Fostering Excellence & Professionalism in Internal Medicine
Wisconsin Chapter Meeting
September 2016
Goals:

- To establish and promote the highest clinical standards and ethical ideals
- To be the foremost comprehensive education and information resource for all internists
- Promote and support healthy lives
- Recognize excellence in medicine
- Unified voice of medicine for our patients, members and profession.
2016-17 Priority Initiatives

- Continue to advocate for timely reforms to ABIM’s MOC process
- Facilitate the transition to value based payment and new delivery models
- Expand ACP’s work in reducing the cost of healthcare
- Increase the number and engagement of ACP members
- Help ACP members experience greater professional satisfaction and fulfillment
- Expand approaches to delivering information and education
ACP Positions on Healthcare Issues

- Drug Pricing
  - Recent policy paper and Senate Testimony
  - 10% of health care spending and 12% rise per year
  - Evergreening, product hopping, patent extension/CREATE Act
- Graduate medical education
- Opioid prescribing
- Health Plan Mergers
- Physician Assisted Suicide
Recent ACP Policy Papers

- Addressing the Increasing Burden of Health Insurance Cost Sharing (July 2016)
- Financing U.S. Graduate Medical Education: A Policy Position Paper of the Alliance for Academic Internal Medicine and the American College of Physicians (May 2016)
- Climate Change and Health: A Global Call to Action (April 2016)
- Stemming the Escalating Cost of Prescription Drugs (March 2016)
- Principles supporting Dynamic Clinical Care Teams
Medicare Access and CHIP Reauthorization Act of 2015-H.R. 2

- The SGR is permanently repealed.
- Positive payment update of 0.5 percent for 4.5 years through 2019
- In 2026 and beyond, physicians in Advanced Practice Models (APM’s) qualify for a 0.75% update, all others 0.25% yearly update.
- Fee for service is retained and APM and other programs are voluntary.
Two pathways: MIPS versus APMs (2019)

**MIPS**

- MIPS adjusts traditional fee-for-service payments upward or downward based on new reporting program, integrating PQRS, Meaningful Use, and Value-Based Modifier
- **Measurement categories** (composite score of 0-100):
  - Clinical quality (30%)
  - Meaningful use (25%)
  - Resource Use (30%)
  - Practice improvement (15%)

**APMs**

- Supported by their own payment rules, plus
- 5% annual bonus FFS payments for physicians who get substantial revenue from *alternative payment models* that
  - Involve upside and downside financial risk, e.g. ACOs or bundled payments
  - OR
  - PCMHs, if ↑ quality with ↓ or ↔ cost; ↓ cost with ↑ or ↔ quality (e.g., CPCI)
Performance Period and Payment Year

CMS evaluation and determination of MIPS adjustment or eligibility for QP bonus

Performance Year 1

Payment Year 1
How Much Can MIPS Adjust Payments?

- Based on the MIPS composite performance score, physicians and practitioners will receive positive, negative, or neutral adjustments up to the percentages below.
- MIPS adjustments are budget neutral. A scaling factor may be applied to upward adjustments to make total upward and downward adjustments equal.

MAXIMUM Adjustments

-4% 4% 5% 7% 9%

Adjustment to provider’s base rate of Medicare Part B payment

2019 2020 2021 2022 onward

Merit-Based Incentive Payment System (MIPS)

Estimated MIPS Impact by Practice Size

% With Positive or Negative MIPS Adjustment

- All Clinicians
- Solo
- 2-9 clinicians
- 10-24 clinicians
- 25-99 clinicians
- 100 or more clinicians

Estimated MIPS Impact by Practice Size

-100% to 100%
Alternative Payment Models (APM)
Advanced APMs meet certain criteria.

As defined by MACRA, advanced APMs must meet the following criteria:

- The APM requires participants to use certified EHR technology.
- The APM bases payment on quality measures comparable to those in the MIPS quality performance category.
- The APM either: (1) requires APM Entities to bear more than nominal financial risk for monetary losses; OR (2) is a Medical Home Model expanded under CMMI authority.
Based on the proposed criteria, which current APMs will be Advanced APMs in 2017?

