Heart Rhythm Society’s survey assessing the impact of reductions in Medicare reimbursement for cardiac ablation in the United States

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Following its regularly scheduled reassessment of reimbursement schedules, in 2021 the US Centers for Medicare and Medicaid Services (CMS) proposed reductions in reimbursement for commonly performed electrophysiology ablation procedures, including ablation procedures for atrial fibrillation and supraventricular tachycardia. Although modest reductions had been expected on the basis of gains in efficiency over time, the proposed cuts were drastic. During and after the public commentary period, there was strong objection from the Heart Rhythm Society (HRS), American College of Cardiology, American Medical Association’s Resource-Based Relative Value Scale Update Committee, other physician groups, and hundreds of patients, but CMS enacted these reductions on January 1, 2022. Because of changes in per-procedure reimbursement, as well as bundling of procedures frequently performed together, the 2022 fee schedule includes precipitous cuts of ~30% compared with 2021 (see Table 1).

Like other physicians and advocacy groups, our HRS Health Policy Committee was concerned about the cuts’ potential negative impact on patients’ access to ablation services, education of fellows, and the electrophysiology workforce. To inform advocacy efforts on behalf of our patients and our profession, we conducted a survey to better understand the real-world impact of these reimbursement reductions. Between April 21, 2022, and May 16, 2022, a survey was distributed via e-mail, social media, and signage at the 2022 HRS Scientific Sessions. All responses were completed on a digital platform. The HRS Health Policy Committee appreciates greatly the respondents’ valuable, frank responses.

Of 516 respondents, 478 (93%) were physicians who performed ablation procedures in the United States. Adult clinical electrophysiology was the most commonly reported specialty (94%). A total of 38% of respondents worked in an academic setting, and 93% were HRS members. Consistent with the population of US electrophysiologists, there was a male predominance (91%) and a broad range of career stage. White race was reported by 39%.

Among 339 respondents, 294 (87%) reported that some of their compensation depends on relative value units, with 44% reporting that >80% of their income is relative value units based. Of 430 respondents, 312 (73%) reported that ablation-related revenue comprises 26%–75% of their income.

While most respondents indicated few to no staffing changes thus far, a sizable minority reported cuts having already taken place owing to the 2022 reimbursement changes: 37% reported staffing fewer nurses and technicians, 27% reported fewer advanced practice clinicians, and 37% reported fewer office/administrative staff. More respondents indicated that they expected staffing reductions in the future: 46% expected lower nurse/technician staffing, 36% expected fewer advanced practice clinicians, and 43% expected cuts in office/administrative staff.

Electrophysiologists responding to this survey expect to remain busy: 80% reported that their 2022 ablation volume

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will remain the same or increase compared with 2021. Only 34% reported no change in their approach to procedures as a result of reimbursement changes, while 38% will focus on improving efficiency. Only 16% expect to focus less on procedures because of reduced reimbursement.

The threat to the quality and size of the electrophysiology workforce is apparent in this survey’s results. Of 437 respondents, 345 (79%) engage in some amount of teaching trainees and staff. Of these, 195 (57%) indicated that they will spend less time teaching as a result of reimbursement changes. Only 66 (15%) reported that the cuts have not affected their career plans, while the majority (237 [54%]) reported a “significant” effect, including some considering alternate careers or earlier retirement.

The CMS reimbursement cuts may decrease the availability of contemporary technologies. More than 30% of respondents indicated that their institution already has decided to delay investment in new ablation equipment because of the cuts.

Respondents were invited to provide additional comments regarding the reimbursement cuts. More than 100 comments were submitted, with most taking a disappointed, frustrated, negative tone, but some provided constructive advice. Some survey respondents encouraged HRS to continue its advocacy efforts, with 99 volunteering to help.

CMS has dramatically reduced reimbursement for cardiac electrophysiology ablation procedures. As indicated by the results of our survey, these changes have had an immediate impact on medical practice and physician morale. In the long term, associated reductions in staffing and equipment, altered education of trainees, and earlier exit of experienced physicians from clinical electrophysiology may worsen patients’ access to electrophysiology services and the quality of care they receive.

HRS will continue to advocate for its members. Through partnerships with the American Medical Association’s Resource-Based Relative Value Scale Update Committee and American College of Cardiology, HRS has an ongoing dialogue with CMS regarding the cuts’ mistaken methodology and the potential long-term impact on patients. HRS is dedicated to keeping its membership apprised of these efforts and will continue to support members with education and advice.

The full survey results are available at https://www.hrsonline.org/CMS-cuts-survey. If you are interested in participating in HRS advocacy efforts, please contact HealthPolicy@hrsonline.org.

Reference