

2013: SGR Reform. Are We There Yet?

Several months ago, ACP launched a multi-faceted, advocacy campaign that focused on getting Congress to act on two of ACP's priorities by the end of 2013.

- Eliminating a 25 percent cut in Medicare physician payments scheduled for Jan. 1 and finally repealing the Medicare physician payment formula known as the Sustainable Growth Rate (SGR) and implementing a payment system that provides opportunities for physicians to earn higher updates by participating in quality improvement activities.
- Reversing across-the-board budget cuts to federal programs that went into effect in 2013 ("sequestration") and preventing the next round of cuts in January 2014.

As part of its campaign, ACP sent numerous letters to congressional leaders and House Energy & Commerce, House Ways & Means, and Senate Finance committee leaders. ACP also worked with allied physician groups to advance common goals, launched a lobbying effort, and engaged its Advocates in a series of activities—all designed to pressure Congress to get these priorities done in 2013. Your work, as Advocates, was vital to the effort. Thank you to all of you who took the time to engage in the following action items over the last several months.

**279 MEMBERS OF
 THE HOUSE
 SIGNED THE REPS
 FLORES/MAFFEI
 SGR LETTER.**

- You asked your House members to sign a congressional sign-on letter, sponsored by Reps. Flores (R-17th TX) and Maffei (D-24th NY) that urged the repeal of the SGR in 2013. In the end, 279 representatives signed the letter.
- You called and

sent e-mails to your members of Congress urging them to stop the 25 percent Medicare physician payment cut, repeal the SGR, and stop sequestration in 2013. (In the end, through our collective efforts, each of these priorities has advanced, as described below.)



Charles Cutler, MD, FACP, Chair, ACP Board of Regents, testifying before the House Committee on Ways & Means. July 2013.

- You attended Town Hall meetings and met with your members of Congress at home.
- Chapter governors reached out to their local media.
- You sent Tweets and Facebook posts to garner even more attention from your legislators in Washington.

Our collective efforts have helped to advance these issues like never before. ACP is very encouraged and here is why:

- ◇ In July, after a decade-long battle, the House Energy & Commerce Committee approved—for the first time—comprehensive legislation to repeal the SGR and move toward a new value-based payment and delivery system. ACP [commented](#) on their accomplishment.
- ◇ In December, the House Ways & Means and the Senate Finance committees also approved similar comprehensive SGR-repeal bills—again, this is a first for both committees. ACP again applauded their [effort](#).
- ◇ In December, the Senate followed the House in passing a budget agreement that includes a partial reprieve for FY 2014 and FY 2015 from sequestration cuts to vital health programs, providing a three-month delay of the scheduled Jan. 1 Medicare physician payment cut and providing a 0.5 percent Medicare physician payment increase during that period. The President signed this

ACP Health Policy Internship Experience

By Eugene Shenderovf, MD, PhD

Editor's note: Dr. Shenderovf wrote this article shortly before graduating last spring.



Eugene Shenderovf, MD, PhD, and his Resident and Medical Student colleagues at Leadership Day 2013.

As medical students, residents, fellows, and practicing physicians, we spend our time learning medicine from textbooks, researching new treatments at the bench, and practicing at the bedside where we treat and counsel patients. For many of us, the political

process occurring in Washington, DC, is at best a secondary thought—a place we feel out of our comfort zone, away from our habitat.

As an MD/PhD student, I definitely felt more at home at the bedside and bench side than on the Hill. For that reason, I feel fortunate to have had a chance to participate in a month-long health policy internship at ACP's DC Advocacy and Governmental Affairs Office in May 2013. This unique opportunity allowed me to learn about the legislative process and develop my advocacy skills. Attending congressional hearings, coalition meetings, and briefings on new health care policies from stakeholder private and governmental agencies allowed me to understand current issues in health care policy. Accompanying ACP DC staff on visits to lobby for policy issues, meeting with members of congress and their aides, and holding



a medical student/associate briefing at ACP's Leadership Day events cultivated my advocacy abilities.

