

ACP

AMERICAN COLLEGE OF PHYSICIANS
SERVICES, INCORPORATED
INTERNAL MEDICINE | Doctors for Adults

The Capitol Key

ACP Services Advocacy Newsletter for Key Contacts



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ACP Testifies Before Ways and Means Health Subcommittee

On March 1, President C. Anderson Hedberg, MD, FACP (currently Immediate Past President) testified

before the House Ways and Means Subcommittee of Health about the Medicare Payment Advisory Commission (MedPAC) March report. He stated that ACP endorsed MedPAC recommendations for CMS to develop a better process for identifying potentially overvalued services to free up dollars to improve payment for undervalued services. He commended MedPAC for exploring ways to improve chronic care and urged Congress to move to pilot test ACP's advanced medical home model, which proposes a fundamental change in the way that primary care is delivered and financed. In the model, a patient's care is coordinated by their own personal physicians through best practices such as health information technology and quality measurement and reporting to deliver better value. The Advanced Medical Home policy paper can be found at http://www.acponline.org/hpp/adv_med.pdf.

Subcommittee Chair Nancy Johnson (R-CT) praised the advanced medical home model and ACP's work in developing it, and pledged to work with the College on the concept. Dr. Hedberg thanked Rep. Johnson for her outstanding leadership on advocating for a halt to the sustainable growth rate (SGR) cuts and for proposing a way to link Medicare payments to quality that would gradually phase-in reporting of quality data and provide safeguards against unintended adverse consequences. He stressed that more fundamental reforms of Medicare payment policies are needed, including replacing the SGR with alternatives that provide positive updates to all physicians and that are aligned with the goals of creating incentives for continuous quality improvements and physician-guided care coordination. A copy of Dr. Hedberg's testimony can be found at http://www.acponline.org/hpp/ways_means306.pdf.

ACP POLICY PAPERS RELEASED

The College recently released a set of three policy papers that contain a comprehensive strategy to redesign how primary care is taught, delivered and financed: **Creating a New National Workforce for Internal Medicine**, **Redesigning Training for Internal Medicine**, and

Reform of the Dysfunctional Healthcare Payment and Delivery System. The strategy is part of an effort to prevent the collapse of primary care in the U.S. and to allow physicians to provide care centered on the needs of patients. The papers can be found at the top of ACP's homepage, <http://www.acponline.org/>. The College also released "The Health Care Response to Pandemic Influenza" position paper that supports the government's national strategic response plan but calls on revisions to engage practicing physicians more directly in local planning and response efforts. The paper calls for state and local leadership to address the public health threat of pandemic influenza including avian flu. This paper will be available soon on ACP's homepage.

ABIM TO RECOGNIZE CMS PVRP MEASURES

The American Board of Internal Medicine (ABIM) recently announced it will allow internists and subspecialists in internal medicine who are enrolled in ABIM's Maintenance of Certification program to use performance data, provided by the CMS through its Physician Voluntary Reporting Program (PVRP), to receive credit toward meeting ABIM's requirement for self-assessment of practice performance. "ACP is pleased to see CMS and ABIM working together to increase the value and reduce the burden that internists face as they respond to multiple requests for data that describe their practice results," said John Tooker, MD, MBA, FACP, CEO and EVP of ACP. "The voluntary nature of the PVRP will allow physicians to pilot the use of their data to initiate quality improvement planning, work towards maintenance of certification, and prepare for the day that Medicare attaches financial incentives to those results." More info can be found at http://www.acponline.org/college/pressroom/phy_vol.htm.



HEALTH INFORMATION TECHNOLOGY LEGISLATION IS MOVING

Last year, the U.S. Senate passed S. 1418, "the Wired for Health Care Quality Act." This legislation authorizes a two-year grant program worth \$275 million to encourage the purchase and adoption of health information technology (HIT). The bill, sponsored by Senator Michael Enzi (R-WY), received bipartisan support passing by unanimous consent.

Several HIT bills have been introduced in the U.S. House. The most widely supported, H.R. 747, “the National Health Information Incentive Act,” has 51 cosponsors. H.R. 747 is modeled exclusively after ACP-approved policy by focusing Medicare reimbursement incentives on small physician practices to encourage widespread HIT adoption. The bill most likely to move forward, however, is legislation introduced by the Chairman of the House Ways & Means Health Subcommittee, Nancy Johnson, and the Chairman of the House Energy & Commerce Health Subcommittee, Nathan Deal. Because their committees have jurisdiction over HIT legislation, their bill will serve as the starting point for consideration in the House. Their bill, H.R. 4157, “the Health Information Technology and Promotion Act,” relies primarily on lifting the fraud and abuse laws prohibiting the purchase of HIT for other entities and, unfortunately, does not contain any funding to help small physician practices purchase HIT. Both committees are expected to act on legislation very soon.



