



TEXAS VASCULAR ASSOCIATES, PA

Vascular Diagnosis
Vascular Surgery
Endovascular Therapy
Vascular Medicine
Arterial & Venous Disorders

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September 1, 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 William Shutze, I am a Board-Certified Vascular Surgeon who works for Texas Vascular Associates which is an independent surgical group (16 MDs and 2 ANPs) providing care for patients with vascular diseases and conditions. This includes such entities as peripheral arterial disease (PAD), end stage renal disease (ESRD), cerebrovascular disease, aneurysms and venous disorders. Our group services 14 hospitals and is responsible for over 60% of the vascular care in a 2500 square mile section of the Dallas metropolitan region. We provide 24/7/365 care to all patients in need but over 70% of our insured patients receive coverage through CMS programs. Most of the Medicare and Medicaid patients we care for suffer from PAD and need dialysis access for ESRD. These are two diseases that disproportionately and unfairly affect the most vulnerable of us: minorities and the socio-economically disadvantaged.

15 years ago my group began performing office based procedures and 5 years ago we expanded our efforts and created an office based lab for treating vascular disease. We did this to address several systemic shortcomings: the inefficiencies of hospital based care for outpatient procedures and the numerous dissatisfactions of our patients with hospital based care. These include long delays or even cancellation of their procedure due to emergency cases taking their spot, the inability of a large multi-purposed entity to provide easy and convenient entry and exit, impersonal and bureaucratic care, the redundancy of completing more forms and answering the same questions that has already been done in our office. Our patient's response to the shift to our office based location has been dramatic and regular requests are made to "not send me back to the hospital".

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During the first wave of the Covid pandemic, almost all elective vascular procedures were eliminated at all of the hospitals my group services. This deprived our PAD patients and dialysis patients access to limb and life saving care. We were only able to provide this care because of our office based lab. I anticipate that the current delta surge will be a repeat scenario. I shudder to think what could have or will happen if this option is taken away. Especially as we have no understanding on when this pandemic and it's recurrent surges will end.

For this reason 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 I perform in my non-facility office-based vascular office. If these cuts are implemented on January 1, 2022, I will find it difficult to keep my non-facility office-based lab (OBL) open.

The unintended consequences of these cuts are numerous. Vascular procedures performed in the OBL are re-imbursed at a significant discount for CMS compared to the same procedures performed in the hospital. Consider just two examples for very commonly performed procedures. Code 37221 is for placement of a stent in the iliac artery to treat limb threatening ischemia. In an outpatient setting the cost to CMS is only \$4953 whereas it is \$10,043 in a hospital facility. More than a 200% increase. Code 36905 is for removal of a blood clot from a dialysis patients access and treat the narrowing that caused the clot with an angioplasty. This is a common lifesaving procedure because if their graft or fistula is clotted they cannot receive life sustaining dialysis. The outpatient facility CMS cost is \$2617 but the inpatient facility cost to CMS is a whopping \$10,505! I have not even mentioned the increased cost of co-pays that our patients suffer when care is transitioned to an inpatient setting because of these payment cuts. Is it fair to punish our patients with these payment cuts?

It is ironic that part of these cuts is due to the clinical labor update which is being implemented so that our nursing salaries are being evaluated at current not historic values. However, the process with which they are being implemented results in payment reductions to vascular surgeons. Nurses are an invaluable part of my practice health care team. They are critical in helping us manage patients with non-emergent needs and avoiding costly visits to the emergency room. This happens in our office nearly daily. Covid has led to significant shortages in nursing. This has most visibly affected hospitals and is leading to a marked acceleration in nursing compensation. These reductions, especially in light of the current competitive wage acceleration, will prevent our practice from providing them merit raises, retaining them and hiring additional nurses to meet the growing numbers of patients needing vascular care.

There is more to this issue than the experience of Texas Vascular Associates. There are over 700 non-facility offices in this country providing excellent vascular care at a fraction of the cost of procedures done in the outpatient hospital setting. Each year, approximately 25% of non-facility offices fail due to the inability to remain financially solvent. Another 25% break even. The CMS proposal to become effective in 2022 will lead many more physician led offices to fail. This will limit access to our patients, lead to a loss of jobs in the office based health care arena and force patients into an inefficient hospital based system at a significantly higher cost to the health care system. The proposed 20% cuts in Medicare reimbursement for vascular 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, increase patient copays and dissatisfaction, impair access to life and limb saving care at a time when the inpatient setting is not able to provide it and harm our nurses and staff who are an invaluable part of the vascular team.

Please DO NOT implement the Medicare rates as proposed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shutze', written in a cursive style.

William Shutze MD
Board Certified Vascular Surgeon