



September 16, 2019

Ms. Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-5527-P  
P.O. Box 8013  
7500 Security Boulevard  
Baltimore, MD 21244-8013

Re: Medicare Program: Specialty Care Models to Improve Quality of Care and Reduce Expenditures;  
CMS-5527-P

Submitted via: <http://www.regulations.gov>

Dear Administrator Verma:

The American Association of Medical Dosimetrists (AAMD)\* is pleased to submit comments to the Centers for Medicare and Medicaid Services (CMS) in response to the July 18, 2019 Federal Register notice regarding the Radiation Oncology (RO) Model proposed rule. The AAMD and our 3,000 members represent a key component of the radiation oncology team. Medical dosimetrists work collaboratively with radiation oncologists, medical physicists and radiation therapists in the treatment planning and delivery process to safely and effectively deliver maximum radiation dose to the tumor site while sparing healthy tissue.

#### **Quality and Safety**

The AAMD appreciates that CMS is proposing the creation and testing of a new payment model for radiation oncology. We understand that the intention of the model is to promote quality and financial accountability for episodes of care centered on radiation therapy services. The AAMD supports the CMS focus on quality and stability of reimbursements and believes those are desirable objectives for both CMS and the radiation oncology care teams. However, we are concerned that the proposed rule and its components may have unintended consequences related to treatment delivery and patient safety. In particular, we question the mandatory participation and the number of practices required to participate as well as the timing of model implementation, as these issues have the potential to significantly impact access to safe and high-quality cancer care. Payment reductions of this magnitude will diminish access to safe and effective radiation treatments through increased financial burden on radiation oncology practices that are required to participate. The intent to improve quality is a noble goal for participants, but the proposed payment cuts are unsustainable and do not further the goal of moving toward value-based payments.

The Radiation Oncology field has seen substantial professional and technical advances that have improved the quality and safety of care in recent years. The complexity and personalization of radiotherapy continues to push the boundaries of what is achievable, with the Certified Medical Dosimetrist (CMD) playing a key role in the design of the treatment plans used for delivery. These highly skilled professionals are cognizant of any limitations in the patient's care that would possibly influence the radiation treatment planning or radiation treatment delivery. In a future where radiation oncology reimbursements are cut, the ability to ensure the safety of care will continue to be paramount. While the CMD plays an important role for safety and quality in providing high quality patient care, there is a potential that adequate staffing may be sacrificed under the financial strain of the proposed model. **The knowledge and expertise of a CMD is essential to ensuring the accuracy of the treatment plan used for radiotherapy, so the potential financial hardship for Radiation Oncology practices has the potential to drastically alter the safety of care provided. Reductions in staffing levels will increase workloads on all involved in patient care, which has the potential to significantly reduce the safety of radiation treatment plans and delivery to the patient.**

### **Technology and Innovation**

The Radiation Oncology field continuously works to integrate technology that will improve the quality of radiotherapy planning and delivery, with the intent to also make care more accessible and cost-effective. Many new technologies also help support clinical decision-making regarding treatment options, using treatment outcome data to promote efficiencies and improve outcomes. As difficult financial decisions are forced in this new paradigm for payment, clinical practices will be less likely to invest in these new technologies that would enhance the quality and efficiency of care provided. Coupling this lack of investment with increased administrative burden for data compilation in the face of potential reduced staffing has the possibility to drastically impact the quality of care.

In collaboration with the American Society for Radiation Oncology (ASTRO) and American Association of Physicists in Medicine (AAPM), the AAMD has supported the development of a comprehensive incident learning database for quality and safety, RO-ILS. This database has powerfully transformed the potential to learn and grow from incidents among the Radiation Oncology community but required substantial time and resources to develop and implement. The expectation is that this new payment model will also be robustly supported by technology for the collection and reporting of quality data in a similar manner to RO-ILS. This supportive technology will require time and resources for vendors to develop and integrate into their clinical care support systems. This proposal may also force difficult decisions from the vendors who develop these technologies on their ability to support these requirements in the face of decreased investments, so this model has the potential to stagnate innovation in Radiation Oncology.

Radiation Oncology treatment planning and delivery are rapidly evolving technologies that are significant investments for most clinics. Access to these enhanced technological options for treatment for all patients is a concern. Integration of such technologies supported by artificial intelligence and machine learning have the possibility to reduce the time from diagnosis to treatment, reduce the number of treatment sessions, and introduce more effective treatment modalities. **The AAMD is worried that the proposed RO Model will not allow for adequate investment in these new technologies for use across all types of centers throughout the country.**

### **Mandatory Timing of RO Model**

The Radiation Oncology industry needs adequate time to create infrastructure that supports the implementation of the RO Model while focusing on enhancing patient care. The proposed RO Model is significantly complex and requires many changes for clinics, vendors, and CMS to facilitate the effective

transition to this payment structure. Support structures will need to be developed and refined by vendors prior to clinical implementation. Clinical participants will need to develop infrastructure to support changes in coding, claims processing, and health records to support the modified payments as well as the increased quality data collection and reporting requirements. Given the considerable work necessary on many fronts to implement this RO Model, **the AAMD supports delaying the implementation of the RO Model in order for practices to be more prepared for all aspects of the current proposal.**

We ask that CMS consider the AAMD's concerns and suggestions during the development of the Radiation Oncology Model final rule. If you or your CMS staff members have questions, please contact AAMD Executive Director Stacey Wilson at 703.677.8071 x103.

Thank you,



Cara M. Sullivan, BS, CMD, RT(T)  
President, AAMD

**\*About the AAMD:**

*The AAMD is the primary resource for medical dosimetrists and treatment planners throughout the world. We are the only professional association devoted exclusively to promoting and supporting the medical dosimetry and treatment planning profession by:*

*Defining the scope of practice for medical dosimetry and treatment planning to ensure the delivery of high-quality patient care and to foster patient safety initiatives; Providing opportunities for skill development and maintenance of Medical Dosimetrist Certification Board (MDCB) certification through current and relevant educational activities specifically focused on medical dosimetry and treatment planning; Demonstrating the value of the medical dosimetry and treatment planning profession through advocacy in the radiation oncology community, other healthcare associations and the general public; Offering a forum for professional development through the exchange of best practices, practical treatment planning solutions and career opportunities; Monitoring the healthcare landscape and informing our members of changes that may impact the medical dosimetry and treatment planning profession.*

[www.medicaldosimetry.org](http://www.medicaldosimetry.org)