



Sound Policy. Quality Care.

August 1, 2022

Admiral Rachel L. Levine, MD
Office of the Assistant Secretary for Health
Office of the Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Sent electronically to OASHPrimaryHealthCare@hhs.gov

RE: Primary Health Care RFI

Dear Admiral Levine,

The Alliance of Specialty Medicine (Alliance) represents more than 100,000 specialty physicians across 15 specialty and subspecialty societies. The Alliance is deeply committed to improving access to specialty medical care by advancing sound health care policy. As medical and surgical specialists, the undersigned organizations appreciate the opportunity to respond to the *Request for Information (RFI): HHS Initiative To Strengthen Primary Health Care*.

We understand the need to address the primary health care foundation, including workforce shortages. The Alliance shares the goals of strengthening access to high-quality health care, improving health equity, enhancing communication, and coordinating and integrating care across systems, including between primary care providers and medical specialists. However, to ensure patients have access to high-quality care and to promote continuity of care, we urge you to consider the role of specialists as you develop an initial plan and future steps. To be successful, the Initiative should support the partnership between primary care and specialty care rather than weaken it.

Today, we write to share feedback in response to the aforementioned request for information (RFI) from the perspective of practicing specialty medicine providers.

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American Academy of Facial Plastic and Reconstructive Surgery • American Academy of Otolaryngology-Head and Neck Surgery
American Association of Neurological Surgeons • American College of Mohs Surgery • American College of Osteopathic Surgeons
American Gastroenterological Association • American Society for Dermatologic Surgery Association
American Society of Cataract & Refractive Surgery • American Society of Echocardiography • American Society of Plastic Surgeons
American Society of Retina Specialists • American Urological Association • Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons • National Association of Spine Specialists

Ensuring Continuity of Care

Policies to ensure continuity of care should appropriately integrate primary and specialty care. Primary care providers need a robust network of specialty and subspecialty physicians for patient referrals and effective coordinated care.

Across the country, health insurers have cut the number of physicians and hospitals available to consumers, narrowing their provider networks in what they describe as an attempt to reduce costs. The trend toward narrow-network plans and away from health plans with a broader selection of doctors and hospitals has persisted since the inception of the Affordable Care Act exchanges in 2014. By some accounts, nearly three-fourths of all ACA exchange plans have narrow provider networks, leaving patients scrambling to find available physicians. This is particularly problematic for patients in need of specialized medical care. We urge you to consider the impact of narrow networks and require federally regulated health plans to expand their networks and minimize the practice of narrow networks to ensure that consumers have access to the full range of providers necessary to meet their health care needs. Network adequacy standards that require plans to offer a sufficient number and type of specialists and subspecialists in their provider networks and maintain patient choice through out-of-network options should be established.

Telehealth has improved access to specialty physicians, making it easier for patients referred by their primary care providers to follow through with scheduling appointments with a specialist. Also, telehealth may help alleviate key pressures in our health care system, including the fact that some geographic regions lack specialists and subspecialists. Where clinically appropriate, telehealth provides a way for specialty physicians to reach patients who live in rural areas or patients with mobility issues who may face challenges traveling. We urge you to work with Congress to make permanent many of the flexibilities authorized during the COVID-19 public health emergency. In addition, we urge you to work with state Medicaid programs and private payers (including Medicare Advantage, Medicaid managed care organizations, and Exchange plans) to further promote expanded use of virtual care and telehealth, encouraging these payers to adopt policies similar to traditional Medicare's and to reimburse providers for these services in the same manner and at the same rate that they pay for face-to-face services.

Addressing Workforce Shortages

We applaud your efforts to examine the healthcare workforce shortage. The specialty physician workforce shortage is equally as dire as it is for primary care providers, and the Alliance would like to add its voice to the conversation.

