Advocacy for Patients, Advocacy for Physicians

ACP’s Agenda to Improve and Reform American Health Care

South Dakota Chapter, ACP
September 13, 2018
What’s it all about?

The American College of Physicians works for you – providing internists with education, clinical support, practice resources, and advocacy for policy changes that will make a difference in your daily work, your professional development, and your patients’ health.
We work to improve your daily lives, and the health of your patients, by

- Advocating for improvements within the *existing* policy, regulatory and legislative frameworks, and the overall health care system, while recognizing that they are imperfect and have unintended consequences.

- While challenging the status quo by proposing bold new policies to fundamentally reform our health care system—through our *New Vision for American Health Care Initiative*. 
Making a difference in your daily work, and the health of your patients

- Through our *Patients Before Paperwork* Initiative, ACP is leading an effort within American medicine to reduce the paperwork burden on physicians and patients
  - By *pushing back* on payers, government, and others to justify why they are proposing a task, what it’s intended to accomplish, assess what its *likely impact* will be, and then—either get rid of it or make it less burdensome, if the negative impact is greater than any good it might accomplish.
ACP’s Patients Before Paperwork Initiative (started in 2015 – and going strong still...)

ACP Patients Before Paperwork Initiative

**What is Patients before Paperwork?**
ACP’s Patients Before Paperwork initiative’s goal is to reinvigorate the patient-physician relationship by reducing administrative complexities and eliminating unessential tasks that detract from patient care and contribute to physician burnout.

**Policy Development**
ACP policies provide a cohesive framework for identifying and evaluating administrative tasks, and offer detailed recommendations to analyze administrative tasks to determine whether they need to be challenged, revised, or eliminated entirely.

**Tools You Can Use**
Resources and tools help physicians put ACP’s policies into practice. They include resources that assess practice efficiencies and resources on physician well-being and professional satisfaction.

**Collaborating with Stakeholders**
ACP engages with key regulatory agencies and stakeholders to help streamline regulations imposed by insurers, federal regulators and other external entities to reduce administrative burdens for physicians.

**Advocating for Internists**
ACP has long identified reducing administrative complexities or burdens as a priority. ACP works to advocate for changes in our health care system that simplify excessive administrative burdens that put a strain on physicians and patient care.

For more information, visit, www.acponline.org/pb4p

https://www.acponline.org/advocacy/where-we-stand/patients-before-paperwork
Patients Before Paperwork Initiative

ACP Position Paper, *Putting Patients First by Reducing Administrative Tasks in Health Care*, outlining cohesive framework for identifying/evaluating administrative tasks as well as detailed policy recommendations to reduce excessive administrative tasks across the health care system.
Reducing Administrative Tasks Action Plan

Reducing Administrative Tasks Action Plan: ACP developed a post-publication work plan to operationalize the framework and recommendations outlined in the policy paper.

Further Policy Development (Published Oct 2, 2017): Promoting Transparency and Alignment in Medicare Advantage – ACP policy recommendations to promote transparency and align MA policies to decrease administrative burdens associated with participating in MA.

Comments to Regulatory and Legislative Groups:
- Feedback to Ways and Means Subcommittee on Health regarding Medicare Red Tape Relief Project
- Statement before the Ways and Means Subcommittee on Health Medicare Red Tape Relief Project Roundtable
- Recommendations to CMS on their “Patients over Paperwork” Initiative on: Re-conceptualizing and Re-scoring ACI; Streamlining and/or Eliminating Prior Authorization Requirements; Simplifying E/M Documentation Guidelines
Reducing Administrative Tasks
Action Plan cont.

Ongoing Outreach to External Sources of Administrative Tasks Identified in the Paper:

- Initial round of outreach letters sent to: CMS, ONC, AHIP, BCBSA, EHRA, MDMA, MedPAC
- Meetings held with stakeholders to discuss policy and establish next steps for future collaboration


PowerPoint Presentations and Talking Points: For chapter presentations and other educational opportunities to educate members and provide guidance on how to communicate ACP’s policy recommendations and framework for reducing administrative burdens

Resources Under Development:

- **Individual Advocacy Letters**: Letter templates for individual members to contact the External Stakeholders.
Patients Before Paperwork

- Held recent meetings with high-level administration officials include: CMS Administrator Seema Verma, and Deputy Administrator/Director of CMMI, Adam Boehler.
- Listening session held at IM 2018 with Dr. Tom Mason (ONC).
- Group of 6 coalition—ACP, ACOG, AAP, AAFP, AOA, APA--released principles on reducing administrative burdens, major topic of June 18 fly-in.
Enjoyed meeting with @ACPinternists today to discuss how we can work together on promoting interoperability and reducing the burden of documentation associated with E&M visits, in order to ensure the highest quality of care for patients.

