September 10, 2018

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2019 (CMS-1693-P)

Dear Administrator Verma,

On behalf of the more than eight million Americans living with psoriasis and psoriatic arthritis, the National Psoriasis Foundation (NPF) appreciates the opportunity to comment on the proposed Revisions to Payment Policies under the Medicare Physician Fee Schedule, Quality Payment Program and Other Revisions to Part B for CY 2019 (CMS-1693-P).

The NPF remains committed to ensuring Medicare beneficiaries with psoriasis and psoriatic arthritis have access to the full range of treatments and therapies necessary to successfully manage their disease. As we have in years past, we remain concerned that the reductions in the relative value units (RVUs) for multiple types of phototherapy proposed in this rule could reduce access to this low-cost, high-value and clinically recommended treatment for managing psoriasis. We therefore encourage CMS to reevaluate the proposed cuts to ensure that these payment policies don’t create barriers to care for Medicare beneficiaries with psoriasis who could stand to benefit from this treatment option. In addition to our concerns about the adequacy of reimbursement for phototherapy, we are encouraged to see CMS propose an expansion of telehealth services, especially the use of the remote evaluation of pre-recorded patient information. These services have the promise to increase access to disease management services, especially for those beneficiaries in rural and remote communities, and ease the ability for patients and physicians to properly manage complex conditions. We appreciate your attention to our full comments below and look forward to a continued partnership.

Background on Psoriatic Disease
The National Psoriasis Foundation exists to drive efforts toward a cure for psoriasis and psoriatic arthritis and to dramatically improve the health outcomes of individuals living with psoriatic disease. Psoriasis is an immune-mediated disease that affects approximately three percent of the adult U.S. population, totaling more than eight million individuals in the United States. Up to 30 percent of individuals with psoriasis may also develop psoriatic arthritis, an inflammatory form of arthritis that can lead to irreversible joint damage if left untreated. Beyond the physical pain and discomfort of these diseases, individuals living with psoriatic disease also face higher incidence of comorbid health conditions, including cardiovascular disease, diabetes, hypertension, and stroke. A higher prevalence of atherosclerosis, Crohn’s disease, cancer, metabolic syndrome, obesity and liver disease are also found in people...
with psoriasis, as compared to the general population. In addition, those living with psoriasis have a 39 percent increased risk of being diagnosed with depression than those without the disease, while the risk of an anxiety diagnosis is 31 percent higher.\textsuperscript{iii}

As heterogeneous chronic immune-mediated diseases, psoriasis and psoriatic arthritis require sophisticated medical care. Without medical management by dermatologists and rheumatologists as well as the tools to control their symptoms, people with psoriatic disease cycle through periods of intense pain, fatigue, unbearable itch, whole-body inflammation, flaking and bleeding of large swaths of the skin, and joint degradation. Recent research also suggests that the risk for comorbidities such as cardiovascular disease may increase with the severity of psoriatic disease, thereby magnifying the critical need for timely patient access to effective treatment options.\textsuperscript{iv} Additionally, treatments that work for one person may not work for others, and many patients cycle through numerous accepted treatment options.\textsuperscript{xv}

As medicine becomes increasingly more personalized, we anticipate that far more patients will encounter such situations.

**RVU for Phototherapy Codes (96910, 96912, 96920, 96921, 96922)**

Phototherapy is a critical treatment option for psoriasis patients and providers and, therefore, should be appropriately reimbursed to ensure beneficiaries have continued access to this safe and effective option. As articulated above, the NPF is concerned about the proposed reduction in RVUs for several phototherapy codes and the impact reductions could have on beneficiary access to care. Several years ago, the NPF opposed a sizeable proposed reduction in RVUs for these codes that, in our view, would have eroded patient access to phototherapy in many settings. Thankfully, those proposed cuts were lessened before being implemented in 2014, and over the past several years the RVUs have rebounded to reflect the cost of such therapy. We are concerned that the proposed reductions in 2019 could, however, reverse this progress.