According to the Association of American Medical Colleges (AAMC), the United States faces an overall shortage of up to 124,000 physicians by 2034, including 77,100 specialty and 48,000 primary care physicians. Specialty shortages — including neurosurgeons, urologists, cardiologists, gastroenterologists, rheumatologists, plastic and reconstructive surgeons, otolaryngologists,

orthopaedic surgeons, and general surgeons — will be particularly acute. Given the increased demand created for their services by an aging population and expanded insurance coverage, we need to take steps now to ensure a fully trained specialty physician workforce for the future. These measures will begin to help improve the acute shortage of specialty physicians.

We urge you to work with Congress to advance the *Resident Physician Shortage Reduction Act* (S. 834/H.R. 2256), which will improve the nation’s Graduate Medical Education (GME) system and help to preserve access to specialty and primary care by increasing Medicare-supported GME residency slots by 14,000 over the next seven years; specifying priorities for distributing the new slots (e.g., states with new medical schools); and studying strategies to increase the diversity of the health professional workforce. Congress took an important first step to address the physician shortage crisis by approving 1,000 new Medicare-supported GME slots in the *Consolidated Appropriations Act, 2021* (P.L. 116-260), but more is needed to address projected workforce shortages.

Payment Policy

The goal of improving payment to primary care providers is important **but should not be accomplished at the expense of specialty providers**. We urge you to work with Congress to stabilize Medicare physician payments and explore more permanent solutions to fix the broken Medicare physician payment system to provide long-term financial sustainability to primary care practitioners and specialists alike.

All physician practices continue to face unprecedented financial pressures as their practices emerge from the COVID-19 pandemic. Costs associated with running a physician practice have increased considerably as the price of medical supplies, equipment, and clinical and administrative labor have risen dramatically, grossly outpacing already high inflation rates. Unlike other Medicare providers that receive annual payment updates based on an inflation proxy, such as the Consumer Price Index, the Medicare Access and CHIP Reauthorization Act (MACRA) sets a statutory update adjustment factor for physician payments without an inflation adjuster. The [Medicare Trustees](#) and other policy experts have raised concerns about the lack of an inflation measure for Medicare physician payments. This downward financial pressure on physicians and their practices has forced many to sell their practices to health systems and private equity groups and enter into employment arrangements with those entities, further consolidating health care systems and increasing healthcare costs to taxpayers and beneficiaries, according to [MedPAC](#).

We also urge you to work with the Centers for Medicare & Medicaid Services to ensure that the Quality Payment Program (QPP) offers more clinically relevant participation pathways for specialists that result in truly meaningful improvements to patient care rather than yet another check-the-box regulatory program that rewards compliance rather than quality. A list of specific technical improvements to the QPP that the Alliance would like to see implemented is outlined [here](#). Many specialty physicians face tremendous barriers under MACRA’s QPP, including the

Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). Both tracks of the QPP have been implemented in a manner that has limited meaningful participation among many specialists. For example, MIPS remains unnecessarily complex, and program rules change from year to year. The program also continues to rely on siloed assessments of quality and cost rather than a more comprehensive approach to value, and MIPS policies disincentivize investments in the development and use of more meaningful specialty-specific quality measures and qualified clinical data registries. Additionally, APMs remain primarily focused on primary care and population health and fail to provide a meaningful pathway for specialists. Given these challenges, many specialists cannot engage in MACRA's value-focused programs — as was intended by Congress — including the inability to qualify for incentives offered through the APM track of the QPP, such as higher payment updates in future years (i.e., CY 2026 and beyond).

Many patients rely on a specialist for their care when they have serious chronic conditions, multiple comorbidities requiring more complex care and expertise or acute medical conditions requiring the care of a specialist. Therefore, we urge you to approach policies to improve primary health care with a holistic view that considers the partnership between primary and specialty care.

Thank you for considering our feedback as you develop an initial plan and future steps for the *HHS Initiative To Strengthen Primary Health Care*. Please contact us at info@specialtydocs.org if you have any questions.

Sincerely,

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