Thanks in particular to Dr. Tom Mason for listening to @ACPinternists members at our annual meeting in May on #PatientsOverPaperwork #PatientsBeforePaperwork. We look forward to providing comments on the #QPP and #PFS proposed rules!

Hear from ONC's Dr. Don Rucker (@donrucker) and Dr. Tom Mason about @CMSgov's #PatientsOverPaperwork initiative.

Call it Patients Before Paperwork (ACP), or Patients Over Paperwork (CMS), the goal is the same!

October 30, 2017, Remarks by CMS Administrator Seema Verma at the Health Care Payment Learning and Action Network (LAN) Fall Summit:

Doctors are frustrated because they got into medicine to help their patients. But, paperwork has distracted them from caring for their patients, who often have waited weeks, if not months, for the brief opportunity to see them.

We have all felt this squeeze in the doctor’s office...we have all seen our doctors looking at a computer screen instead of us. I hear it from patients across the country. This must change. The primary focus of a patient visit must be the patient.

Just last week, CMS announced our new initiative “Patients Over Paperwork” to address regulatory burden. This is an effort to go through all of our regulations to reduce burden. Because when burdensome regulations no longer advance the goal of patients first, we must improve or eliminate them.

Our door is open to your ideas and we invite a two-way discussion about how we can accomplish our shared mission of delivering the best possible care at the lowest cost.
And Congress agrees!

- Ways and Means Committee health subcommittee held a hearing and roundtable to solicit comments on what could be done to reduce Medicare red tape.
- ACP’s president-elect, Robert McLean, testified at the roundtable on our behalf, sharing specific examples of unnecessary documentation and redundancy from his practice. Dr. Bill Fox, Vice-chair of MPQC, represented ACP at second Ways and Means health subcommittee’s Medicare Red Tape Initiative.
The Honorable Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health & Human Services  
7500 Security Boulevard  
Baltimore, MD 21244  

Dear Administrator Verma:  

Over the course of the past 18 months, this Congress and the Administration have expressed an increased interest in reducing the ever-growing burdens faced by our Nation’s health care providers. This burden is in large part due to government regulations that can amount to thousands of pages a year. Not surprisingly, all of this regulation has not bent the health care cost curve, and if we continue on this unsustainable path, by 2026 we will be spending one in every five dollars on health care.1 Following stakeholder roundtables through the Ways and Means Committee’s Medicare Red Tape Relief Project and the Administration’s Patients over Paperwork initiative, the path forward from these listening sessions diverges as the Committee looks to potential legislative solutions and the Administration takes aim at reducing burdens through the annual regulatory process. We are writing to applaud the Administration’s efforts in this area as well as provide our feedback on specific ways to strengthen these efforts toward burden reduction, in each of the specific proposed rules laid out below. 

Over the last several weeks, the Centers for Medicare and Medicaid Services (CMS) has released the following proposed regulations that contain policies related to burden reduction:  

- Physician Fee Schedule (PFS)  
- Outpatient Prospective Payment System (OPPS)  
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and End-Stage Renal Disease (ESRD) Payment Systems  
- Overhaul of Medicare’s Accountable Care Organization (ACO) Program  

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As the size of the Medicare program continues to grow and documentation becomes unmanageable, it’s important that we don’t lose sight of the human person in all of this. We must maintain our focus on the patient and look to empower Medicare beneficiaries to take control of their healthcare. That means eliminating the growing red tape that drives up costs and hinders care. I applaud these changes and look forward to continuing our work under the Red Tape Initiative as we partner with the Administration to continue to improve patient care.”

