AMERICAN ACADEMY OF NEUROLOGY®

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October 26, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Promoting Efficiency and Equity Within CMS Programs Request for Information

Dear Administrator Brooks-LaSure,

The American Academy of Neurology (AAN) is the world's largest neurology specialty society representing more than 38,000 neurologists and clinical neuroscience professionals. The AAN is dedicated to promoting the highest quality patient-centered neurologic care. A neurologist is a physician with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system. These disorders affect one in six people and include conditions such as multiple sclerosis (MS), Alzheimer's disease (AD), Parkinson's disease, stroke, migraine, epilepsy, traumatic brain injury, ALS, and spinal muscular atrophy.

The AAN is grateful for the opportunity to respond to this Request for Information (RFI) and appreciates the work that the Centers for Medicare and Medicaid Services (CMS) has done and continues to do in advancing health equity and improving access to care. The joint foci of this RFI (healthcare access, provider experience, health equity, and the effectiveness of the response to COVID-19) are each of critical concern to our members, their patients, and the healthcare system more broadly.

<u>Increasing Access to Healthcare</u>

Ensuring access to high quality neurologic care is a top priority for the AAN. In recent years, access to adequate general neurologic and subspecialty care has continued to pose a significant challenge for neurology patients. The AAN has persistently advocated for a variety of policies that could ameliorate issues impacting the neurology workforce, including support of the recent addition of 1,000 graduate medical education (GME) slots and expansion of the Conrad 30 waiver program.

The AAN is also highly supportive of the efforts of CMS to remove unnecessary restrictions on access to telehealth, especially those steps taken during the ongoing Public Health Emergency (PHE). This has allowed for

the use of telehealth to augment capacity in areas where there is a shortage of providers or other barriers to access and include the use of both audio/video and audio-only services, as appropriate. Access to telehealth services has allowed many patients with a wide variety of neurologic disorders to safely access care, manage their medications, and thus avoid adverse events.

Provider Experience

Unfortunately, many of the same factors that are contributing to the lack of patient access to care have also had knock-on effects on those providers who are increasingly strained by ongoing workforce challenges, as well as the burdens of the ongoing COVID-19 PHE.

Physician burnout remains a top concern for the AAN, and we note that many of the factors contributing to burnout have been exacerbated by the Covid-19 pandemic. Even prior to the pandemic, one out of every three physicians reported experiencing burnout symptoms.[1] Neurologists have one of the highest rates of burnout compared to other disciplines in the United States.[2] Symptoms of burnout include emotional exhaustion, depersonalization, and career dissatisfaction. As a result, physicians are at a high risk of depression, substance abuse, and suicide.[3][4] Burnout can lead to errors in decision making and can negatively impact patient care. A predicted shortage of up to 90,000 physicians by 2025 could significantly impact specialties experiencing high rates of burnout such as neurology.[5] Developing and implementing strategies to reduce burnout will be essential in retaining neurologists in practice, increasing the number of neurology trainees, and continuing to provide access to high quality of neurologic care.

The AAN has continually advocated for policy changes that would alleviate administrative burdens in order to improve efficiency and lower the prevalence of burnout. The AAN appreciates the administration's commitment to this issue, noting that the Surgeon General has called for documentation burden to be reduced by 75% by 2025.[6] Prior authorization (PA) has consistently proven to be one of the most significant obstacles physicians face with 88 percent of physicians describing the burden associated with PA as high or extremely high and 34 percent of physicians reporting that PA has led to serious adverse event for a patient in their care.[7] PA is one of the most time consuming and expensive administrative

