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August 1, 2022

Admiral Rachel L. Levine, MD
Assistant Secretary for Health
Department of Health and Human Services
200 Independence Avenue, SW, Room 716G
Washington, DC 20201

Submitted electronically via OASHPrimaryHealthCare@hhs.gov

SUBJECT: HHS Office of the Assistant Secretary for Health (OASH) Primary Health Care Request for Information (RFI)

Dear Admiral Levine:

On behalf of the American Association of Neurological Surgeons (AANS) and the Congress of Neurological Surgeons (CNS), we appreciate the opportunity to respond to the above-referenced OASH RFI on primary health care.

The RFI notes that "…our nation's primary health care foundation is weakening and in need of support: primary health care is under-resourced; the workforce is shrinking; workforce well-being is in peril; and many practices face reimbursement challenges that may result in financial instability." **We believe that it is essential to point out that these stresses are not unique to primary care, as they affect <u>all</u> physicians**. Therefore, we urge you to carefully consider the impact of recommendations on ***<u>both</u>*** primary ***<u>and</u>*** specialty care physicians and their patients. Policymakers should be driving towards a well-functioning health care system that meets the needs of all patients. While primary care may be a critical foundation of our health care system, patients also need timely access to quality specialty care.

In its request, the Department of Health and Human Services (HHS) describes that in its "goal state," primary care will coordinate and integrate care across systems, including other health care providers. For patients with complex care needs in the outpatient setting, such as neurosurgical conditions, a primary care provider will be unable to successfully achieve this coordination if no specialists are available to help in appropriate diagnosis and treatment planning. Instead, well-supported specialists can efficiently evaluate and manage patients referred by a primary care provider, ensuring patients receive the care they need from the physician with the expertise best equipped to provide it. This also reduces the burdens of time and stress for the primary care provider trying to seek out that specialist. Neurosurgeons do not oppose bolstering primary care, but this should not come at the expense of resources supporting specialty care or by limiting access to specialty care when needed. We know that care delayed is often care denied, and extra bureaucratic burdens from programs with primary

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care providers as gatekeepers have failed in the past. Timely access to neurosurgical and other specialty care can save lives and function.

The Medicare Physician Fee Schedule (MPFS), which is based on the Resource-Based Relative Value Scale, is inherently a zero-sum system that creates an unwanted tradeoff, has already been adjusted in ways that devalue specialist care and is not the appropriate mechanism to bring us closer to that primary care "goal state." Instead, HHS needs a value-based care framework that rewards **both** primary care providers and specialists for the successful, efficient and coordinated management of patients with specialized needs, using outcome metrics that are relevant to that specialized condition and not the delivery of generic primary care. This would better align incentives between patients and all necessary health care professionals.

Furthermore, HHS should be mindful of spillover consequences of these efforts that could hamper treatment of traumatic or acute nontraumatic conditions in the emergency department or inpatient settings. While primary care is important, it cannot help patients in these urgent circumstances. Instead, specialty care — on both an elective and urgent basis — is necessary for these situations. Efforts that financially reward primary care providers at specialists' expense could exacerbate pre-existing limitations of specialist availability in these acute care settings and situations.

The RFI asks for comments on actions that HHS may take regarding "…steps to implement and scale new payment models and reimbursement approaches, including revising the Physician Fee Schedule, Relative Value Units, and Current Procedural Terminology [CPT] codes…" We believe CPT and the AMA/Specialty Society RVS Update Committee (RUC) appropriately incorporate the expertise of physicians, non-physician providers and representatives from HHS and private payors. Below are some initial considerations from our long and active experience with the MPFS, the establishment of relative value units (RVUs) and the CPT process:

- While the CPT panel and the RUC have recently developed and valued new evaluation and management (E/M) services, the Centers for Medicare & Medicaid Services (CMS) continues to fail to incorporate the updated values into the global surgical services, thus inappropriately undervaluing surgical care. In addition, CMS has increasingly reduced the RUC-recommended values of many services, using a flawed methodology that undermines the scrutiny given to the development of service-specific RVUs by the primary care and specialty physician experts at the RUC.

- Specialty care is an essential component of the overall health care environment. Focusing on improving "primary care" in isolation will produce proposals that are ineffective in accomplishing the RFI's stated goals. Furthermore, HHS must not exacerbate the growing problems with a lack of relativity across the fee schedule, in contravention to the law establishing the MPFS.

- Issues such as workforce shortages, geographic maldistribution and workforce diversity are just as applicable to specialty care and must be addressed.

- Multiple efforts to bolster primary care have been tested in the last decade, but the results and outcomes from those initiatives have not been thoroughly analyzed or vetted. The conventional wisdom that increasing resources for primary care at the expense of specialty care would lead to better health care has not been substantiated. Before casting a wide net for random new proposals, HHS should first understand the lessons learned from existing efforts.

As the OASH proceeds with developing the HHS Action Plan to Strengthen Primary Health Care, we urge you to incorporate the views of specialty medicine. The AANS and the CNS are eager to contribute to thoughtful policy that strengthens the health care system for all patients and physicians.

Sincerely,

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