Rep. Kevin Brady (R-TX), chair, House Ways and Means Committee, April 25, 2018
ACP advocacy to improve your daily lives, and health of your patients: *CMS’ proposed payment overhaul*

- On September 10, ACP submitted comments on CMS’s proposals to radically restructure payment and documentation for Evaluation and Management Services, and improve Medicare’s Quality Payment Program.
- Our goal is to offer a better approach that would ease documentation, *while halting implementation of changes that would devalue complex cognitive care.*
Four things you should know about CMS’s proposed rules:

1. It would be less burdensome for physicians to participate in the Quality Payment Program, removing the separate components within the Promoting Interoperability (formally Advancing Care Information) Category score to create a streamlined scoring methodology; increasing the ways in which physicians and other clinicians can qualify for the low-volume threshold; and removing a number of quality measures deemed by the agency to be of low-value.
Four things you should know about CMS’s proposals:

2. Medicare would pay for additional physician services that are not part of a face-to-face office visit, including new codes and RVUs for “virtual check-ins,” remote consults of patient videos and photos, and inter-professional online consultations.

3. Documentation requirements associated with evaluation and management (E/M) services would be reduced, allowing medical decision-making to be the basis for documentation; requiring physicians to only document changed information for established patients, allowing them to sign-off on basic information documented by practice staff, and allowing documentation by total time as an option.
Four things you should know about CMS’s proposals:

4. There would be single blended payment for most office visits (levels 2-5), \textit{regardless of their complexity}, with additional add-on payments to primary care physicians and non-procedural subspecialists.
New proposed payments, *without* add-ons

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Primary care add-on

- New primary care add-on code: GPC1X is intended to reflect visit complexity inherent to evaluation and management associated with primary medical care services that serve as the continuing focal point for all needed health care services. CMS expects that this will be billed for all primary care visits.
  - Additional $5.40 per office visits levels 2-5.
Specialty add-on

- New specialty code: GCG0X is intended to reflect visit complexity inherent to evaluation and management associated with:
  - Endocrinology,
  - Rheumatology,
  - Hematology/oncology,
  - Urology,
  - Neurology,
  - Obstetrics/gynecology,
  - Allergy/immunology,
  - Otolaryngology,
  - Cardiology, or
  - Interventional pain management-centered care.

- CMS: results in additional $14 payment for levels 2-5 new and established office visits
CMS proposal: CMS is proposing to create a new HCPCS code GPRO1 for prolonged evaluation and management or psychotherapy service(s) in the office or other outpatient setting requiring direct patient contact beyond the usual service time of the primary procedure or office visit (30 minutes). The Agency is proposing a work RVU of 1.17, which is half the work RVU of CPT code 99354, or $67.
ACP’s recommendations to CMS:

1. **ACP strongly believes that cognitive care of more complex patients must be appropriately recognized with higher allowed payment rates than less complex care patients.** CMS’s current proposal to pay a single flat fee for E/M levels 2-5, even when combined with proposed primary care and specialist add-on codes and payment for prolonged services, undervalues cognitive care for the more complex patients, creating incentives for clinicians to spend less time with patients, to substitute more complex and time-consuming visits with lower level ones of shorter duration, schedule more shorter and lower-level visits, and potentially, avoid taking care of older, frailer, sicker and more complex patients. It could also create a disincentive for physicians to practice in specialties, like geriatrics and palliative care, that involve care of more complex patients. Accordingly, the proposal to pay a single flat fee for E/M levels 2-5 must not be implemented.
ACP’s recommendations to CMS:

2. ACP appreciates and supports the overall direction of CMS’s proposals to reduce the burden of documentation for E/M services, yet strongly disagrees that such improvements should be contingent on acceptance of CMS’s proposal to pay a single flat fee for E/M levels 2-5. While we understand CMS’s concerns that changes in E/M documentation requirements, without changes in the underlying payment structure for E/M services, could create program integrity challenges, we believe that CMS should consider testing of alternatives that would allow it to move forward on simplifying documentation, ensure program integrity, and preserve the overarching principle that more complex and time-consuming E/M services must be paid appropriately more than lower level and less time-intensive services.
ACP’s recommendations to CMS:

3. ACP urges CMS not to establish a regulatory deadline (e.g. January 1, 2019 or January 1, 2020) for finalizing and implementing its flat E/M fee proposals or possible alternatives that change how E/M services would be paid, and instead, to take the time to “get it right.” Sufficient time must be allowed to engage the physician community to develop and pilot-test alternatives that preserve the principle that more complex and time-consuming E/M services must be paid appropriately more than lower level and less time-intensive services, while allowing CMS to move forward on simplifying E/M documentation while ensuring program integrity. The stakes for patients, clinicians, and the Medicare program are too great for CMS to rush changes.
Recent advocacy to make a difference in the health of your patients

