



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

October 31, 2018

Jeff Osborne  
Accumen, LLC  
440 1<sup>st</sup> Street, NW  
Suite 900  
Washington, DC 20001

Dear Mr. Osborne:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the cost measures field testing process.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 198,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

ASHA was represented on the Centers for Medicare & Medicaid Services' clinical subcommittee (led by Accumen) for chronic obstructive pulmonary disease (COPD), one of the 11 episode-based measures selected for potential implementation in the Merit-Based Incentive Payment System (MIPS). ASHA anticipates that our members will be included in MIPS beginning 2020; therefore, we have a keen interest in ensuring that these cost measures are structured appropriately.

Our comments focus on three key areas:

1. pairing cost measures with quality measures to avoid stinting on care;
2. ensuring cost measures are inclusive of all clinical specialties including audiologists and speech-language pathologists; and
3. structuring the measure specifications so that clinicians responsible for implementation may fully understand them.

### **Pairing Cost Measures with Quality Measures to Avoid Stinting on Care**

While ASHA recognizes the importance of clinicians fully understanding the cost of the care they deliver, we remain concerned that focusing too much on cost might have unintended consequences. Specifically, clinicians may avoid medically complex patients that tend to be costlier or provide fewer medically necessary services in an effort to minimize costs. Therefore, ASHA recommends that any cost measures must be paired with appropriate quality metrics to avoid what is known as “cherry-picking” patients and/or stinting on care. While MIPS includes a quality category, it is critical that the quality metrics included are sensitive enough to notice these unintended, negative consequences in the event that they occur. Quality must remain the core and most heavily weighted component of MIPS as the program evolves.

## **Ensuring Cost Measures Are Inclusive of All Clinical Specialties Including Audiologists and Speech-Language Pathologists**

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The evolution of episode and cost measures that are required by the Medicare Access and CHIP Reauthorization Act (MACRA) has been physician-centric, particularly in primary care. Field testing measures for COPD captures speech-language pathology services delivered in post-acute care settings such as home health. However, ASHA understands that these measures will serve as cost/resource use category measures under MIPS for reporting by individual eligible clinicians. If true, the International Classification of Disease© (ICD) diagnosis and Current Procedural Terminology© (CPT) procedural coding relevant to speech-language pathology clinical practice will need to be included.

Additionally, cost measures need to recognize the limited control non-physicians, such as audiologists and speech-language pathologists, have over the cost of an entire episode of care. Therefore, ASHA recommends that non-physician providers should only account for the portion of cost under their control because they cannot order additional services or prescribe medications.

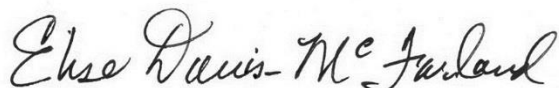
## **Structuring the Measure Specifications So That Clinicians Responsible For Implementation May Fully Understand Them**

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Clinicians may have difficulty fully understanding the measure specifications because of the complexity of measuring cost. ASHA urges CMS to streamline and simplify the measure specifications to a practicable extent. Adequate time for training and clinician education must precede implementation of complex cost measures to ensure success.

Thank you for the opportunity to provide comments on the cost measures field testing process. If you or your staff have any questions, please contact Sarah Warren, MA, ASHA's director for health care policy for Medicare, at [swarren@asha.org](mailto:swarren@asha.org).

Sincerely,



Elise Davis-McFarland, PhD, CCC-SLP

2018 ASHA President