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[1] Shanafelt TD. Enhancing meaning in work: a prescription for preventing physician burnout and promoting patient-centered care. JAMA 2009;302(12):1338Y1340. doi:10.1001/jama.2009.1385.
[2] Sigsbee B, Bernat JL. Physician burnout: a neurologic crisis. Neurology 2014;83(24):2302Y2306. doi:10.1212/WNL.0000000000001077
[3] Shanafelt TD, Sloan JA, Habermann TM. The well-being of physicians. Am J Med 2003;114(6):513Y519. doi:10.1016/S0002-9343(03)00117-7.
[4] Dyrbye LN, Thomas MR, Massie FS, et al. Burnout and suicidal ideation among U.S. medical students. Ann Intern Med 2008;149(5):334Y341. doi:10.7326/0003-4819-149-5-200809020-00008.
[5] Shanafelt TD, Mungo M, Schmitgen J, et al. Longitudinal study evaluating the association between physician burnout and changes in professional work effort. Mayo Clin Proc 2016;91(4):422Y431. doi:10.1016/j.mayocp.2016.02.001
[6] Murthy VH. Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce. Department of Health and Human Services, 2022, https://www.hhs.gov/sites/default/files/health-worker-wellbeing-advisory.pdf
[7] "2021 AMA Prior Authorization (PA) Physician Survey." American Medical Association, 2022, https://www.ama-assn.org/system/files/prior-authorization-survey.pdf

requirements preventing physicians from spending more time with patients and it is well established that PA burden is a driver of burnout. Burdens associated with prior authorization are often cited as a top concern among AAN members. There are a number of potential actions that the AAN supports that CMS could take to address PA burden. These include:

- Closely monitor the implementation of the current Medicare fee for service (FFS) PA requirements to ensure that decisions are made promptly and, when they are not, clarify that the PA requirements are not barriers to payment for these services.
- Release Medicare Administrative Contractor PA data to improve transparency.
- Clarify the process for removing existing services from the FFS PA requirements.
- Suspend the use of PA for any additional services under all Medicare FFS programs.
- Remove services that have been inappropriately added to the outpatient prior authorization list including codes relating to the injection of botulinum toxin for FDA-approved therapies.
- Reinstate the step therapy prohibition in Medicare Advantage (MA) plans for Part B drugs as described in the September 17, 2012, HPMS memo Prohibition on Imposing Mandatory Step Therapy for Access to Part B Drugs and Services.
- Establish closer oversight over MA plans use of PA and provide guidance to plans to reduce PA for routine procedures and services.
- Work with the Office of the National Coordinator to address technical challenges associated with electronic prior authorization.

The AAN applauds CMS' July 7 announcement that for the Appropriate Use Criteria (AUC) program the "payment penalty phase will not begin January 1, 2023 even if the PHE for COVID-19 ends in 2022." The AAN appreciates CMS' continued recognition of the impact that the ongoing PHE has had on providers' ability to participate in the current AUC educational and operations testing period. Burdensome regulatory requirements like those that would be implemented under the AUC program are critical drivers of burnout. Furthermore, the AAN believes that indefinitely delaying this program is necessary because further implementation of this program is likely to have significant detrimental impacts on timely patient access to care, which is already hindered by the ongoing PHE.

Advancing Health Equity

The AAN believes that persistent inequities in health care outcomes exist in the United States, including among Medicare and Medicaid patients. We appreciate CMS' efforts to draft this RFI and solicit feedback aimed at closing disparities impacting health equity. The AAN appreciates CMS' note that a future comprehensive RFI will be focused on closing the health equity gap in CMS programs and policies. As a general matter, we support the creation of confidential reports that allow providers to look at patient impact through a variety of data points, including, but not limited to, LGBTQ+, race and ethnicity, dual-eligible beneficiaries, disability, and rural populations.

To create an inclusive environment to discuss these issues, there must be shared terminology. To this end, the AAN appreciates CMS' definition of equity as established in Executive Order 13985. The definition describes equity as "the consistent and systemic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved

communities who have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality." The AAN rejects all forms of discrimination based on race, ethnicity or national origin, color, religion, citizenship, language, political affiliation, sex, gender identity, sexual orientation, disability, or age.