Phototherapy, or light therapy (UVB), is used to treat and manage various skin and related disorders, including psoriasis. In addition, the treatment benefits millions of Americans living with eczema, cutaneous lymphoma, and vitiligo, among other dermatologic disorders. Phototherapy is a well-proven, safe, and effective therapy most commonly administered in a physician’s office or hospital outpatient setting. Phototherapy is a particularly necessary treatment option for certain patients, such as persons with suppressed immune systems who might not be a candidate for biologic treatments, pregnant women, and pediatric patients. For individuals with severe psoriasis who are unable to receive treatment in an office setting or who need to initiate therapy immediately, home phototherapy is also an essential option. In 2017, Dr. Joel Gelfand, Professor of Dermatology at the University of Pennsylvania, was awarded a grant from the Patient-Centered Outcomes Research Institute (PCORI) to examine the effectiveness of home-based phototherapy treatments for psoriasis compared to treatments that require a visit to a doctor’s office three times a week.\textsuperscript{vii} The NPF is excited to partner on this project to develop a better understanding of this important treatment option and the role it can play in advancing health outcomes for the psoriasis community. We look forward to future conversations with CMS on the results of this work and the implications for access to in-home treatment choices.

Additionally, as the Administration weighs proposals to reduce drug prices and out-of-pocket expenses for medications, it is worth noting that phototherapy can delay or minimize the need for more expensive biologic and novel medications. Therefore, ensuring adequate access to this treatment type could help alleviate pressure on federal health care budgets created by the expansion of new therapies.

Given the importance of access to phototherapy, the NPF is concerned that again CMS is proposing to reduce the value of this service. The body of evidence clearly demonstrates the effectiveness of this therapy, and this proposal to reduce the payment rate could create a deterrent for providers to offer this medically necessary—and cost effective—treatment option. Phototherapy is an important treatment option for psoriasis patients and providers and should be appropriately reimbursed to ensure beneficiaries have continued access to this safe and effective option. We would like to better understand the inputs being used to arrive at the proposed RVUs for 2019 and would welcome an opportunity to work with CMS and other stakeholders to ensure the most appropriate data is being used for these purposes.
Expansion of Telehealth Services

We are very encouraged to see the proposed expansion of telehealth services offered to Medicare beneficiaries, especially through the use of the remote evaluation of pre-recorded patient information (HCPCS CODE GRAS1). Recent evidence demonstrates that increased access to telehealth dermatology services has the potential to expand care, increase choices, and improve disease management for psoriasis patients across the country. We appreciate CMS’s forward movement in this area and hope to work to further expand these offerings in the future.

Telehealth services are a natural fit for dermatological care. Already, providers in the specialty use photos and other images to diagnose and treat numerous conditions, including psoriasis. A 2018 study by researchers at the University Of Southern California Keck School Of Medicine reinforced the value that telehealth services can bring to the psoriasis community. The study, funded by the Patient-Centered Outcomes Research Institute (PCORI), examined how an online model to manage psoriasis compared to traditional in-office care for patients. The study allowed patients or their primary care doctor to upload pictures of the skin to a secure site to be reviewed by a dermatologist, who then provided a diagnosis to the patient and primary care physician. The results showed that patients who accessed dermatological care online had the same clinical outcomes as those visiting a doctor’s office. In fact, the patients using the online services saw a larger change in the Patient Global Assessment score, indicating that the online cohort thought they had lower disease severity over the course of the study compared to those accessing services in-office. This suggests that telehealth services could be superior to in-office treatment in some instances.

These online services could be especially helpful for those beneficiaries who have trouble accessing specialty care such as those in rural or medically underserved areas of the country and those for whom traveling to a medical appointment is challenging. Unfortunately, research indicates that there are fewer dermatologists practicing in this country than are needed and the distribution of specialists does not align with geographic need. In 2016, 35 percent of dermatology providers practiced in the 100 densest census areas, while fewer than 2 percent practiced in the 100 least dense areas. As this would indicate, there is a heavier concentration of dermatologists in major urban areas and academic centers. The expansion of telehealth services could help ameliorate some of these challenges. This is especially true for those patients in rural or remote areas but could also expand care for those individuals who face barriers to in-office care that stem from work, transportation, child care, or cost concerns.