The experience made me realize that as doctors dedicated to ensuring the best possible care for our patients, we all need to understand the political process as it relates to our ability to perform our occupation. In reality, what happens in DC permeates every aspect of medicine: funding for graduate medical education, funding for essential health programs for the poor and uninsured that determine an effective national health policy, funding for the National Institutes of Health and the biomedical research it supports, laws sustaining a broken medical liability system that leads to defensive medicine and unsustainable health care costs, and laws governing a broken payment system that at many levels encourages procedural care over preventive care, further creating an unsustainable health care model. Over the next few years, as the Affordable Care Act is implemented with all its benefits and shortcomings, we as a community have to step up and share our vision for the optimal model of health care!

In summary, I would like to paraphrase two memorable comments given by two congressmen. First, it is our responsibility to advocate on behalf of our patients. Otherwise, we are destined to be helpless and throw objects and curses at the television when we do not agree with laws proposed in Congress. Second, as physicians across all specialties, we need to speak with one unified voice or risk being seen as self-interested guilds. This would hamper our ability to champion health care reforms that would lead to higher-quality, lower-cost care and a return to an environment that promotes a healthier physician-patient interaction with less bureaucracy and fewer defensive practices.

(Continued from page 1)

budget agreement into law.

- ◇ The three-month delay will provide the three committees, as previously identified, time to reconcile their three approved committee bills and then have the full House and Senate vote on the final product, ideally early in 2014.
- ◇ At no time, since the flawed SGR formula was enacted into law, have physicians seen this kind of time and effort by the three committees with jurisdiction over Medicare physician payments work to develop and then approve comprehensive policies that change the way Medicare physicians are paid—and in a value-based way that achieves many of ACP's long-standing priorities.

We are at a critical juncture now and on the verge of putting an end to the SGR once and for all. In 2014, it will be even more important that Advocates



engage and participate in our many advocacy activities. Please be ready. We need you. We are not there—yet.

Congratulations! 2013 Advocacy Awardees

Each year during Leadership Day, ACP takes time to recognize individuals who made tremendous contributions to Internal Medicine advocacy and patients by actively supporting the College's policies in the previous year. These are the individuals who called, wrote, and met with their members' of Congress; they are the ones who wrote Op-Eds and Letters to the Editors; they are the ones who recruited new Advocates for their chapter, and organized their delegation for Leadership Day.

In 2013, three of the College's valuable Advocates were recognized for their outstanding contributions from 2012. Richard E. Rieselbach, MD, MACP, of Wisconsin, received the Richard Neubauer Advocate for Internal Medicine Award that recognizes the Advocate who has made exceptional contributions to advance the College's public policy agenda. Two additional Advocates were recognized with Special Recognition for their contributions to the program: Arnold R. Eiser, MD, FACP, of Pennsylvania, and William "Bill" Fox, MD, FACP, of Virginia.

Richard Neubauer Advocate for Internal Medicine Award



Richard E. Rieselbach, MD, MACP, of Wisconsin, receiving the 2013 Richard Neubauer Advocate for Internal Medicine Award from Susan Hingle, MD FACP, Chair, Board of Governors.

Dr. Rieselbach has been chair of the Wisconsin HPPC for the past four years. He has been an incredibly active Advocate. He has authored or co-authored numerous Op-Eds and spoken at community events, all in support of policies supported by the College (such as support for the ACA, expanding Medicaid, and educating new

physicians in choosing primary care). Fourteen published Op-Eds were submitted with his nomination.

Perhaps the most impressive work Dr. Rieselbach undertook in 2012 was in promoting Wisconsin's "Primary Care Summit" held in November: a major collaborative effort within Wisconsin to develop strategies for ensuring that there are enough primary care health professionals to serve patients and help prevent

their conditions from getting worse. The Wisconsin chapter's submission for the summit was nearly single-handedly produced by Dr. Rieselbach.

Special Recognition

Dr. Eiser has been central to Pennsylvania's advocacy work in many different ways. Legislatively, he has often advocated to Pennsylvania's congressional delegation on medical education and safety net medical care. In 2012, he was also able to advocate before the Institute of Medicine. During the year he further authored two successful ACP resolutions on Medicare RUC audits. Lastly, he continued to undertake the tremendous task of leading the Pennsylvania chapter's delegation to Leadership Day.



William "Bill" Fox, MD, FACP, of Virginia, and Arnold R. Eiser, MD, FACP, of Pennsylvania, given special recognition for their outstanding contributions to advocacy in 2012, with Susan Hingle, MD, FACP, Chair, Board of Governors.

