

Recap of ACP Leadership Day 5/21/2016

With one of the largest turnouts in ACP Leadership Day history, over 400 ACP attendees representing over 141,000 ACP members, convened in Washington DC on May 3-4, 2016 to advocate Congress on ACP priority legislative issues.

The Wisconsin delegation had a strong showing this year. Led by Gov. Mark Belknap, the advocacy group included numerous physicians from throughout the state, including Dr. Richard Dart, Dr. Ian Gilson, Dr. Kesavan Kutty, Dr. Sophie Kramer, Dr. Don Lee, Dr. Abigail Bales, as well as resident physicians Dr. Richard Martin from the University of Wisconsin and Dr. Katherine Reimer from the Marshfield Clinic, and Medical College of Wisconsin student Lindsay Hammons.

Thanks to the 2015 passage by Congress of MACRA, ACP was able to focus this year's advocacy efforts on several critical patient care and primary care physician support and training issues:

- Improving Care of Patients with Chronic Disease
 - Over two thirds of Medicare patients have multiple chronic conditions accounting for almost 93 percent of total Medicare spending.
 - Fee-for-service and the current CMS Chronic Care Management and Transitional Care Management codes are significantly flawed in accurately reflecting and reimbursing primary care teams for the time and cognitive effort put forth in managing chronic diseases.
 - ACP is asking Congress to incorporate the following components into legislation currently under development in the Senate Finance Committee to address reimbursement for chronic disease management.
 - Eliminate Beneficiary Co-Pay for Chronic Care Management (CCM) services
 - Require reimbursement/coverage of additional codes for more complex CCM services
- Integrating Behavioral Health into Primary Care
 - By 2020, Mental Health and Substance Use Disorders are projected to surpass all physical diseases as causes of morbidity.
 - In March 2016, Health Education Labor and Pensions Committee, approved S. 2680 *Mental Health Reform Act*, which expands Substance Abuse and Mental Health Services Act (SAMHSA) training programs to increase mental health workforce and provide state grants to integrate mental health and primary care services
 - House of Representatives has two separate bills in process:
 - H.R. 2646 *The Helping Families in Mental Health Crisis Act*, which replaces SAMHSA with a new Office of Assistant Secretary for Mental Health and Substance Use Disorder within DHHS, but also eliminates Medicare's current 190-day lifetime limit on inpatient psychiatric care.
 - H.R. 4435 *The Comprehensive Behavioral Health Reform and Recovery Act*, which provides retains SAMHSA, augmenting it with the new Office of Assistant Secretary position, expands Medicaid coverage for Community Health Center Mental Health services, and lifts the 190-day Medicare cap on inpatient psychiatric care.

- ACP is asking Congress to:
 - Support S. 2680 and H.R. 4435
 - Establish innovation and demonstration project grants for integrating and coordinating mental health and primary care services, including through Minority Fellowship Program, National Health Service Corps, and other qualified entities.
 - Define a portion of grant funding specifically for integration of mental health and substance abuse services in primary care settings, including workforce training.
 - Provide grant funding for approved fully integrated practices that specifically state that the medical team includes primary care physicians who address mental illness, substance abuse, and co-occurring chronic medical conditions.

- Stemming the Increase in Opioid Abuse
 - CDC estimates that opioid overdose accounts for over 61 percent of all drug-related deaths and has increased 2000 fold between 2000 and 2014.
 - U.S. Senate passed the *Comprehensive Addiction and Recovery Act (CARA)* S. 524 on March 10, 2016 by a 94-1 vote, but the House has yet to act or pass its version.
 - ACP is asking for congress to move forward on the following:
 - Pass H.R.953 version of CARA introduced by **Rep. James Sensenbrenner (R-WI)**
 - Seek cosponsor for H.R. 2463 *Dispose Responsibly of your Pills Act*, which provides grants to make disposal sites available
 - Develop evidence-based prescribing guidelines and tools in conjunction with S.2256 *Co-prescribing Saves Lives Act*, and S.2680 *Mental Health Reform Act*
 - Enhance access to naloxone as also contained in S. 2256 and S. 2680
 - Reauthorize National All Schedules Prescription Electronic Reporting from S. 480
 - Incorporate legislation supporting “partial-fill” allowing patients to electively receive only a portion of their full opioid prescription.

