

# The Impact of Reductions in Medicare Reimbursement for Cardiac Ablation in the United States: Heart Rhythm Society's Follow-up Survey

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In January 2022, the U.S. Centers for Medicare & Medicaid Services (CMS) enacted reductions of 25-30% in physician reimbursement for most catheter ablation services.<sup>1</sup> Concern arose regarding the future of ablation services in the United States. As the leading organization dedicated to arrhythmia care, the Heart Rhythm Society (HRS), through its Health Policy and Regulatory Affairs Committee (HPRAC), conducted a survey designed to assess the opinions and concerns of practicing electrophysiologists. The results of this survey, which were published in the September 2022 issue of *Heart Rhythm*, revealed alarming predictions for existing physician practices and for the field of electrophysiology in general.<sup>2</sup> Respondents predicted that reimbursement reductions would ultimately result in reduced availability of ablation services, with a negative impact on patient care as well as potential threats to electrophysiology training and the future physician workforce.

In July 2022, CMS proposed additional cuts of 6-20% to take effect in January 2023. Shortly thereafter (and six months after the first survey was completed), HRS conducted a second survey to reassess the views of respondents after the effects of the initial reimbursement cuts were more tangibly felt, and in light of the proposed additional cuts. In order to facilitate comparison between the two surveys, many questions were identical between the two versions. The survey was sent to practicing electrophysiologists via a dedicated email from HRS senior leadership. All responses were collected electronically. Chi-square tests were used to compare the two surveys' responses, with  $p < 0.05$  considered significant.

The respondents to the second survey were 585 physicians who perform catheter ablation in the United States. As in the first survey, there was a male predominance (89%) and a similarly broad range of career stage ( $p > 0.05$  for both comparisons).

Among 578 respondents, 515 (89%) felt their practices were at least somewhat affected by the cuts, with 385 (67%) reporting that they were significantly affected. The majority of respondents reported increased time working, decreased reimbursement, and reduction in recruitment (61%, 78%, and 57%, respectively). Almost half (48%) also reported an increase in time spent not dedicated to electrophysiology – presumably including general cardiology duties, general internal medicine, or nonclinical work.

The reported negative effects on projected staffing were even more profound than in the first survey. As shown in the [Supplemental Figure](#), more respondents than previously are now planning to reduce nursing staff (57% vs. 46%,  $p = 0.003$ ), advanced practice providers (50% vs. 36%,  $p < 0.001$ ), and office staff (50% vs. 43%,  $p = 0.004$ ). Despite these reductions in staffing, electrophysiologists expect to remain busy, with 63% reporting that they were at least as busy in 2022 as in 2021. However, this is lower than the 80% figure found on the first survey ( $p < 0.001$ ).

When asked whether the cuts to ablation reimbursement were justified, 511 of 536 (95%) respondents indicated at least “disagree,” with 460 (86%) indicating “disagree strongly” with the notion that the cuts were justified. Over 95% of respondents indicated

that the cuts are “inappropriately severe, as they do not account for the complexity, skill, and risk involved with these procedures.”

At the time of the survey, 91% of respondents were aware of potential additional cuts slated to take effect in January 2023, resulting in a net reimbursement reduction of approximately 40% compared to 2021. A full 90% of respondents indicated that further cuts would impact their practice significantly. Due to the severity of the decreases, 78% of responding electrophysiologists anticipate effecting changes in their patient panels and payer mix to stabilize practice revenues. Some survey respondents (27%) are already considering this change, and many (44%) reported that they may not be able to accept Medicare patients in the future.

Because many of the first survey’s free-text responses indicated a suspicion that clinicians would participate in fewer complex ablations due to reduced reimbursement, our second survey quantified this opinion. A large majority (76%) of respondents said that it was “likely” or “very likely” that electrophysiologists would perform fewer complex ablations for atrial fibrillation or supraventricular tachycardia. In general, reduced access to ablation services was expected by 85% of respondents.

