



Washington Report

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Washington Report

- **H.R. 6331 – What it means to your practice**
- **Future advocacy initiatives**
- **The 2008 Presidential Election**

H.R. 6331 – SGR and More

- Medicare Improvements for Patients and Providers Act of 2008, H.R. 6331 now law
- On July 15, the President stood by his word and vetoed the bill.
- The House quickly voted to override the veto (a 2/3 vote is required) and did so by an overwhelming bipartisan majority of 383 - 41.
- The Senate voted later that day, also successfully overriding the veto by an overwhelming bipartisan majority with a vote of 70 - 26.

H.R. 6331 – Temporary SGR Fix

- 18 months of positive updates for physicians
- 10.6 percent payment cut on July 1 replaced by continuing current payment rates through 2008.
- 2009: estimated 5 percent cut in payments replaced with a 1.1 percent positive increase that remains in effect through end of 2009.

H.R. 6331 – Higher Pay for Visits

- Beginning January 1, 2009, Medicare's relative value units (and as a consequence, payments) for office and hospital visits will increase substantially, resulting in an estimated average gain of another 1 percent in total Medicare payments to internists.
- This change, which was included in the law specifically at ACP's request, has particular benefit for internists because internists bill for more of these visit codes than most other specialties. It will also result in higher payments from many non-Medicare payers.

H.R. 6331 – Higher Pay for Quality Reporting

- Ability for internists to qualify for up to 4% more in 2009 payments from quality reporting. Internists will be able to qualify for a 2% bonus for participating in the voluntary Physicians Quality Reporting Initiative (PQRI) and another 2% bonus for using and reporting on e-prescribing systems, payable in 2010 for reporting in 2009.

H.R. 6331 – More Money for Medical Home

- Increased funding for the Medicare medical home demonstration project
- Authorizes the Secretary to expand it if the demonstration achieves measurable improvements in patient care.

H.R. 6331 – Other ACP Supported Provisions

- **Expanded coverage of preventive services:** Medicare is authorized to begin covering and paying for preventive services recommended by an expert advisory committee.
- **Reduced mental health co-payments:** Over the next several years, co-payments for mental health services will be reduced from the current 50% to the 20% that applies to all other services.
- **Continuation of “floor” on geographic adjustments.** The law extends an existing law that assures that internists in geographic locales with below-average costs of practice are not subjected to payment cuts.

H.R. 6331 – Summary of Changes

- Total difference in 2008 payments – current law versus H.R. 6331
 - *Current law:*

+0.5% January 1 through June 30; -10.6% July 1 through December 31
 - *H.R. 6331:*

+0.5% January 1 through December 31

Plus up to additional 1.5% for participating in PQRI, payable in 2009

H.R. 6331 – Summary of Changes

Current law:

-5.4% update

0.0% RVUs for E/M

0.0% PQRI bonus

0.0 E-RX bonus

-5.4% Total Medicare allowables

H.R. 6311:

+ 1.1% update

+ 1.0% RVUs for E/M

+ 2.0% PQRI bonus*

+ 2.0% E-RX bonus*

+ 6.1% Total Medicare allowables

*Payable in 2010 for successful reporting in 2009

Future Advocacy

- **Provide universal health insurance.**
- **Workforce policy to assure sufficient supply of physicians including primary and principal care.**
- **Redirect federal health care policy to support patient-centered medical home.**
- **Reform physician payments.**
- **Reduce costs of health care administration.**
- **Fund inter-operable HIT infrastructure.**

Future Advocacy

- **ACP believes that *if* the 2008 election creates a mandate for health care reform, we should emphasize that access to care involves:**
 - **Guaranteed health insurance coverage AND**
 - **Access to a primary care physician (workforce, payment)**
- **Since many other organizations will be involved in advocating for universal coverage, the primary care issue will be ACP's unique contribution to shaping health policy**