- Rise of Prescription Drug Costs
 - In 2014, prescription drug spending grew 12.2% (well above the projected 2.4% growth estimate from 2013 Kaiser Family Foundation study), accounting for 9.9% of all health care spending.
 - ACP is asking Congress to:
 - Increase transparency in drug pricing by requiring manufacturers to publicly disclose production costs including research and development.
 - Authorize and appropriate \$2.74 billion in discretionary FDA spending to fast-track new drugs addressing unmet medical needs in areas of serious and life-threatening conditions.
 - Allow the Secretary of HHS to negotiate prices for high-cost drugs and biologics covered under Medicare Part D.

- Improving Health Information Technology
 - Health I.T. and Electronic Health Records (EHR) dramatically improved and expanded under the *Affordable Care Act*, but EHRs lack standards and have significant room for improvement in usability, functionality, and interoperability.
 - ACP is asking Congress to include in S.2511 *Improving Health Information Technology Act*.

- Redesign burdensome meaningful use (MU), transitioning to Merit-Based Incentive Payment System (MIPS)
 - Require the Office of the National Coordinator (ONC) to develop national standards and interoperability for EHR incorporating direct input from practicing clinicians
 - Exempt clinicians in small/medium practices from unnecessary and unreasonable costs of health I.T. software, specifically for data exchange software
 - Require CMS and other federal agencies to reform or replace existing E/M documentation using input from practicing clinicians
- Improving Telemedicine
 - Telemedicine emerging as a useful, even vital way to provide care to patients via 1) Asynchronous, 2) Synchronous, and 3) Remote Patient Monitoring (RPM)
 - Reimbursable telemedicine services are currently small in number and require patient origination in a Health Professional Shortage Area (HPSA) or county outside of any Metropolitan Statistical Area (MSA).
 - ACP is asking Congress to:
 - Lift geographic limits
 - Include stroke assessment and management
 - Utilize telemedicine in accountable care organizations (ACOs)
 - Co-sponsor H.R. 4442/S.2484 *Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) Act*
- Graduate Medical Education (GME) Financing
 - GME residency slots funded through Medicare were capped in *Balanced Budget Act 1996*.
 - Primary care physician shortage is estimated at 14,900 - 35,600 by 2025.
 - The 2017 Budget cuts Indirect Medical Education (IME) funding by \$17.8 billion over 10 years.
 - ACP is asking Congress to:
 - Increase GME slots by at least 3,000 per year for five years, emphasizing expansion of slots in primary care and other shortage specialties.
 - Combine Direct (DGME) and (IME) into a single payment program to streamline payments and reduce waste.
 - Enhance GME funding transparency and establish private payment sector contribution
 - Support H.R. 4774 *Tomorrow's Doctors Today*, H.R. 1117 *CARE Act*

Our Wisconsin delegation met with the offices of the following Representatives:

Sen. Ron Johnson
Rep. Mark Pocan
Rep. Reid Ribble

Sen. Tammy Baldwin
Rep. Ron Kind
Rep. Gwen Moore

Rep. Paul Ryan
Rep. Jim Sensenbrenner
Rep. Glenn Grothman

Although our delegation was not able to meet personally with any legislators due to Congress being out of session, we had consistently constructive conversations with each Congress members' senior legislative assistant for health policy. Our Wisconsin delegation appreciates the time, interest, and concern shown by these legislative assistants.

We also greatly appreciate Bob Doherty and the entire ACP Washington DC office for continuing ACP advocacy efforts year-round, and for their support, expertise, and leadership in organizing Leadership Day and instructing ACP members on how to effectively advocate with our representatives on this important issues.

Overall, this year was an encouraging success, as many of our priority legislative issues (particularly mental health and substance abuse) appear to have strong bipartisan support. But our advocacy efforts do not need to stop just because Leadership Day is over. On behalf of our Wisconsin delegation of ACP Leadership Day attendees, we encourage each of you to contact your local and state government representatives and urge them to support the ACP positions listed above.

We hope to see new faces in our delegation next year.

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