- **Shared Savings Program** (Tracks 2 and 3)
- **Next Generation ACO Model**
- **Comprehensive ESRD Care (CEC)** (large dialysis organization arrangement)
- **Comprehensive Primary Care Plus (CPC+)**
- **Oncology Care Model (OCM)** (two-sided risk track available in 2018)

Key issues in the proposed MIPS/APM rule:

**Alternative Payment Models**

- How will medical homes qualify as APMs?
- Will medical homes be required to take “more than nominal” financial risk?
- What other APMs will be available for IM subspecialists, others?
- How can quality reporting to be simplified?
- What measures will be used?
Comprehensive Primary Care Plus (CPC+), an opportunity for primary care practices in designated regions working to implement the patient-centered medical home (PCMH) model to receive additional payment outside of the fee-for-service system. The regions selected are:

- Arkansas: Statewide
- Colorado: Statewide
- Hawaii: Statewide
- Kansas and Missouri: Greater Kansas City Region
- Michigan: Statewide
- Montana: Statewide
- New Jersey: Statewide
- New York: North Hudson-Capital Region
- Ohio: Statewide and Northern Kentucky: Ohio and Northern Kentucky Region
- Oklahoma: Statewide
- Oregon: Statewide
- Pennsylvania: Greater Philadelphia Region
- Rhode Island: Statewide
- Tennessee: Statewide
## Table. Comparison of the Design Features of CPC and CPC+ Tracks 1 and 2

<table>
<thead>
<tr>
<th></th>
<th>CPC</th>
<th>CPC+ Track 1</th>
<th>CPC+ Track 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Size</strong></td>
<td>7 Regions; ≥500 practices</td>
<td>≤20 Regions; ≤2500 practices</td>
<td>≤20 Regions; ≤2500 practices</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>4 y (2012-2016)</td>
<td>5 y (2017-2021)</td>
<td>5 y (2017-2021)</td>
</tr>
<tr>
<td><strong>Medicare care</strong></td>
<td>$20 PBPM PY1-2; $15 PBPM PY3-4; average</td>
<td>$15 PBPM average across 4 risk tiers</td>
<td>$27 PBPM average across 5 risk tiers; $100 for</td>
</tr>
<tr>
<td><strong>management fee</strong></td>
<td>across 4 risk tiers</td>
<td></td>
<td>highest-risk tier</td>
</tr>
<tr>
<td><strong>Medicare payment</strong></td>
<td>100% FFS</td>
<td>100% FFS</td>
<td>100% FFS for non-evaluation and management;</td>
</tr>
<tr>
<td>for office visits</td>
<td></td>
<td></td>
<td>reduced FFS + up-front payment for evaluation and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>management</td>
</tr>
<tr>
<td><strong>Medicare incentive</strong></td>
<td>Shared savings based on quality metrics</td>
<td>$2.50 PBPM based on quality and utilization</td>
<td>$4 PBPM based on quality and utilization metrics</td>
</tr>
<tr>
<td><strong>payment</strong></td>
<td>and TCOC(^b)</td>
<td>metrics</td>
<td></td>
</tr>
<tr>
<td><strong>HIT partners</strong></td>
<td>Not required</td>
<td>Not required</td>
<td>Required</td>
</tr>
</tbody>
</table>

Abbreviations: CPC, Comprehensive Primary Care; CPC+, Comprehensive Primary Care Plus; FFS, fee for service; HIT, health information technology; PBPM, per beneficiary per month; TCOC, total cost of care.

\(^a\) Paid only for Medicare FFS beneficiaries attributed to participating practices.

\(^b\) Savings calculated based on any reduction in Medicare Part A and B expenditures.
Maintenance of Certification (MOC)
The Basics of MOC

What category are you in?
- Certified before 1990: time-unlimited certificate
- Certified from 1990-2013: 10 year certificate
- Certified from 2014 on: no end date; remaining certified depends on meeting MOC requirements

Milestones required for MOC
- Every 2 years: at least 20 MOC points
- Every 5 years: at least 100 MOC points
- Every 10 years: secure, closed-book examination
Major Issues with ABIM’s MOC program

- Lack of evidence for benefit re: quality of care
- Cost: too expensive
- PIMs are time-consuming, tedious busywork
- Exam is “one size fits all” and not relevant or customizable to my practice
- High failure rate for the secure examination
IM MOC Exam First Time Taker Pass Rates

Source: ABIM
ACP’s Positions re MOC

- ACP supports the principles behind lifelong learning and professional accountability, which includes certification and maintenance of certification.
- These responsibilities are best handled by an independent, non-profit certification board (i.e. ABIM).
- However, ACP has felt the process needs to be improved, and has advocated strongly for reform.
- The low pass rate needs to be addressed.
What has ABIM Done (in several stages) in Response to ACP’s Concerns?

- Suspended the practice assessment, patient safety and “patient voice” requirement through 2018
- Convened Assessment 2020 Task Force to explore redesigning the secure examination
- Participated in ACP’s Accountability Survey for Certifying Boards
- Decreased the cost of an exam re-take
- MOC diplomate costs frozen at 2014 level
- ACP members reviewed examination blueprint for practice relevancy (640 questions removed from question pool)
What has ABIM Done (in several stages) in Response to ACP’s Concerns?