The NPF believes expanded telehealth is most helpful when it is part of an on-going, multifaceted relationship between patient, physician, and the entire care team. These services can help to facilitate regular and appropriate maintenance of ongoing care plans. Having access to an online or virtual appointment option could encourage more regular checks in and could help patients take a more proactive role in their care plan.

However, in order for these services to be successful in advancing care, physicians need to be appropriately and adequately reimbursed for the services. Additionally, CMS must ensure that telehealth services complement and not supplant in-person access to physicians, particularly for initial visits and at other junctures. The NPF is appreciative of CMS’s commitment to expanding access to needed services and helping patients and providers connect across the myriad ways that technology now allows. We believe inclusion of these new codes is a positive step for psoriasis care and we encourage CMS to work with provider groups, including the American Academy of Dermatology, to ensure this policy is crafted in a way that enables widespread adoption and, ultimately, enhanced beneficiary access.

CY 2019 Updates to the Quality Payment Program

We commend CMS’s inclusion of two psoriasis-specific quality measures in the Quality Payment Program (QPP) updates for 2019. Inclusion of the measures will advance psoriatic disease care and help to ensure that providers are accountable for meaningful measures that have the greatest impact on patient care. We appreciate the work of the American Academy of Dermatology in the measurement development process and are pleased to support both measures for inclusion in the QPP.
Additionally, as CMS moves towards inclusion of more outcomes-based measures in the QPP and Meaningful Measures Initiative, we are encouraged to see the psoriasis measures already moving in this direction. Inclusion of the Clinical Response to Oral Systemic or Biologic Medications (outcomes), in addition to the Tuberculosis (TB) Prevention for Patients with Psoriasis, Psoriatic Arthritis and Rheumatoid Arthritis Patients on a Biological Immune Response Modifier (process), will help ensure quality measurement is focused on meaningful outcomes.

Broadly, we are also encouraged by the goals of the Meaningful Measures Initiative and the growing focus on patient-reported outcomes. As the leading voice for the psoriatic disease patient community, we recognize the importance of including the patient perspective in clinical care and drug development processes. We appreciate CMS’s stated commitment to deepening the focus on patients in the measurement process and ensuring that providers are focused on care that best allows them to achieve patient-centered outcomes.

**Evaluation and Management (E/M) Services**

The NPF recognizes the Administration’s efforts to minimize physician regulatory burden and improve patient access. However, we are concerned that the proposal to consolidate and cut the evaluation and management (E/M) services codes could have unintended negative implications for patient care. As previously mentioned, psoriasis and psoriatic arthritis are complex, chronic conditions that are associated with a myriad other serious comorbidities. Therefore, it is critical that the providers who treat psoriatic disease patients are appropriately incentivized to deliver the level of care our community requires. We are worried that the proposal could lead to cherry picking of healthier patients, reduced time with physicians, more frequent office visits and copay costs, and worsening health outcomes. We urge you to reconsider the policy as proposed and to work with the provider community, particularly the American College of Rheumatology and American Academy of Dermatology, to craft a policy that better aligns with the goals of providing regulatory relief while not compromising patient care.

We appreciate your consideration of our comments. If you or your colleagues have any questions, please feel free to contact the NPF by reaching out to Jessica Nagro, Federal Government Relations & Health Policy Manager, at jnagro@psoriasis.org or 503.546.5559.

Sincerely,

[Signature]

Patrick Stone
Vice President, Government Relations & Advocacy

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xvii Armstrong A, et al “Online Care is Equivalent to In-Person Care in Managing Psoriasis: A Multi-centered Randomized Controlled Trial” AAD 2018.