Dr. Fox has been monumental in leading the Virginia chapter's advocacy efforts for the past few years. He has helped Virginia's chapter members understand the effects of the federal government's involvement in medicine and has advocated for his chapter's members to become more involved. He has also written numerous letters to the editor and Op-Eds on the Affordable Care Act and Medicaid expansion. In addition, he has organized the chapter's Leadership Day delegation; in 2012 all 11 districts were represented. He has continued to maintain strong relationships with numerous Virginia members of Congress and has strengthened the chapter's collaborative efforts with other medical organizations.

Leadership Day 2014 will be held on May 21-22. If you would like to attend Leadership Day 2014, please contact your chapter Governor as soon as possible.

Leadership Day 2014
May 21-22 ★ Washington, DC

Leadership Day 2013





Leadership Day 2013

Looking Forward to Leadership Day and Advocacy in 2014

Each spring, ACP holds its annual Leadership Day on Capitol Hill (i.e., its annual advocacy day) where over 300 ACP members descend on Washington to talk with their members of Congress about ACP's priority issues. Attendees spend two full days in Washington. Day-1 is a comprehensive orientation of the current Congress and a full briefing on ACP's top legislative priorities. Day-2 is on Capitol Hill where attendees meet with their legislators and their staff.

Last May, over 335 ACP members from 47 states and DC participated in Leadership Day 2013. After a full day of being briefed, attendees spent the second day moving between the House and Senate side of Capitol Hill to participate in more than 200 meetings. Leading many of ACP's state delegations were members of the Board of Governors, Governors-elect and members of the Board of Regents, including the Chair of the Board of Governors, Susan Hingle, MD, FACP, of Illinois; Chair of the Board of Regents, Charles Cutler, MD, FACP, of Pennsylvania; and ACP President Molly Cooke, MD, FACP, of California.

We at ACP are already thinking about 2014, and where Advocates and Leadership Day attendees can help. Stay tuned for advocacy action on these issues, and others, in 2014.

Repealing the SGR – ACP will be working to advance its Medicare payment policy priorities with the three committees of jurisdiction as they develop what will be a final reconciled SGR-repeal bill. The intent is to have a comprehensive SGR-repeal bill enacted into law as soon as possible in 2014, though no later than March 31, 2014, when the current SGR-patch expires.

Extending Medicaid pay parity – Current law states that physician payments for primary care services under Medicaid must be equal to those under Medicare in 2013 and 2014. With this provision of law expiring in 2014, ACP will advocate for an extension of at least two years. This effort has already begun, on numerous fronts, via coalition letters to key policymakers. Last fall, ACP worked to have an extension included as part of the comprehensive SGR-repeal bill.

During Senate Finance Committee consideration of the SGR-repeal bill, an amendment was offered by Sen. Brown (D-OH) to extend the Medicaid parity provision for one year (through 2015). Unfortunately, the amendment did not advance.

Ensuring Successful Implementation of Key Components of the Affordable Care Act (ACA) – Implementation of the ACA will continue in 2014, including insurance coverage under the health care exchanges that began on January 1 and, on the state level, more states choosing to expand their Medicaid programs to cover more of the poor and near-poor. In 2013, ACP provided its members with a wealth of [resources](#) to help guide you through the complexities of the various parts of the ACA, from enactment through to implementation. In 2014, ACP will also address “nuts-and-bolts” implementation issues that directly affect physicians and their patients—such as narrow provider networks and restrictive drug formularies in some of the marketplace plans.

Advancing Medical Liability Reforms – ACP will continue working with key policymakers to advance meaningful medical liability reforms, including introduction of legislation based on ACP's framework which would authorize a national pilot of health courts.

Supporting Vital Health Programs through Appropriations - Across-the-board sequester cuts in 2013 had a devastating impact on federal health care programs, including federal health workforce programs, medical research and public health programs. The recently-enacted budget agreement provides some much-needed respite from sequestration. Going forward, ACP will urge congressional appropriators to prioritize funding for the nation's health care workforce in the Title VII Health Professions program, medical research at the National Institutes of Health, public health at the Centers for Disease Control and Prevention, among others.

Administrative Complexities Campaign – ACP has long identified reducing administrative hassles and complexities as an important objective and while some incremental progress has been made in providing relief, administrative burden continues to be a significant challenge for practices. Therefore, this campaign, which is expected to launch in the spring of 2014, will educate policy makers, as well as ACP members, other physicians, and consumer advocates, on what makes up administrative challenges and why they are not all created equal—and will involve an advocacy effort to help mitigate or eliminate the top priority challenges that are identified.