- ABIM changed process for determining pass threshold for examination (no longer performed solely by those who wrote examination questions)
- Reduced barriers for earning medical knowledge MOC points (most CME will automatically qualify for MOC if ABIM requirements are met by CME provider)
- Agreed to one year grace period to maintain certification after 10 year cycle if exam failed (provided all other MOC requirements are met)
- Physicians certified in nine subspecialties of internal medicine no longer need to maintain underlying certification to stay certified.
IM MOC Exam First Time Taker Pass Rates

Source of data: abim.org
ABIM’s Most Recent Proposal

- An every five year or two year exam
- Can be taken at home/office/proctored
- Possibly open book (depending on current study)
- If you fail twice consecutively, you need to take the ten year exam
- If you fail once, you can retake at next cycle (two or six/yr), feedback is immediate for study/most pass on second attempt.
Evolving Issues

- Movement from psychometric based, secure exam testing philosophy to more learning module based assessment
- ABIM and ACP leadership do communicate regularly
- Financial Structure of ABIM
- Board composition of ABIM
- Important meeting of organizations on September 15 and 16 to respond to ABIM
Thank you . . .

...for your continued support of ACP and your commitment to internal medicine.
ACP Policies/Products/Services
Evidence-based Clinical Guidance

ACP’s Clinical Practice Guidelines, Guidance Statements, Best Practice Advice and High Value Care papers are rigorously developed based on review of the best evidence available. Recent Clinical Policies and Recommendations:

- Management of Chronic Insomnia Disorder in Adults (May 2016)
- Nonpharmacological Versus Pharmacological Treatment of Adult Patients with Major Depressive Disorder (February 2016)
- Evaluating Hematuria as a Sign of Cancer (High Value Care Paper, January 2016)
- Appropriate Antibiotic Use for Acute Respiratory Infections (High Value Care Paper, January 2016)
- Use of Generic Medications (November 2015)
- Acute Pulmonary Embolism (September 2015)
Encouraging High Value Care

Resources to help provide the best patient care while reducing health care costs:

- High Value Care Online Cases: Earn free CME credits and MOC patient safety and medical knowledge points through web-based cases and questions
- Curriculum For Educators, Residents and Students: Created by ACP and the Alliance for Academic Internal Medicine (AAIM), features six one-hour interactive modules
- HVC Course For Medical Students: Designed specifically to help students evaluate the benefits, harms and costs of tests and treatment options so they can make HVC a reality in clinical practice
Resources to help physicians provide the best patient care while reducing costs to the health care system:

- High Value Care Coordination (HVCC) Toolkit: Resources to facilitate more effective and patient-centered communication between primary care and subspecialist doctors.
- Pediatric to Adult Care Transitions Toolkit: Resources to facilitate more effective transition and transfer of young adults from pediatric to adult care.
- Collaboration with Consumer Reports: A series of new High Value Care Resources to help patients understand the importance of seeking appropriate care.
ACP Public Policy & Advocacy
Your Advocate for Internal Medicine on Capitol Hill

ACP’s advocacy priorities:

- Ensuring successful implementation of physician payment reforms in MACRA
- Improving payment, eliminating cost-sharing, and reducing regulatory barriers to chronic care management
- Reducing the burdens associated with EHR meaningful use regulations and clinical documentation requirements and enhancing usability and operability
- Eliminating payment and regulatory barriers to telemedicine in a way that supports the patient-physician relationship.
- Reducing barriers to integrating behavioral health into primary care and addressing the related rising death toll from opioid abuse
- Allowing Medicare to negotiate volume discounts on prescription drugs, and improving transparency in drug pricing
- Reforming Graduate Medical Education to prioritize funding toward physician specialties facing shortages including primary care internal medicine
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Resources for Board Certification and MOC

ACP members enjoy free or substantially discounted resources to help with MOC:

- **MKSAP 17**
  - 1,200 new self-assessment questions
  - Used by over 90% of residents for board preparation

- **Board Basics 3**
  - Dozens of classic images, core content and tips on how to take the ABIM exam

- **Courses**
  - MOC Exam Prep Courses and Internal Medicine Board Review Courses
  - Live review courses and recordings

- **Virtual Dx<sup>SM</sup>**
  - Online image-based study program to prepare for the ABIM recertification exams
The Center’s primary focus is to promote patient-and family-centered care principles and develop patient partnership tools and resources. CPPH partners with patient and consumer groups to bring the patients’ voice to ACP activities. Current initiatives include:

- New topics in the Patient FACTS (Patients & Families: Advice for Conditions, Treatments and Symptoms) series, including cardiovascular health, oral health, and chronic pain
- The Atrial Fibrillation program, a comprehensive patient education program to help reduce the risk of stroke associated with atrial fibrillation
- Collaboration with Consumer Reports on a series of new High Value Care Resources
Internal Medicine Meeting 2017: ACP’s Annual Scientific Meeting

Register to attend:
March 30-April 1, 2017
San Diego, CA

- Over 200 educational, interactive workshops
- Case-based sessions and feedback on challenging patient management problems