SENATE TO VOTE ON TEXAS MEDICAL LIABILITY REFORM LAW

Hoping to break the impasse over medical liability reform, the U.S. Senate is expected to offer legislation (S. 22) modeled after the Texas law that allows up to \$750,000 in noneconomic damages to injured patients (includes separate \$250,000 caps for each of the following: physicians, hospitals, and other facilities). Since the 2003 Texas law was passed, premiums have significantly been reduced and, what was once considered to be a state in “crisis,” is now a model of reform. This bill is a sharp contrast to previous legislation brought before the Senate that caps noneconomic damages at \$250,000. Opponents in the Senate have routinely filibustered attempts to pass previous legislation that include a single \$250,000 cap. Bill supporters have been unable to secure the 60 votes to cut off debate. Each of those times, supporters have been able to reach a simple majority, but not enough to break the sixty-vote barrier.

The Senate is expected to vote on S. 22 during “Health Week,” scheduled for early May. The bill includes a sliding scale of attorneys’ fees, eliminates the double payment of awards, proportionate liability for parties, periodic payment of future damages, and limits on punitive damages. It will not limit the amount of damages related to past or future expenses or lost wages.

Visit the LAC to contact your Senator and request that they allow the Texas medical liability reform bill to have an up-or-down vote. A sample letter is available for you to personalize. Go to www.acponline.org/lac. Logon in the grey section on the right – use your email address and password of ACP.



CONGRESS RECESSES WITHOUT A BUDGET BLUEPRINT

Congress adjourned for spring recess (April 7-24) without finalizing the FY ’07 budget resolution, reflecting deep disagreements about the degree to which domestic spending programs can be cut. In a victory for health care advocates, the Senate approved an amendment offered by Senators Specter and Harkin (the chair and ranking member of the Appropriations Labor/HHS/Education Subcommittee) to add \$7 billion in funds to the FY ’07 resolution for health and education programs. The opportunity for a similar amendment to pass in the House is more restricted but concerns about cutting programs as recommended in the President’s FY ’07 budget are widespread in the House as well as in the Senate. The Budget Resolution serves as a blueprint for the appropriations process but passage is not mandatory and appropriations bills can be voted on after May 15 without an approved resolution.

The budget process kicked off in early February with the release of the President’s budget which included many of the cuts and funding levels contained in previous budgets. The Administration’s budget eliminates funding for Title VII health professions, reduces funding for CDC and VA research and provides level funding for NIH, the Agency for Healthcare Research and Quality (AHRQ), and the National Health Service Corps. It increases funding for health information technology and pandemic flu. It increases funding for VA medical care but decreases funding for VA medical research.

The budget resolution approved by Senate on March 16 includes increases for NIH and the Health Resources and Services Administration (the agency that oversees Title VII, NHSC and other health programs) but may have limited impact because it did not increase overall spending above the President’s request. Similarly, the resolution includes several reserve funds that have limited impact because they require budget neutrality. Nevertheless, they are useful to the degree that they express a sense of the Senate. Two reserve fund provisions especially reflect College priorities: one is an amendment by Senator Kay Bailey Hutchison that future legislation “ensure that physicians will receive an appropriate reimbursement rate under Medicare instead of a scheduled cut;” and a second supporting legislation that “addresses healthcare costs, coverage, or care for the uninsured.”

The combination of fiscal pressures, a polarizing election season, and conflicts within and between the political parties does not bode well for consensus building when the Congress returns April 25.

KUDOS

THANK YOU to everyone who visited ACP's Governmental Affairs and Public Policy booth in the Exhibit Hall during Annual Session and wrote their members of Congress. Congratulations to **Raphael Kiel, MD, FACP from Livonia, Michigan** and **Mark Mayer, MD, FACP from University Heights, Ohio** who won the drawing entered by the Annual Session advocates to receive an American flag that has flown over the U.S. Capitol Building.



IMPORTANT LEADERSHIP DAY EVENTS



This annual event provides participants with advocacy training, an update on ACP's legislative priorities and time to meet with federal legislators. Several key events are outlined below. More information is available at

<http://www.acpservices.org/leadership/2006/>.

May 15, 4-6pm: Special Leadership Day briefing for associates and medical students at the Wyndham Washington, D.C. Hotel.

May 16, 6-7pm: 'Welcome to Washington' Martini Reception for all 2006 PAC members at the Wyndham Washington, D.C. Hotel, hosted by ACP Services PAC. RSVP to Laura Allendorf at lauraa@acponline.org or by calling 703-242-6273.

2007 Leadership Day: May 14-16 in Washington DC

Questions or Comments

Contact Tracy Novak, Grassroots Associate and PAC Administrator. Email: tnovak@acponline.org; Phone: 800-338-2746 ext. 4532 or 202-261-4532.

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