AMERICAN ACADEMY OF
HOSPICE AND PALLIATIVE MEDICINE

Submitted electronically via regulations.gov

June 28, 2021

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health & Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: FY 2022 Hospital Inpatient Prospective Payment System Proposed Policy Changes [CMS-1752-P]

Dear Administrator Brooks-LaSure:

On behalf of the nearly 5,300 members of the American Academy of Hospice and Palliative Medicine (AAHPM), we would like to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to comment on the fiscal year (FY) 2022 Hospital Inpatient Prospective Payment System proposed rule. AAHPM is the professional organization for physicians specializing in Hospice and Palliative Medicine (HPM). Our membership also includes nurses, social workers, spiritual care providers, and other health professionals deeply committed to improving quality of life for patients facing serious illness, as well as their families and caregivers.

Our comments focus on CMS's proposals regarding the distribution of additional Medicare-funded graduate medical education (GME) positions that were authorized under the Consolidated Appropriations Act, 2021 (CAA). AAHPM recognizes that the CAA includes a number of requirements and limitations to which CMS must adhere. However, we are concerned that CMS's approach will not allow for distribution of the positions in a way that best aligns with the nation's evolving healthcare landscape and priorities. Therefore, ***AAHPM urges CMS to consider the need for targeted policies that address both historic disparities in the availability of GME slots and a growing shortage of trained professionals in the field of Hospice and Palliative Medicine***, as we detail further below.

Additionally, we are concerned that CMS's proposal to allow a maximum of 1.0 full-time equivalent (FTE) to be awarded per hospital is too limiting and would hinder hospitals' ability to take full advantage of newly distributed positions. ***AAHPM recommends that CMS increase the number of FTE slots awarded per hospital for FY 2023 and all succeeding years.***

8735 W Higgins Rd, Ste 300, Chicago, IL 60631 • 847.375.4712 • Fax 847.375.6475
www.aahpm.org • www.palliativedoctors.org • info@aahpm.org

The Value of an HPM Workforce

Specialists in Hospice and Palliative Medicine represent a small but increasingly important segment of the physician workforce who are specially trained to provide high-quality palliative care to a diverse population of patients across a range of healthcare settings. Palliative care focuses on matching treatments to achievable patient goals in order to maximize quality of life from diagnosis to death. In practice, this involves detailed and skilled communication with patients and families to elicit goals and preferences, as well as expert assessment and management of physical, psychological and other sources of suffering across the multiple settings (hospital, post-acute care, ambulatory clinics, home) that patients traverse through the course of a serious illness.

Demand for these skills is expected to increase as the number of people living with serious and complex chronic illness is projected to skyrocket over the coming decades. And the current public health emergency has only exacerbated the need, with our members having reported an unprecedented demand for HPM physicians to provide expert symptom management and supportive care to patients facing serious illness, including those diagnosed with COVID-19. This is likely to continue as millions of Americans are expected to suffer with "long COVID."

Such demand is driven by a growing body of medical research that has documented the numerous benefits of high-quality palliative and hospice care for patients and families, for hospitals and payers, and for the healthcare system as a whole. Palliative care is associated with enhanced quality of life for patients, higher rates of patient and family satisfaction with medical care, reduced hospital expenditures and lengths of stay, and other positive outcomes — including longer patient survival time. Hospice care has also been associated with lower costs of care, better outcomes (such as relief of pain), and even longer life, despite its focus on comfort rather than treatment aimed at cure.

The Need to Invest in an HPM Physician Workforce

Delivery of high-quality palliative care cannot take place without sufficient numbers of healthcare professionals with appropriate knowledge and skills. Despite the growing need for palliative care, however, the field has been unable to expand to meet patient and health system demand because of a significant shortage of trained providers.

Looking only at physician specialists, the George Washington University Health Workforce Institute found that current training capacity for HPM specialists is insufficient to provide hospital-based care and keep pace with growth in the population of adults over 65 years old. As of April 2020, there were a total of 151 HPM fellowship training programs accredited by the Accreditation Council for Graduate Medical Education. For the 2019-2020 academic year, these programs were training just 402 physicians in HPM. This number is far too low, particularly considering the current rapid expansion of community-based palliative care, such as in outpatient and home-based settings.

The current HPM physician shortage can be attributed in large part to faulty Medicare policy. Despite the fact that the majority of patients receiving palliative care and hospice services are Medicare beneficiaries, and that HPM has been repeatedly shown to increase value in health care by improving quality while reducing costs compared to usual care, Medicare does not invest in the training of HPM physicians. Because the Balanced Budget Act of 1997 placed a limit on the number of Medicare-supported residency slots before HPM was formally recognized as a medical subspecialty by the American Board of Medical Specialties, specialty training in HPM is entirely dependent on private-sector philanthropy or institutional support. Given the instability of such funding, this is not a sustainable or rational way to train our nation's HPM physicians.

The addition of new GME positions under the CAA presents a critical opportunity to remedy the historic misalignment between Medicare-supported residency positions and the physician workforce needed to support the expanding population of Medicare beneficiaries with serious illness or multiple chronic conditions. ***As CMS contemplates final policies for allocating additional GME positions, AAHPM urges CMS to add to its framework a method for prioritizing specialties that offer high value and/or demonstrate significant shortage, like Hospice and Palliative Medicine.*** Such a change will help to build a physician workforce more closely aligned with the nation's evolving healthcare needs and improve care and quality of life for millions of Americans facing serious illness, along with their families and caregivers.

Proposed Limit on New Residency Positions Awarded to Hospitals

CMS proposes to limit the number of new residency positions made available to each individual hospital to no more than 1.0 FTE each year. While we appreciate that the demand for additional GME positions far exceeds the 1,000 slots made available under the CAA, we are concerned that the 1.0 FTE limit is too restrictive and would hinder hospitals' ability to expand or newly establish residency programs, including for Hospice and Palliative Medicine. As such, ***AAHPM recommends that CMS increase the number of FTE residency positions that may be awarded to each hospital each year***.

* * * * *

Thank you again for the opportunity to provide feedback on the FY 2022 Inpatient Prospective Payment System proposed rule. Please direct questions or requests for additional information to Jacqueline M. Kocinski, MPP, AAHPM Director of Health Policy and Government Relations, at jkocinski@aahpm.org or 847-375-4841.

Sincerely,

Nathan E. Goldstein, MD FAAHPM
AAHPM President