatch:

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 Committee works to address issues such as improving quality of care and the current Medicare fee-for-service model, we appreciate the opportunity to address the reform development process and respond to the questions set forth in your May 10, 2013 letter:

What specific reforms should be made to the physician fee schedule to ensure that physician services are valued appropriately?

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 many of those in clinical 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. 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.

What specific policies should be implemented that could co-exist with the current FFS physician payment system and would identify and reduce unnecessary utilization to improve health and reduce Medicare spending growth?

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 Federal Employee Health Benefits Program (FEHBP)}. We strongly believe that the removal of these outdated barriers would greatly increase efficiency and would align with the type of delivery system you seek to achieve.

Within the context of the current FFS system, how specifically can Medicare most effectively incentivize physician practices to undertake the structural, behavioral and other changes needed to participate in alternative payment models?

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 structure reimbursement to providers, at least in part, based on quality measurement. 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. Because audiology does not currently have a nationally-recognized data reporting or collection system, nor do we have a registry under which to report, such a system will require time and expertise to be developed.

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.

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The Academy appreciates the efforts by the members of the Senate Finance Committee 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. 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". The signature is fluid and cursive, with a large initial "D" and a long horizontal stroke at the end.

Deborah L. Carlson, PhD
President