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Cynthia G. Tudor, Ph.D.
Acting Director, Center for Medicare
Jennifer Wuggazer Lazio, F.S.A., M.A.A.A.
Director, Parts C & D Actuarial Group, Office of the Actuary
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted electronically at: AdvanceNotice2018@cms.hhs.gov


The American Urological Association (AUA), representing nearly 15,000 members in the United States, is pleased to submit comments on the 2018 Call Letter for the Medicare Advantage and Prescription Drug Plans. The AUA is a leading advocate for the specialty of urology, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.

New and Returning Measures for 2018

Improving Bladder Control (Part C)
The AUA acknowledges the efforts taken by the National Committee for Quality Assurance (NCQA) to better assess improvement of bladder control. The revised measure specifications broaden the population of beneficiaries with urinary incontinence and highlight the importance of shared decision making (SDM) between the patient and provider by focusing on appropriate treatment options. The AUA firmly believes a collaborative approach to SDM improves the quality of medical decisions by helping patients choose options concordant with their values and with the best available scientific evidence.¹

Recommendations
As a patient-reported outcome measure tool for managed care plans with Medicare Advantage contracts, we recognize the significance of the Health Outcome Survey (HOS). Thus, we urge CMS to strengthen the emphasis on appropriate treatment options by revising the measure descriptor as follows: “This measure, collected through the Health Outcomes Survey (HOS), assesses the percentage of beneficiaries with urine leakage who discussed their problem and treatment options with their provider.” We believe adoption of the recommended language will lead to collection of more valid and clinically meaningful HOS data, which ultimately will better support quality improvement in the Medicare Advantage program. In addition, the AUA supports the addition of an outcome indicator to assess quality of life. We also agree with CMS’ intention to return the measure to the Star Ratings Program beginning in 2018.

Removal of Measures from Star Ratings

High Risk Medication (Part D)
The AUA supports CMS’ decision to transition the High Risk Medication (Part D) measure from the Star Ratings to the display page for 2018.

2018 CMS Display Measures

Non-Recommended PSA-Based Screening in Older Men (Part C)
The AUA is strongly opposed to the wording of the measure for Non-Recommended PSA-Based Screening in Older Men. If displayed as currently drafted, it would be detrimental to patient care. While we appreciate the addition of several exclusions, which certainly improve the measure, we urge CMS to use the opportunity of the 2018 Call Letter to define an additional exclusion for “men age 70+ years that are in excellent health” who “may benefit from prostate cancer screening.” In the absence of this additional exclusion, the measure may incentivize providers to disregard patient and clinician discussions about PSA screening or simply deter screening altogether, which obviates the patient’s right to information about risks and benefits.

Most critically, this measure as currently drafted hinders SDM, which is in stark contrast to the vision set forth in CMS’ Quality Strategy to emphasize person-centered care, and harkens back to an era when decisions were made for the patient rather than with them.

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than with the patient. Measures that ignore the established role of SDM will make it more difficult for providers to help patients make important decisions that align with their personal preferences. The discussion of the risks and benefits of PSA screening in targeted populations is advocated by many leading societies, including the American College of Physicians, American Society of Clinical Oncologists, American Cancer Society, National Comprehensive Cancer Network, and the AUA.

Recent evidence, supported by three peer-reviewed studies in the *Journal of the American Medical Association* (JAMA), point to a decline in screening for prostate cancer and detection of fewer early-stage cases. These studies highlight that the number of cases has dropped not because the disease is becoming less common, but because there is less effort being made to find it. Any measures aimed at reducing access to screening would be detrimental to efforts to give patients greater control of their healthcare decisions and hinder endeavors to catch earlier stage cancers before they progress to a stage beyond effective treatment.

**Recommendations**

As noted above, the addition of several exclusions to the measure are useful, but are still inadequate. More importantly, the measure does not account for comorbidities. The AUA proposes that a co-morbidity index should be used to exclude men in excellent health from the measure denominator. Additionally, we urge CMS to give consideration to exclusions for men at high risk, including African Americans, men with a family history of BRCA gene and those with a family history of prostate cancer. These high risk groups are a critical population that many medical societies, including the AUA, specifically state should be considered distinct from the broader population. Additionally, the measure should distinguish screening from diagnostic PSA testing. Exclusions should include symptoms that may be suggestive of benign prostatic hyperplasia (BPH), such as frequency and nocturia or dysuria, but which may in fact point to prostate cancer. Furthermore, prostatitis and chronic pelvic pain should be excluded as they necessitate PSA testing to ensure that cancer is not an explanation.

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for the symptoms. Also, the AUA questions the exclusion of hospice patients, who should not undergo PSA screening in any circumstances.

To reiterate our concerns, we note that stratification by age is a critical element of the AUA’s 2013 Guideline on the Early Detection of Prostate Cancer, referenced above, which does not recommend routine PSA screening in men age 70+ years or any man with less than a 10-15 year life expectancy. However, the panel noted that some men age 70+ years who are in excellent health may benefit from screening. Men 70 years old in the United States currently have a median life expectancy of 84 years, and this figure is not uniform. Therefore, for healthy men at that age, PSA screening may be appropriate. This is why adding an exclusion based on co-morbidity index is so vital.

Once again, we emphasize the importance of SDM, a key component of high-quality health care, and advocate for adoption of SDM into routine clinical practice. The screening decision should be shared between the patient and his provider and should consider the tradeoff between length and quality of life inherent in PSA screening.

**Forecasting to 2019 and Beyond**

**Potential changes to existing measures: Telehealth and Remote Access Technologies**

The AUA commends CMS for considering inclusion of quality measures for telehealth and remote access technology in the Star Ratings Program in 2019 and beyond. Great progress is being made in regard to telemedicine, particularly for urologic care, where an impressive array of telemedicine services have been implemented successfully, some as demonstrations in single-institution pilot programs, and others as standard operating procedures of national health care systems.6

In a variety of other medical fields, telemedicine also has been used to bring health care services to patients in distant locations and has been proven to improve patient access to care by allowing physicians and health care facilities to expand their reach beyond their own offices and connect with patients in new ways. Given provider shortages in urology and other specialties, seen in both rural and urban areas, it is anticipated that telemedicine will be critically important in the delivery of urologic health care in the future. We also would like to point out that CMS continues to expand the list of covered Medicare telehealth services and recently added codes for critical care consultation and prolonged services in the inpatient observation setting.
Recommendation
The AUA supports inclusion of quality measures for telehealth and/or remote access technology as equivalent for in-person visits for the Star Ratings Program in 2019 and beyond.

Thank you again for the opportunity to provide comments on the 2018 Call Letter for the Medicare Advantage and Prescription Drug Plans. Please contact Lisa Miller-Jones at (410) 689-3772 or lmiller@auanet.org with any questions you may have.

Sincerely,

Christopher M. Gonzalez, MD
Chair, Public Policy Council

J. Stuart Wolf, Jr., MD
Chair, Science & Quality Council