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September 01, 2021

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1751-P
P.O. Box 8016
7500 Security Boulevard
Baltimore, MD 21244-8016
Submitted electronically: *http://www.regulations.gov*

Re: File Code CMS-1751-P; Medicare Program; CY 2022 Payment Policies under the Physician Payment Schedule and Other Changes to Part B Payment Policies; (July 23, 2021)

Dear Administrator Brooks-LaSure:

My name is Nicolas J. Mouawad, MD MPH MBA FSVS FRCS FACS RPVI and I am the Chief of Vascular & Endovascular Surgery at McLaren Health Care – Bay Region in Bay City, Michigan. As a Board-Certified Vascular Surgeon who works at our multiple subsidiaries in suburban and rural Michigan, I take care of patients with peripheral arterial disease (PAD) as well as those with aneurysmal disease, end-stage renal disease on hemodialysis, and stroke patients secondary to symptomatic carotid disease. The Midwest has a large minority population with significant risk factors for PAD as well as many other co-morbidities. My practice involves caring for these patients to reduce the risk of PAD related complications including stroke, limb loss and death, and I have set up over the last few years multiple satellite clinics to manage these minorities and underrepresented patients in such areas such as West Branch, Care, and Bad Axe.

I am writing regarding the Centers for Medicare and Medicaid Services (CMS) 2022 Physician Fee Schedule (PFS) proposed rule, released on July 13, 2021, which in its present form will result in cuts as high as 20% to critical services that are performed in non-facility office-based vascular offices. And while I currently do not practice in the non-facility setting, ff these cuts are implemented on January 1, 2022, it will be challenging, if not impossible, to keep up with the necessary care for these patients and will overburden our already overburdened facility where we are already over capacity in terms of hospital beds, OR rooms and clinic appointments.

While the PFS proposed rule provides for a long overdue and much needed update to the clinical labor rates, the burden of this proposal is being disproportionately distributed among a small number of services performed within the fee schedule. But being on the frontline, my greatest concern are my patients. The devastating cuts to our services will further strain our hospital resources, ability to delivery

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efficient and effective care as well as add to the overwhelming burnout and ability of health care professionals to deal with the shift in facility demands. Delaying treatment of patients with PAD can have devastating outcomes and I have previously been worried about vocal about this reminding all that "Time is Tissue"(https://www.statnews.com/sponsor/2020/09/02/in-my-world-time-is-tissue-congress-must-protect-patient-access-to-care/)

The current pandemic and subsequent public health emergency has really catapulted the disparities and inequity in access to care into the forefront and limelight. The practice of vascular surgery has been dramatically affected by the pandemic resulting in efforts focused on preservation of life and limb primarily – and we are still trying to catch up on our backlog (Mouawad et al., J Vasc Surg. 2021 Mar;73(3):772-779. Additionally, we have seen many examples of patients deferring their care, resulting in a greater severity of illness when they finally reach their much needed health care provider. While this is a complex problem without a simple solution, the net effect of the PFS proposed rule will make it all the more difficult for our colleagues who provide care in the office-based setting to continue to provide the critical access to these patients.

The resulting shift to a facility-based setting such as mine will create greater delays in care in an inpatient environment that is already overburdened, under-resourced, and stressed. I am very commonly performing a significant number of elective cases after hours and on weekends just to catch up – as a matter of fact, I am writing you this letter from my office on the weekend in between my elective cases just to catch up on the necessary patient care. Where, how, and when will I be able to care for these patients? While the staff that works with me to do these cases are not my staff in the sense that they are not on my payroll, they are my team. And I have to care for them just as I would my own employee. Burnout is real, and we can ask them to continue to do more, but for only so much longer. What is the most typical reason for not being able to do a procedure? It used to be that there were no procedure rooms available. Now, there are rooms, but not enough staff.

The proposed 20% cuts in Medicare reimbursement for PAD (and all vascular procedures) procedures performed in non-facility office based centers will result in the shift of high quality vascular care from the office based setting to the hospital setting. PLEASE DO NOT IMPLEMENT the proposed Medicare cuts.

Sincerely,

Nicolas J. Mouawad, MD MPH MBA FSVS FRCS FACS RPVI

Board Certified Vascular Surgeon
Chief, Vascular & Endovascular Surgery
Vice-Chair, Department of Surgery
Medical Director, Non-invasive Vascular Laboratories
McLaren Health System – Bay Region