May 22, 2017

Via Electronic Mail
Ron Kline, MD
William Robinson
CMMI Patient Care Models Group
Centers for Medicare & Medicaid Services
Centers for Medicare and Medicaid Innovation
Department of Health and Human Services
7500 Security Boulevard
Mail Stop WB-06-05
Washington, DC 21244

Re: CMMI Development of a Radiation Therapy Alternative Payment Model

Dear Dr. Kline and Mr. Robinson:

On behalf of the members of the Advanced Medical Technology Association (AdvaMed), we are writing to provide comments on the proposed development of a Radiation Therapy Alternative Payment Model.

AdvaMed member companies produce the medical devices, diagnostic products, and health information systems that are transforming health care through earlier disease detection, less invasive procedures, and more effective treatments. AdvaMed members range from the largest to the smallest medical technology innovators and companies. We are committed to ensuring patient access to life-saving and life-enhancing devices and other advanced medical technologies in the most appropriate settings.

AdvaMed appreciates the opportunity to submit comments to CMMI on the development of a Radiation Therapy payment model. Radiation therapy is a critical component in the treatment and cure of many types of cancer. As such AdvaMed and members of its radiation therapy sector believe it is important to develop a model that accounts for the impact of these treatments while recognizing the range of providers and settings in which they are rendered.

While AdvaMed appreciates the opportunity to submit comments, the pool of currently available information regarding CMMI’s model development efforts limits the level of meaningful feedback we are able to provide. We therefore encourage CMMI to continue to be transparent as it moves forward with efforts to develop a Radiation Therapy payment model, especially as it relates to payment and rate-setting methodologies. We also recommend that CMMI provide all
stakeholders, including manufacturers of radiation therapy technologies, opportunities to offer continued input on development of the Radiation Therapy payment model.

AdvaMed is supportive of a number of the comments that were made during the CMS Radiation Therapy Public Forum on May 3rd especially as they relate to the need to develop a comprehensive oncology model that allows all physicians to participate regardless of the setting where Radiation Therapy services are provided. We recommend that any model that is developed accommodate clinicians who treat patients regardless of whether that care is rendered in the hospital or freestanding facility setting. It is also of critical importance that any payment model appropriately reflects the cost of care, incentivizes the provision of high quality and efficient care, and avoids creation of barriers to access. Additionally, as CMMI moves forward in determining which disease sites to include in the model and the methods of treatment, it will be important to include cancer types for which radiation therapy, as a single definitive treatment and in combination with other therapies, plays a vital role. Lastly, CMMI should fully evaluate the available data and share the findings from any such evaluation with stakeholders prior to making a final decision on which disease sites to include in the model.

Alternative payment models should not discourage the adoption of advanced technologies that improve cancer care for patients. Radiation therapy technologies are continuing to evolve and advance. Many Radiation Therapy treatments are delivered using new and innovative technologies that may have higher initial costs or may be used to treat complex cancer cases with a lower volume of patients, such as proton therapy. Despite the substantial benefit these innovative therapies hold for some patients, they are either not widely accessible or account for a very small percentage of all radiotherapy treatments. AdvaMed recommends that CMMI consider the cost and maturity of advanced radiation therapy technologies before including them in a payment model and that CMMI work with stakeholders to develop models that do not adversely impact patient access to these types of new and emerging technologies. Lastly, AdvaMed encourages CMMI to develop models to track the care methods, quality, and cost of treatment provided to patients receiving oncology services and to compare and report data findings from the Radiation Therapy model, as well as other cancer care models, to give a more comprehensive perspective of cancer treatment.

AdvaMed looks forward to continuing to work with CMMI and other members of the stakeholder community as efforts move forward in advancing development of a Radiation Therapy payment model. We would be pleased to answer any questions regarding these comments. Please contact me or DeChane L. Dorsey, Esq., Vice President, Payment and Health Care Delivery Policy, at (202) 434-7218 or ddorsey@advamed.org, if we can further assist you.

Sincerely,

Donald May
Executive Vice President
Payment and Health Care Delivery Policy