

June 17, 2021

Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: National Coverage Determination (NCD) for Lung Cancer Screening with Low Dose Computed Tomography (LDCT) (210.14)

Dear Administrator Brooks-LaSure:

I appreciate this opportunity to provide comments on the National Coverage Decision for Screening for Lung Cancer with Low Dose Computed Tomography on behalf of the Partnership to Improve Patient Care (PIPC). Since its founding, PIPC has been at the forefront of applying principles of patient-centeredness to the nation's health care system – from the generation of comparative clinical effectiveness research at the Patient-Centered Outcomes Research Institute (PCORI), to the translation of evidence into patient care in a manner that achieves value to the patient. Having driven the concepts of patient-centeredness and patient engagement in the conduct of research, PIPC looks forward to bringing the voices of patients and people with disabilities to the discussion of how to advance patient-centered principles throughout an evolving health care system.

In the past, advocates have requested that the Centers for Medicare and Medicaid Services (CMS) establish clear guidance implementing the program to facilitate shared decision-making (SDM) that is called for in statute. A 2018 letter strongly encouraged CMS to advance SDM fundamentals for healthcare organizations, establish a measurement framework for shared decision-making, and then implement the “Drivers of Change” outlined by the National Quality Partners Playbook: Shared Decision-Making in Healthcare.¹ The letter stated, “It is important to recognize that the Playbook does not recommend shared decision making as a condition of coverage, which has the strong potential to steer patients away from improved health decisions in circumstances where the barriers to high quality shared decision-making have not been resolved, especially for populations already experiencing disparities in care.” In a follow-up letter, advocacy organizations stated, “Providers whose reimbursement may be impacted by incentives to conduct shared decision-making should have appropriate guidance from CMS, and patients should have assurances that shared decision-making

¹ See <http://www.pipcpatients.org/uploads/1/2/9/0/12902828/sdm-letter-to-cms-final.pdf>

will empower them, not overwhelm them or steer them to a payer-preferred treatment.”²

As we understand, the GO2 Foundation, Society for Thoracic Surgeons, and the American College of Radiology, have asked CMS to remove Counseling and Shared Decision Making (SDM) as a condition for lung cancer screening coverage and reimbursement—to ensure an intended patient-centered process does not act as a barrier to screening uptake. We share their concerns that the rigid requirements and criteria for SDM within the existing NCD can have the unintended effect of hindering screening access and uptake and should instead emphasize the importance of informed discussions and decision-making among patients and providers. A patient-centered approach is beneficial and appropriate across cancer screenings.

Consistent with this recommendation, CMS has an opportunity to act on the broader recommendations of organizations representing patients and people with disabilities articulated in prior communications to the agency related to SDM. We would emphasize advocates’ stated need for “specialized training to develop providers’ person-centered communication capabilities, validation that patient decision aids meet the quality standards outlined in the Playbook and deference in coverage decisions to the outcome of a high-quality shared decision- making process.”³

Thank you for this opportunity to comment and to share with you and other leaders at CMS the recommendations from advocacy organizations for implementing SDM in a manner that is centered on patients and people with disabilities to advance high quality care and decision-making.

Sincerely,



Tony Coelho
Chairman
Partnership to Improve Patient Care

² See

http://www.pipcpatients.org/uploads/1/2/9/0/12902828/sdm_comment_on_interoperability_final.pdf

³ *id*