If you would like to attend [Leadership Day 2014](#), please contact your chapter Governor, or Shuan Tomlinson at ACP at stomlinson@acponline.org or (202) 261-4547.

ACP Invited to Talk ACA with AARP Members

by Charles Cutler, MD, FACP, and Molly Cooke, MD, FACP

Editor's note: Last October and November, Charles Cutler, MD, FACP, Chair of ACP's Board of Regents, and Molly Cooke, MD, FACP, ACP President, were guest experts in four telephone town halls hosted by AARP. Both are longtime, and highly active, ACP Advocates. An AARP expert also participated in the calls. Drs. Cutler and Cooke reflect on their participation below.

This past November, we were privileged to participate in four telephone Town Halls in partnership with AARP. The topic of the

calls was the Affordable Care Act (ACA). ACP was asked to provide physician leadership and the AARP agreed to provide an expert who could answer technical questions about the ACA.

We were surprised to learn that interest was high enough to generate more than 10,000 callers per session. On average, more than 1,000 participants (AARP members) requested that AARP's [Find Your Way Around the Health Care Law](#) and [Find Your Way Around the Health Insurance Marketplace](#) brochures be sent to them.

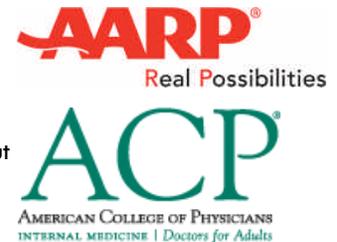
Each Tele-Town Hall lasted about an hour. The callers were screened briefly and then given ample time to air their questions. It is safe to assume that most who called in were more interested in listening to what we had to say rather than asking a specific question. It seems Americans want to learn more about how the ACA will impact their health or that of their family. It is impossible to summarize all the questions and quite difficult to even describe types of calls. Diversity of issues clearly was the case.

We took note that many of the callers were confused about the ACA. Our personal knowledge about caring for patients facing new pharmaceutical benefit plans as well as new insurance policies with different physician panels was helpful. These experiences allowed us to provide a calming voice and one that alleviated fears about impending difficulty accessing medical care. To the contrary, we believe that 2014 will be a year when Americans experience more screening for illness, more preventive care, better treatments for chronic conditions, and overall healthier lives. We tried to make this point a part of the answer to as many questions as possible.

We encourage all of our Advocates to reassure your patients that the ACA ends many insurance practices that interfere with care. No longer can coverage be denied for pre-existing conditions. No longer can children be dropped from a parent's plan before the age of 26. No longer can dollar limits be placed on one's care. No longer can simple errors or minor omissions on health insurance applications be a reason to deny coverage.

Speak out regularly on the need for every American to have access to health insurance. Look for opportunities like we were given to engage in conversations about the new health care law with as many citizens in your community as possible.

The College has helpful resources on the ACA on our Web site including, [Help Your Patients Enroll in Health Insurance Marketplaces](#), and [An Internist's Practical Guide to Understanding Health System Reform](#). We encourage you to read and link to these resources.



AARP HEALTH LAW FACT SHEETS

The Basics

- A Timeline of the Health Care Law
- Health Care Law Infographic
- Find Your Way Around the Health Care Law
- Find Your Way Around the Health Insurance Marketplace
- Marketplace Enrollment Key Dates
- Health Law's 10 Essential Benefits

The Law and Specific Populations

- People Under 65
- People 65+
- African Americans
- American Indians and Alaska Natives
- Hispanics
- Family Caregivers
- LGBT Americans
- Women
- People With Limited Incomes
- People With Moderate Incomes
- People in Rural Areas

Provisions of the Law

- Key Improvements to Health Insurance Practices
- What the Law Means for Nursing Home Care
- Preventive and Wellness Benefits
- Young Adult Coverage
- Tax Implications for Individuals

The Law and Medicare

- Closing the Medicare Part D Coverage Gap
- The Health Care Law and Medicare
- The Health Care Law and Medicare Part D Savings
- The Health Care Law and Medicare Advantage
- Protecting Against Health Care Scams

For Small Businesses

- Small-Business Owners
- Small-Business Employees