- Opposing sale of non-ACA compliant insurance products that do not include coverage of essential benefits.
- Amicus brief with AMA, other specialty societies opposing lawsuit that would allow sale of plans that discriminate against patients with preexisting conditions.
- Continued advocacy for Medicaid expansion and against work requirements.
- Addressing health impact of separating children from parents at border crossings.
Recent advocacy to address the health of your patients

- Urging the administration to base its environmental policies on the established scientific consensus on the impact of climate change on human health.
- Advocacy for legislation, regulation and other policies to reduce excessive Rx pricing.
- Advocating for policies to address the opioids crisis.
- Advocating for policies to address injuries and deaths from firearms.
- New position papers on social determinants of health and women’s health.
Where we are today, is not where we want to be.

- By necessity, much of ACP public policy and advocacy is to seek improvements within *established* legislative, regulatory and policy frameworks.
- While we challenge policies that are not serving patients or physicians, we also advocate for their interests within the current *imperfect* frameworks.
- Public policy, by its nature, will always achieve imperfect results.
  - For example: while both MACRA and the ACA are imperfect, they were an improvement of what existed before, and as long as they remain as established frameworks, we need to work to make them better.
- Our system makes it very difficult to achieve huge and sudden shifts in policy.
  - It took 18 years before Congress replaced the SGR with MACRA.
- Yet advocacy within the current policy framework does *not* mean that we can’t strive for something better.
Why do we need a New Vision for American Health Care?

“America's health care system is neither healthy, caring, nor a system.“

Walter Cronkite

My editorial comment: It’s not because you and your colleagues are uncaring, or not striving to keep your patients healthy. It’s because America’s Health Care System, such as it is, often works against you and your patients.
Better is possible.

“Arriving at meaningful solutions is an inevitably slow and difficult process. Nonetheless, what I saw was: better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try.”

Atul Gawande
It takes a willingness to try.

- ACP’s New Vision for American Health Care initiative is about ACP proposing systematic and comprehensive changes that will make a difference in the daily lives of physicians, and in the lives of patients.
As part of the BoR-approved strategic theme, innovation:

“[ACP will] develop a new vision for the future of health care policy, including recommendations for how to achieve universal coverage with improved access to care; reduce per capita health care costs and the rate of growth in spending; reduce market consolidation and ensure competition and choice (of insurers, providers, and services); reform how physicians are compensated to truly achieve better value for patients and to recognize the value of care provided by internists; and reduce the complexity in our health care system.”
How will we do this?

✓ Conduct an evidence-based review of what is working, and what’s not, working well with American health care.

✓ Bring these analyses to the principal policy committees (HPPC and MPQC) for discussion and direction.

✓ Develop evidence-based policy options for HPPC and MPQC consideration. Get direction on which to pursue in more detail. Will look at both transitional and transformative policies.

✓ Obtain input from other committees and councils, including experts on technical committees, and individual members, on proposed policies.
To inform our New Vision, we are examining the five Cs of American health care

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<th>CONSOLIDATION</th>
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<td>What is working well, and not working well, with the ACA?</td>
<td>Why is U.S. health care so expensive?</td>
<td>Why is our health care system so complex?</td>
<td>Why are we seeing consolidation of payers, PBM$s$, hospital systems, physician practices? What is the impact of such consolidation?</td>
<td>How do we now compensate physicians for their work?</td>
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<td>What can be done in the near-term to make the ACA better (transitional)?</td>
<td>What can be done in the near-term to make care more affordable (transitional)?</td>
<td>What can be done in the near-term to reduce complexities and administrative tasks (transitional)?</td>
<td>What can be done in the near term to help smaller practices (transitional)?</td>
<td>What can be done in the near-term to improve how we compensate physicians (transitional)</td>
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<td>What other ways might be considered to achieve true universal coverage (transformative)</td>
<td>What other ways might be considered to bring costs down (transformative)</td>
<td>What other ways might be considered to simplify it (transformative)</td>
<td>What might be considered longer term to ensure competition, choice (transformative)?</td>
<td>What other ways might be considered to compensate physicians (transformative)</td>
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“Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try.”

Atul Gawande
A health care system that costs too much, leaves too many people behind, is too complex, and devalues care provided by internists.

What We Have Today

ACP’s New Vision for Health Care will propose solutions that make our system better for you and your patients.

A Clean Slate

What would you write on a clean slate?