Future Advocacy

- **ACP will focus its attention on two priorities:**
 - **Introduction and support for Patient Access to Primary Care Act, expected to be introduced by Sen. Maria Cantwell (D-WA) after recess**
 - **Building advocacy and policy framework in anticipation of the 2008 elections and new administration and Congress**

Patient Access to Primary Care Act

- Halting the SGR cuts is essential—but the problems facing general IM and primary care are much greater
- ACP is seeking to get legislation introduced to provide a *comprehensive strategy*, addressing both workforce and payment policies

Patient Access to Primary Care Act

- Studies show that primary care, care coordination, and the PCMH can save money, mostly in other parts of Medicare (such as reducing preventable hospital admissions for patients with chronic illnesses)
- Medicare should apply some of the anticipated savings to fund such services—instead of requiring that all such services be paid for by making “budget neutral” across-the-board cuts in physician services

Patient Access to Primary Care Act

- Direct Medicare to increase payments for primary care
- Direct Medicare to pay for coordination services
- Direct Medicare to establish a new payment methodology for qualified Patient-Centered Medical Homes
- Direct Medicare to fund primary care and care coordination services from anticipated savings

Patient Access to Primary Care Act

- ***Scholarships:*** internists, family physicians, and pediatricians who go agree to practice primary care in a “high need” facility could apply for up to \$30,000 per year in scholarship money for year of service (maximum four years)
- ***Loan Repayment:*** Internists, family physicians and pediatricians who agree to provide primary care in a critical shortage area would receive up to \$35,000 in loan repayment (P and I) for each year of service, maximum of four years

Patient Access to Primary Care Act

- ***Retention Incentives:*** Increases loan and scholarship amounts under the National Health Service Corps, increases funding for primary care programs under Title VII of the Public Health Service Act, expands and make permanent the Conrad 30 J-1 Visa waiver program

Future advocacy

- Patient Access to Primary Care Act will create pathways to *eliminate* debt for students who go into general IM or other primary care field, increase Medicare payments for primary care services, require CMS to pay for care coordination, expand the medical home, and allow CMS to take into account impact of primary care on achieving savings in other parts of Medicare
- Pushback from independent NPs may create difficulties in moving the legislation forward
- ACP needs a policy framework on nursing, the medical home, and primary care, just saying “no” will not be effective
- ACP hosted a July 11 meeting with representatives of the nursing profession to begin dialogue

ACP Policy Committees Providing Additional Policy Support

- “Lessons learned” paper
- Update of seven year plan
- Reform of Dysfunctional Payment Systems
- Patient-Centered Medical Home
- IM Workforce
- Comparative Effectiveness

ACP Policy Committees Providing Additional Policy Support

- **New series of position papers under development**
 - **Primary care: effective models for primary care, evidence of impact on quality and cost, recommendations for workforce and payment policies, role of nursing and team-based care**
 - **Controlling health care costs**

Election 2008

- Election Tool/ACP's Candidate Pledge
- Candidates' Proposals and ACP's Analyses

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Election 2008

The presidential election season is in full swing, and the leading candidates continue to release more details about their proposals to reform health care in the U.S. However, these proposals can often be difficult to sort through. ACP has developed several tools to help you take a critical-eye to these plans and ways for you to get involved. Building upon our [Candidate's Pledge to Make the U.S. Health Care System Second to None](#) issued in January 2008, ACP offers a comparison of the presidential candidates' health reform proposals.

A Comparison of Presidential Candidates

Choose from one of the five Pledges below to help you analyze the health platforms of the 2008 presidential candidates.

- [Guarantee by law that everyone has access to affordable health coverage](#) Coverage should be without regard to their place of employment, place of residence within the United States or income.
- [Provide every person with access to a primary care physician](#) Create workforce and payment policies to increase the numbers of primary care physicians, recognize the value of primary care, and support care organized through a patient-centered medical home.
- [Increase public investment in health information technologies \(HIT\)](#) Provide positive incentives to physicians to overcome the HIT cost barrier.
- [Reduce administrative expenses](#) Create a uniform billing system for all health insurance transactions at the point of care. Reform the medical liability system using proven legal reforms.
- [Increase funding for research](#) Fund basic and applied medical research, health services research and independent research on the effectiveness, costs and benefits of different treatments compared to each other.

