AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

July 10, 2013

The Honorable Kathleen Sebelius
Office of the Secretary
U.S. Department of Health and Human Services
Attention: HHS–ASPE–18774–30D
200 Independence Avenue, SW
Washington, DC 20201
Sent via email to OIRA_submission@omb.eop.gov

Re: Survey of Physician Time Use Patterns under the Medicare Fee Schedule

Dear Secretary Sebelius:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 110,600 family physicians and medical students nationwide, I write in response to the information collection request titled "Survey of Physician Time Use Patterns Under the Medicare Fee Schedule" as published in the June 19, 2013, *Federal Register*.

As stated in the request, the study anticipated by the Assistant Secretary for Planning and Evaluation (ASPE) is designed to explore time inputs to the Medicare Physician Fee Schedule in order to help better understand how clinical services are delivered and the relationships between the clinical time spent by physicians and the time that is currently part of the fee schedule. ASPE intends to survey a total of 600 physicians in five specialties, including 120 family physicians and 480 specialists practicing in the fields of ophthalmology, orthopedics, radiology, and cardiology. ASPE will collect and analyze time data of physicians and time input data from the fee schedule to examine:

- The strength of the correlation between physician-reported clinical time and fee-schedule time values for surveyed services;
- How consistent the relationships are across services and across specialties;
- If the relationships vary by physicians in different practice settings; and
- Whether this approach to gathering time data is feasible and scalable for a larger effort.

The AAFP appreciates that ASPE is conducting this study, since we continue to believe that it is important to validate the inputs used in the current Relative Based Relative Value Scale (RBRVS). We believe the complexity of the ambulatory evaluation and management (E/M) services that primary care physicians must "fit" into the time available

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for the average patient visit is sufficiently distinct to merit dedicated codes and higher relative values than currently assigned to existing office or other outpatient E/M codes. Accordingly, the AAFP sent a detailed letter to the Centers for Medicare & Medicaid Services (CMS) on March 27, 2013, discussing a concept called “complexity/density” to describe and quantify this phenomenon.

As requested, the AAFP reviewed the proposed ASPE study and offers the following comments to improve this important effort:

- On the family medicine survey, the inclusion of Current Procedural Terminology (CPT) code 93010 may be problematic, given how ASPE defines the time periods. The study defines the time periods for non-surgical services relative to the time before, during, and after seeing a patient. CPT code 93010 describes an electrocardiogram (EKG) interpretation and report, which the physician often performs separately from the face-to-face encounter with the patient. Based on the definitions in the survey, the AAFP is concerned that many family physician respondents will list the time to interpret the EKG as either pre- or post-time (since it is not a face-to-face meeting with the patient) rather than intra-service time, even though the actual work of interpretation would be considered "intra-service" for this code.
- In general, the definitions of time utilized for the survey appear to vary from the definitions utilized by the Centers for Medicare & Medicaid Services and others who contribute to the RBRVS. Definitions that vary from those currently used in the RBRVS will be problematic in later comparisons.
- Question B1 on the family medicine survey asks about office location, but one of the answer options is "hospital." The AAFP believes this will confuse respondents, and thus we suggest deleting the word "office" from the question. In addition, the answer options provided a mix of practice structure (e.g. "solo practice") and practice location (e.g. "hospital"). If ASPE truly intends to study “location," the AAFP encourages modifications to the answer options. The AAFP would be happy to share with ASPE how the AAFP surveys our members regarding their practice situations using our Member Census and Practice Profile surveys, if that would be helpful.
- For Question B2, the AAFP encourages ASPE simply to ask the physician to write in the number of full-time-equivalent physicians associated with the practice location (as is done for Question B3). Allowing physicians to fill in the actual number would yield more discrete data than using arbitrary answer categories that vary in size, and we think this would lead to an improvement in the data collected.
- Regarding Question C1, the AAFP also encourages ASPE to allow the physician to write in the number instead of using arbitrary answer categories.
- Question C3 is another opportunity to get a discrete answer in terms of actual number of hours. Also, ASPE appears to have an overly broad definition of "medically related," and we are not clear what the answers to this question will tell ASPE. This may be another area where our Member Census or Practice Profile questions would be helpful with alternative examples.

- In the answers for Question C5, the word "fixed" in front of "salary" may cause a lot more respondents to choose "Other" than what ASPE is expecting. Based on AAFP member feedback, most family physicians that are on salary have their salary tied to their productivity (i.e., it is neither "fixed" nor straight fee-for-service). ASPE should consider replacing "Fixed salary" with "Salary (including productivity adjustment)".

In closing, we appreciate the opportunity to provide these comments and thank ASPE for conducting this study. We make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,

Glen Stream, MD, MBI, FAAFP
Board Chair