Advocating for Patients,
Advocating for Physicians:

ACP’s Agenda to Improve and Reform American Health Care

ACP Missouri Chapter
September 15, 2018
Is it any wonder that our 154,000 members don’t agree on every aspect of ACP policy?

Agreement isn’t easy.

But sometimes it just requires looking at the same thing from a different perspective.
ACP’s Big Tent policy process

IDEA GENERATION

- BOARD OF REGENTS (BOR)
  Propose public policy issues/topics based on ACP Strategic Priorities

- CHAPTERS
  Propose chapter resolutions

- COMMITTEES & COUNCILS
  Propose public policy issues/topics and resolutions

- ACP members’ suggestions

PolicY DEVELOPMENT

- BOARD OF GOVERNORS (BOG)
  Review and comment

- BOR
  Review, comment, and approve for development

- COMMITTEES, COUNCILS, STAFF

  - Review
    • Conduct rigorous review of the evidence
    • Conduct literature search
  
  - Draft
    • Prepare materials for committee review
    • Draft proposed policy
  
  - Circulate
    • Circulate for comment to ACP BOG, ACP Councils, outside experts
  
  - Revise
    • Incorporate comments and draft revised policy
  
  - Submit
    • Submit for Approval at Committee level
    • Submit to BOR for final approval

APPROVAL

- BOARD OF REGENTS
  
  - Review
  
  - Vote
  
  - Approve
  
  - Implement

Topics:

- How ACP **communicates** the value of advocacy to members and non-members.
- Recent **examples** of how ACP is advocating for patients, and for IM physicians.
- Next steps in our **New Vision for American Health Care** to make health care better for patients, and their doctors.
Communicating the value of advocacy
Project Summary

ACP contracted with Reingold, Inc. to develop an advocacy messaging framework to help achieve the following goals:

- Raise member awareness and appreciation of the organization’s advocacy efforts.
- Boost members’ engagement with advocacy efforts.
- Enhance member recruitment by raising non-member awareness of ACP’s advocacy and its value.
- Tested 3 organizational messages; Tested 8 messages about ACP advocacy; Tested 3 messages about ACP advocacy on specific issues.

• A total of 1,681 member and non-member panelists from ACP Research Panel were invited to take survey.
Reingold is about helping us share more about our advocacy

- **Overarching Organizational Messaging** – puts advocacy efforts in the context of ACP’s broader value proposition
- Most effective message for members and non-members, including early career physicians
- *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.*
Most Effective Messages for Members

- **Overarching Advocacy Messaging** – focuses on the value and effectiveness of ACP advocacy for internists.

- **At the American College of Physicians, we know problems like administrative burdens, inadequate physician payments, high drug prices, and lack of access to affordable health care coverage are making it harder for internists to practice medicine, earn a living, and help patients. That’s why we press legislators and regulators for changes that can successfully improve your daily work experience and free you up to focus on the care you were trained to provide.**
Most Effective Messages for Members

- **Overarching Advocacy Messaging** – focuses on the value and effectiveness of ACP advocacy for internists.

- **At the American College of Physicians, we don’t just advocate for internists; we also advocate with them. That’s why we encourage your participation in campaigns at the local, grassroots level; provide support for activism on state health care policies; and invite you to join local ACP committees and chapters**
Implementation Strategy

- ACP Advocacy will be repositioned and more actively promoted as a member benefit, and used as a focus for member acquisition

- New messaging incorporated across various channels and vehicles

- Messages paired with a call to action wherever possible
  - See how we’re working for you (link to web page)
  - Get involved to make a difference (link to Legislative Action page)

- Target audiences segmented by member demographics and level of activity, engagement funnel created to increase activity
Implementation Example: ACP Advocate

- Redesigned, relaunched
- Incorporates recommended messaging and positioning
- Includes calls to action, driving back to web for detailed information
- Highlights past successes on a regular basis
- Distributed in-house for better data analysis
Implementation Example: Annual Report

ACP PUBLIC POLICY & ADVOCACY

Through its policy papers, meetings on Capitol Hill, meetings with regulators, grass roots advocacy, social media and collaborations with other organizations, ACP continues to advocate for policy changes that will make a difference in the daily lives of internists and ultimately patients' health. These include a wide range of issues that affect the health, well-being and professional and career satisfaction of its members, such as reducing administrative burdens, reforming and improving payments and improving quality measures.

Because problems like administrative burdens, inadequate physician payments, high drug prices, and lack of access to affordable health care coverage are making it harder for internists to practice medicine, earn a living, and help patients, ACP's advocacy efforts press legislators and regulators for changes that can successfully improve the daily work experience and free up physicians to focus on the care they were trained to provide.
You may be thinking: so the marketing and messaging is great, but we have to walk the walk.

- By showing our members **what we are doing to improve their daily lives and professional development**, and patients’ health.
- So let’s look at how we’ve been walking the walk.
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**

- 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.
- Participated in two roundtables hosted by the House Ways and Means Committee’s health subcommittee to inform their Medicare Red Tape Relief initiative.
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 #PPS proposed rules.

Hear from ONC's Dr. Don Rucker (@donrucker) and Dr. Tom Mason about @CMSgov's #PatientsOverPaperwork initiative. twitter.com/SeemaCMS/status...
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 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 patients’ health: CMS’ proposed payment overhaul

- On September 10, ACP submitted comment 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), *regardless of their complexity*, with additional add-on payments to primary care physicians and non-procedural subspecialists.

Note - #3 (documentation reduction) and #4 (single, blended payment) are tied together in the proposal.
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
  - Intervventional pain management-centered care.

- CMS: results in additional $14 payment for levels 2-5 new and established office visits
Prolonged Services

- **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 patients’ health

- 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 make a difference in patients’ health

- 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.
Women’s Health & Gender Equity

- New ACP Position Papers/Statements:
  - Funding of Women’s Health Clinics -
    http://annals.org/aim/article/doi/10.7326/M173438
  - Women’s Health Policy in the United States -
    http://annals.org/aim/fullarticle/2682682/women-s-health-policy-united-states-american-college-physicians-position
  - Achieving Gender Equity in Physician Compensation and Career Advancement -
September is Women in Medicine Month!

Women in Medicine

Promoting gender equity and eliminating the inequities in compensation and career advancement that physicians can face is a longstanding goal of ACP.

As an organization, we are committed to addressing the unique challenges female physicians confront over the course of their careers in order to foster an inclusive environment that promotes growth and development for female physicians. ACP believes that addressing the barriers that women in medicine face is essential for the internal
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
A willingness to try:
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.
How will we do this?

- HPPC and MPQC approve draft policy options and supporting analyses; circulate for comments from regents, governors, and councils through our usual process.

- Bring revised policies, with all comments tabulated, back to HPPC and MPQC for final approval.
  - Some “building block” position papers on specific issues may be approved and published at interim steps throughout this process.
  - Final policies and analyses will be put together into an overarching **New Vision for American Health Care paper** (or papers) for HPPC and MPQC consideration/approval, and then Board of Regents approval.

- Expected timeline: 12-18 months.
Every clinical, technical and public policy committee will be involved.
A New Vision for American Health Care Policy

“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
Our New Vision initiative is about

Creating a healthy, caring system—for patients, for physicians.

One that results in real *policy changes that will make a difference in your daily work, your professional development, and your patients’ health.*
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?
Questions?

- ACP is on Facebook and Twitter (@ACPOnline)

- Also, please follow both Bob Doherty (@BobDohertyACP) and me (@SEricksonACP) on Twitter for the latest!