Why you may want to consider voting with health care in mind.

The [Internist's Professional Responsibility to Advocate in the Public Policy](#)

Policy Highlights

- [Establishing Federal Guidelines Protecting Against Genetic Discrimination](#) - March 2008
- [Achieving a High Performance Health Care System with Universal Access: What the USA Can Learn from Other Countries](#), at [www.annals.org](#). December, 2007

[ALL CURRENT POLICY PAPERS >](#)

Public Policy Virtual Library

The Public Policy Virtual Library (PPVL) is a repository of ACP's current and historic policies and the Policy Compendium.

[GO](#)

ACP Services, Inc.

ACP Services is committed to providing additional advocacy efforts on behalf of internists.

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Components of Election Tool

- Comparison of Candidate Proposals
- *Physician Responsibility to Advocate for their Patients, Call to Action*
- Link to *Achieving a High Performance Health care System* Policy Paper
- List of Additional Resources

ACP's Candidate's Pledge to Make U.S. Health Care System Second to None

1. Guarantee by law that everyone has access to affordable health coverage
2. Provide every person with access to a primary care physician
3. Increase public investment in health information technology
4. Reduce administrative expenses
5. Increase funding for research

Pledge 1: Guarantee Universal Access

- Sen. Obama seeks to guarantee universal access – debate over mandates
- Sen. McCain supports universal access but his plan does not seek to guarantee it; focuses on cost containment

Other key issues under debate:

- Regulatory Reforms – guaranteed issue, minimum standard of benefits and employer-based coverage
- Costs – reforms and health care services

Pledge 2: Access to Primary Care Physician

- Sen. Obama proposes expanding funding and providing incentives to ensure an adequate workforce of primary care and public health providers
- Sen. McCain does not specifically address primary care workforce, but emphasizes the importance of prevention
- Both candidates have expressed support for “medical homes,” care coordination, and physician reimbursement reforms

Pledge 3: Increase Public Investment in HIT

- Both candidates call for increased public investment in health information technology
- Both candidates believe HIT is important to improving quality of care, reducing health care costs and addressing current fragmentation in health care delivery

Pledge 4: Reduce Administrative Costs

- **Sen. Obama proposes new regulations on providers and insurers for adoption of paperless IT and to reduce portion of premiums spent on administration**
- **Sen. McCain proposes lifting regulations to allow purchase of insurance across state lines. Believes competition amongst insurers will force them to reduce administrative costs**

Pledge 4: Reduce Administrative Costs, Reform Medical Liability System

- **Sen. McCain supports limits on non-economic damages**
- **Sen. Obama does not support limits on non-economic damages**

Pledge 5: Increase Funding for Research

- Both candidates all agree that increased funding is necessary for medical, health services and comparativeness effectiveness research
- Each candidate offers differing initiatives for research funding and promotion

What will the plans cost? How will they be financed?

- **McCain**—campaign estimates that eliminating exemption for employer sponsored HI would raise \$3.6 trillion over 10 years, to be used to fund tax credits; state run risk pools would cost between \$7 and \$10 billion and provide coverage to 5-7 million “high risk” persons
- **Obama**—campaign estimates cost at \$50-60 billion per year when fully implemented, paid for by re-investing savings in the health care system and rescinding Bush tax cuts for wealthy. (Newsweek: \$240 billion in first term)

Current health care system costs \$2.1 trillion with 47 million uninsured; if costs continue as they are, cost is projected to double to \$4.7 trillion by 2017

Like the fight over H.R. 6331 (but even more so), advocacy on health reform will require:

- **Strong policy framework supported by evidence**
- **Relationships with key players**
- **Coalitions with other organizations**
- **Engaged grass roots activism**
- **Spreading the word through the news media**
- **Willingness to take calculated risk**
- **And persistence, persistence, persistence!**