Many respondents to the first survey were concerned about the cuts’ unintended negative consequences on trainee education and the EP workforce. Our second survey revealed similar concerns. Among the 440 (82%) respondents who reported that they engage in some amount of teaching, 286 (65%) disclosed that the reimbursement changes would result in less time spent educating others. When respondents were asked to imagine that they were a junior trainee in 2022, 195 (36%) said that they “very likely” or “definitely” would have chosen a career different from clinical cardiac electrophysiology, while only 159 (30%) would be unlikely to consider a different career path. Nearly nine out of ten respondents expected the reimbursement cuts to dissuade current cardiology fellows from choosing a career in EP, and some expressed concern about reduced skill among new EP fellowship graduates due to “reduced volumes of exposure during their training.” Lower reimbursement also may reduce the workforce by decreasing employment longevity among established EPs. For a sizeable minority of practicing electrophysiologists, earlier retirement was being considered (19%) or was definitely their plan (13%). Only 72 (13%) respondents reported that the cuts would have no effect on their retirement plans.

In the words of one respondent, “the [cuts’] effects are still unfolding.” Some respondents expect that the long-term effect on “private practice and rural access to care [is] likely to be very detrimental.” According to one, these are “egregious, unsubstantiated cuts that will severely compromise patient care.” For a variety of reasons, electrophysiologists expressed deep concerns that these cuts could significantly decrease patient access to optimal therapies, and thus will have an adverse impact on a population health-based level.

In summary, survey results show that practicing EPs believe that the recent cuts to ablation reimbursement are unjustified, will negatively impact access to care, and will

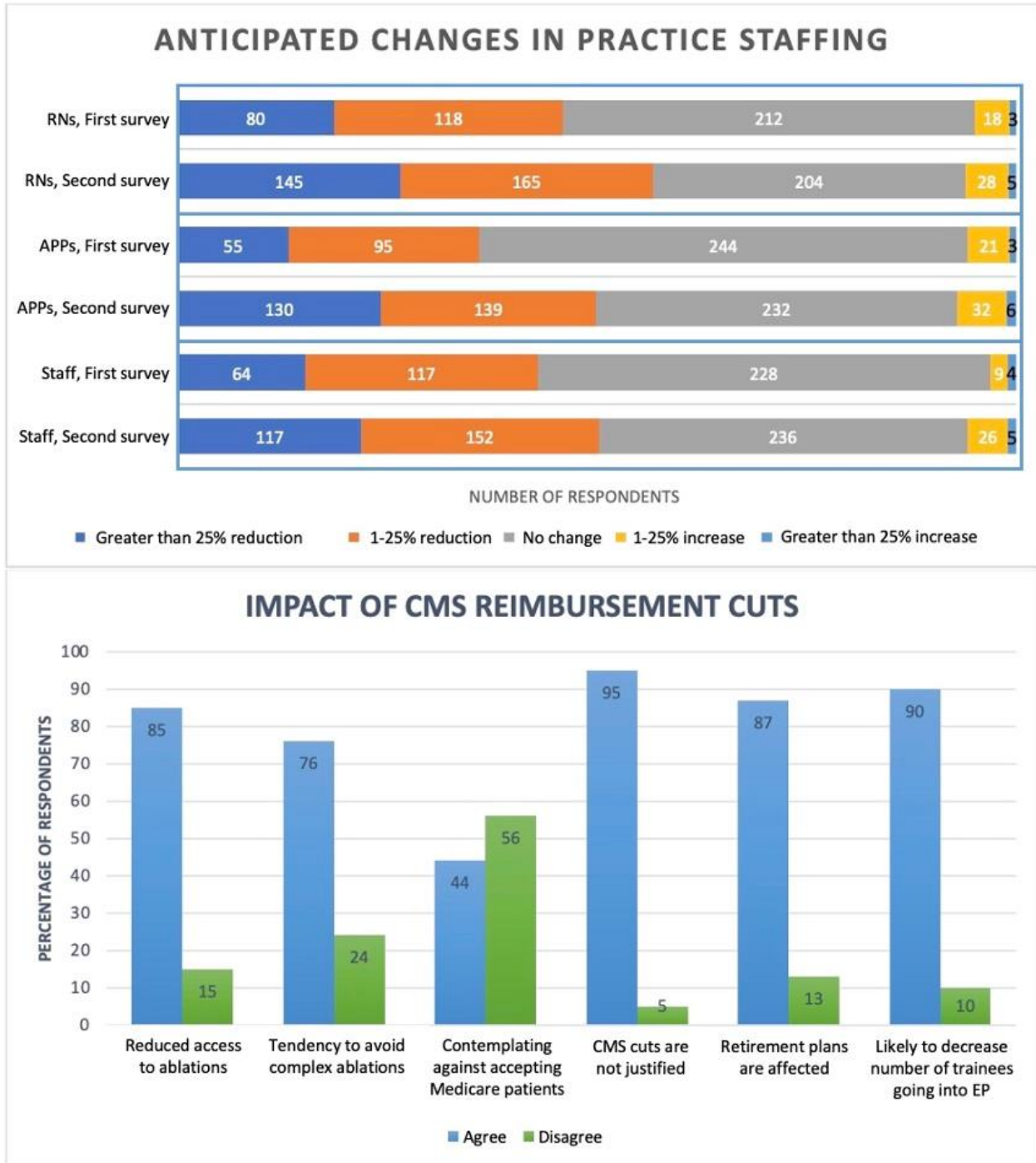
increase wait times for ablation, especially for more complex procedures. Although multiple randomized studies have demonstrated that early ablation for AF improves outcomes, the cuts are anticipated to exacerbate disparities in access to timely ablation therapy procedures, especially for patients in underserved areas. Lower reimbursement may reduce practices' investments in improved ablation technology, decrease availability of support staff, and disincentivize appropriate care for complicated patients. Further challenges to access and quality of care are expected to result from a reduction in the electrophysiology workforce, as it is projected that fewer cardiology fellows will pursue EP, many currently practicing EPs will seek other types of employment or may retire earlier than previously planned, and educational opportunities will be reduced.

