



Sean P. Lyden, MD

Chairman

Department of Vascular Surgery /F30

Office: 216/ 444-3581

Appointments: 216/ 444-4508

Fax: 216/ 444-9324

August 30, 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 Sean P. Lyden MD, Chairman of Vascular Surgery at Cleveland Clinic Foundation, Cleveland Ohio. I am a Board-Certified Vascular Surgeon who works runs a 20 member Department of Vascular Surgery, who takes care of over 23,000 patients per year and does over 7,000 interventions and operations per year. Our patient population is 80% Medicare and Medicaid recipients with our average patient being 77 years old. We care for all aspects of vascular disease including office based risk factor control, treatment of varicose veins, treatment of aortic disease, carotid disease, peripheral arterial disease and dialysis access management. The Greater Cleveland, Ohio community has a large minority population with significant risk factors for PAD as well as many other co-morbidities. Our group practice involves caring for these patients to reduce the risk of PAD related complications including stroke, limb loss and death.

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 vascular surgery services. If the CMS proposals goes into effect, as written, they will without a doubt limit access to care for Medicare patients and will force many Medicare beneficiaries into the facility-based system at a significantly higher cost to the Medicare program and its patients.

Our group performs procedures in two non-facility office-based locations doing hemodialysis access maintenance interventions and venous ulcer and varicose vein ablations. If these cuts are implemented on January 1, 2022, I will find it difficult to keep our non-facility office-based hemodialysis and vein practice open for the evaluation and treatment of patients with ESRD on hemodialysis and venous disease. This will result in a near 100% shifting of the care of our patients from my non-facility office to facility hospital-based care. The direct consequence of this location shift in the care these patients will result in an increase in Medicare hemodialysis-related expenditures on the order of magnitude 3 to 4 times compared to the Medicare costs because of procedures performed in my non-facility office-based practice care of the hemodialysis and venous patient. Furthermore, the 20% decrease in reimbursement will have a major negative employment effect on my employees as implementation of the cuts will result in the loss of many valued members of my office staff, further limiting my ability to provide cost-effective and time efficient care for the hemodialysis patient with ESRD and venous ablation patients for symptomatic varicose veins and venous ulcers. From a long-term perspective, the negative reimbursement, will lead me to close my outpatient office to the care of patients of these patients. Patient migration to the hospital will occur rapidly and the mental and physical wellness of these older, more vulnerable patients who have limited mobility and require frequent regular care will be placed in jeopardy.

Understanding the many advantages of office based procedures, many office based non facility offices have made the investment in this equipment, infrastructure, and specialized staffing to be able to offer this advanced care in an office setting. Controlling all aspects of the managing of the non-facility office allows for more timely access to care with shorter waiting times.

A shift in care to the facility-based hospital settings will cause great burden on an already overwhelmed hospital system and will adversely affect physicians' ability to provide the right care to the right patient at the right time. **Please DO NOT implement the Medicare rates as proposed.**

Sincerely,



Sean P. Lyden, MD
Chairman of Vascular Surgery
Cleveland Clinic Foundation
Board Certified Vascular Surgeon