The AAN would also like to thank the Biden administration for the recently proposed "Nondiscrimination in Health Programs and Activities" rule. The AAN holds firm the belief that access to healthcare should never be withheld or restricted based on a patient's race, ethnicity, gender identity, disability, or socioeconomic status. This rule will strengthen the existing federal nondiscrimination laws by clarifying that discrimination on the basis of sex is inclusive of gender identity and pregnancy.

Impact of the COVID-19 Public Health Emergency Waivers and Flexibilities

The AAN has been highly supportive of a number of policies aimed at combating the Covid-19 PHE, including waivers and flexibilities impacting telehealth. Specifically, the AAN would like to highlight the immense value of telehealth flexibilities in expanding access to care and protecting at-risk patients. The AAN strongly supports policies that ease unnecessary restrictions on telehealth services, support long-term sustainability of care delivery, and promote high-quality, patient-centered care. The AAN strongly urges CMS to consider any additional administrative actions that can promote stability and patient access to telehealth services, including audio-only services, both during and following the termination of the PHE.

We note the evidence supports the effectiveness of telehealth in inpatient and outpatient settings, for both the acute evaluation and routine assessment across general neurologic and multiple neurologic subspecialties.[8] The AAN appreciates CMS' attention to the need to prioritize policy changes that promote sustainable care delivery both during and after the Covid-19 PHE, in accordance with relevant statute. The available literature demonstrates that benefits for neurology patients associated with expanded access to telehealth services include:[9]

- Improved access to expert neurologic evaluation and enhanced comfort, convenience, and safety, particularly for patients with limited mobility due to their medical condition or need for home medical support equipment.
- Reduced travel time and decreased time away from work or other essential activities for patients and care partners.
- Reduced patient costs, including fuel costs, associated with traveling for an in-person visit.

[8] Hatcher-Martin, Jaime M., et al. "American Academy of Neurology Telehealth Position Statement." Neurology, Wolters Kluwer Health, Inc. on Behalf of the American Academy of Neurology, 17 Aug. 2021, https://n.neurology.org/content/97/7/334.
[9] Id.

- Increased care partner and provider participation during a visit and reduced caregiver stress.
- Better assessment of social determinants of health, including the patient's home environment.
- Early intervention prior to a scheduled office visit, based on continuous assessment of neurologic disease progression and treatment efficacy.
- Protection of patients and providers from infectious disease exposure and reduction in the use of personal protective equipment.

The AAN would also like to express concerns over the consequences of the unwinding of the Medicaid Continuous Enrollment requirement. The AAN supports access to high-quality health care and preventative care through insurance coverage for all, including those most vulnerable to health care disparities, regardless of pre-existing conditions. Allowing for continuous enrollment in Medicaid has protected millions of Americans from losing healthcare coverage during a time of critical need by preventing states from disenrolling beneficiaries during the PHE. Based on illustrative scenarios—a 5% decline in total enrollment and a 13% decline in enrollment—Kaiser Family Foundation estimates that between 5.3 million and 14.2 million people will lose Medicaid coverage during the 12-month unwinding period.[10] The AAN encourages the administration to seek out ways to prepare for and lessen the impact of this change to prevent millions of Americans losing access to critically necessary care.

Conclusion

Thank you for the opportunity to respond to this Request for Information. The AAN shares CMS' conviction to promote healthcare access and health equity at all levels and encourages this administration to continue its efforts. Please contact Matt Kerschner, the AAN's Director, Regulatory Affairs at mkerschner@aan.com, or Max Linder, the AAN's Government Relations Manager at mlinder@aan.com with any questions or requests for additional information.

Sincerely,

Orly Avitzur, MD, MBA, FAAN
President, American Academy of Neurology

[10] Williams E, Rudowitz R, Corallo B, "Fiscal and Enrollment Implications of Medicaid Continuous Coverage Requirement During and After the PHE Ends" Kaiser Family Foundation, 2022, https://www.kff.org/medicaid/issue-brief/fiscal-and-enrollment-implications-of-medicaid-continuous-coverage-requirement-during-and-after-the-phe-ends/