The Society's HPRAC is continuing its work with CMS to appropriately value all codes in the ablation space.<sup>3</sup> Our members and staff are engaging in the formal federal process for objecting to these erroneously valued ablation codes. This process will be open to public comment.

The full results of both surveys are available at <https://www.hrsonline.org/CMS-cuts-survey>. If you are interested in participating in HRS advocacy efforts, please contact us via [HealthPolicy@hrsonline.org](mailto:HealthPolicy@hrsonline.org).

1. Liu CF, Krahn AD, Kusumoto F, Selzman KA, Shanker AJ, Zeitler EP, Morin DP. Revaluing ablation therapy: History, recent developments, and future Heart Rhythm Society strategy. *Heart Rhythm* 2022;19:1566–1568.
2. Morin DP, Krahn AD, Kusumoto F, Liu CF, Shanker AJ, Zeitler EP, Miller L, Smith AM, Selzman KA. Heart Rhythm Society's survey assessing the impact of reductions in Medicare reimbursement for cardiac ablation in the United States. *Heart Rhythm* 2022;19:1564–1565.
3. Heart Rhythm Society. HRS Leads Opposition to CMS CY23 Reimbursement Cuts. <https://www.hrsonline.org/latest-from-hrs/CMS23>. Accessed February 16, 2023.

## SUPPLEMENTAL FIGURE



### Supplemental Figure Legend

**Supplemental Figure 1.** Projected impact of the Centers for Medicare & Medicaid Services (CMS) 2021-2023 cuts to ablation reimbursement. Top: Respondents' predicted changes in practice staffing, demonstrating worsening year-over-year expected staffing among registered nurses (RNs), advanced practice providers (APPs), and office staff. Bottom: Respondents' opinions regarding the CMS cuts' effect on various aspects of electrophysiology care and workforce issues.