



SAVING LIVES AND ADVANCING
RESEARCH BY EMPOWERING
THOSE LIVING WITH OR
AT RISK FOR LUNG CANCER.

LungCancerAlliance.org

888 Sixteenth St. NW, Ste 150
Washington, DC 20006

March 17, 2015

Tamara S. Syrek Jensen, J.D.
Director, Coverage and Analysis Group
Centers for Medicare & Medicaid Services
Mail Stop C1-09-06
7500 Security Boulevard
Baltimore, MD 21244

By Online Submission

Re: Decision Memo for Screening for Lung Cancer with Low Dose
Computed Tomography (LDCT) (CAG-00439N)

Dear Ms. Syrek Jensen:

Lung Cancer Alliance (LCA) appreciates the opportunity to provide CMS with comments on its February 5, 2015 Decision Memo for Screening for Lung Cancer with LDCT. These comments are intended to provide context to implementation guidance on shared decision making currently under development.

Given that a counseling and shared decision making visit is a requirement of the final decision memo, and given the importance of the conversation to help a person assess the benefits and risk of lung cancer screening and ensure adherence, we support making the time allotted to this discussion a distinct reimbursable activity.

In addition, we believe that the shared decision making conversation should not be required to occur as its own separate visit or encounter. Such a requirement would become a barrier to access if multiple visits are required. Doctors and individuals should have the option of having the shared decision making discussion on the same day as the wellness visit or as a complementing component of the wellness visit. This

approach would be more time efficient and would reinforce the overall message of healthy life styles choices.

We also recommend that CMS allow doctors and individuals flexibility in conducting a shared decision making conversation either in person or via telemedicine consultations.

Finally we would appreciate confirmation that while the shared decision making discussion is a requirement for the initial screening scan, it is not required for subsequent scans. Mandating the discussion as a requirement for every scan will create added costs for both the patient and Medicare and will threaten to decrease adherence by creating another barrier to annual follow-up.

The overarching public health priority is to ensure equitable access to high quality screening programs built on existing frameworks of evidence based protocols and multidisciplinary care according to best practices.

LCA looks forward to continuing our dialogue to ensure that implementation does not create a cumbersome delivery system that could restrict access or inadvertently create disparities of care in the Medicare population.

Sincerely,

Laurie Fenton Ambrose
President & CEO

