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June 30, 2009

Ms. Charlene Frizzera  
Acting Administrator  
Centers for Medicare & Medicaid Services  
200 Independence Avenue, S.W.  
Washington, DC, 20201

Dear Acting Administrator Frizzera:

On behalf of the American Society of Clinical Oncology (ASCO), I am writing to voice our significant concern regarding the American Medical Association (AMA) Physician Practice Information (PPI) survey and, specifically, the data collected on medical oncology. ASCO represents over 27,000 physicians and other health professionals and is the leading organization representing physicians who treat cancer. We believe that the low response rate renders the data flawed, and thus any use of the medical oncology PPI data in decisions affecting the Medicare program would be inappropriate.

We understand that the AMA has forwarded results of the PPI survey to CMS for its consideration in making possible adjustments to Medicare practice expense calculations, and other Medicare payment calculations for physicians. We recently received a summary of the data collected from medical oncology practices.

In 2002, ASCO sponsored a survey of the practice expenses of oncology practices within the then applicable CMS guidelines for supplemental practice expense surveys, which was conducted by the Gallup Organization and was much larger and hence more reliable than the PPI survey. Data from the Gallup survey are currently used by CMS in establishing practice expense relative values. We have many concerns about the PPI survey results, the most serious of which can be summarized as follows:

- 1) The number of complete responses that included physician practice expense data is too low to be considered representative of oncology practices. Only 50 of the 135 practices that responded provided information that could be used to determine practice expense per hour. By contrast, the Gallup survey yielded 1375 total responses, with 245 responses that were useable for practice expense per hour calculations.
- 2) The survey collected data on practice size and setting. However, for the 50 practices that have provided practice expense data, it is unclear what percentage are private practice-based, hospital-based, or in academic centers. We are very concerned that oncologists in private practice, who would be most directly affected by changes in Medicare practice expense calculations, are not adequately represented in the survey results.

ASCO strongly believes that the application of the medical oncology survey data would in no way serve to improve the information that CMS has about cancer physicians and

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their practices. In fact, use of these flawed data would further decrease the accuracy of resource allocation between specialties, and would increase the disparity between Medicare payments for oncology and true practice expenses incurred by oncology practices. We would oppose proposals to apply the data to Medicare payment calculations for oncology, and strongly urge CMS to avoid drawing any conclusions about oncologists and oncology practice from this survey effort. Instead, we recommend that CMS continue to rely on data from the 2002 supplemental survey of medical oncology practices that was conducted by Gallup (updated for inflation to be consistent with the time period in which the PPI survey was conducted), as directed in the Medicare Modernization Act of 2003. In addition, we recommend that CMS conduct a rigorous review of all PPI survey data before developing proposals that will affect the fee schedule.

We would appreciate the opportunity to meet with you and your staff to discuss these issues and will follow up with a formal meeting request. In the interim, please do not hesitate to contact me or ASCO staff Deborah Kamin, PhD at (571) 483-1670 with questions.

Sincerely,

Douglas W. Blayney, MD  
President