



March 6, 2009

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Dear Doctor Poses,

We have recently read the January 9, 2009 post to the Health Care Renewal Blog, entitled *What the RUC? A Prominent Health Care Policy Blog Leaves Some Important Things Out*. We would like to take this opportunity to point out several blatant inaccuracies within your blog entry that severely misrepresent the nature and work of the AMA / Specialty Society RVS Update Committee (RUC). We request that you retract or correct the inaccurate statements within the aforementioned blog immediately. Further, your negative portrayal of the RUC fails to consider a great number of actions the RUC has taken to positively impact "cognitive" physician specialties as well as primary care, specifically.

The RUC does not operate in the shadows. RUC meetings, publications, and recommendations are open to physicians, researchers, and policy-makers. The nature of the RUC's mission creates a need for strict adherence to conflict of interest policies, which limits attendance at RUC meetings. The RUC seeks to eradicate the type of conflicts you elucidate in your blog entry. Any individual may attend a RUC meeting upon: (1) the invitation of and notification by a relevant specialty society; (2) an express invitation by the chair of the RUC; or (3) the approval of a written request to attend; and a review and approval of conflicts and potential conflicts of interest. The recommendations of the RUC remain confidential until the Centers for Medicare and Medicaid Services (CMS) comments on them in the *Federal Register*. The recommendations remain confidential to maintain compliance with federal anti-trust provisions. Once CMS publishes its changes to the physician payment schedule, the RUC recommendations are made available through an AMA publication, the *RBRVS Data Manager*.

The membership of the RUC consists of the representative and an optional alternate representative of twenty-nine specialties and organizations and a chairperson, elected by the AMA Board of Trustees. All other members are appointed by the corresponding specialty organization. A list of the individual members of the RUC is published in the AMA publication, *Medicare RBRVS 2009: The Physicians' Guide*. Any individual may solicit AMA staff directly or a specialty society to learn the names of the members of the RUC.

CMS adopts the RUC recommendations in the development of its physician payment policy because the RUC produces high quality recommendations that are generated at the medical specialty level and vetted through a panel of medical and economic experts. The tendency of other public and private payers to adopt the Medicare RBRVS is solely at the discretion of those entities. The RUC does not petition any payer other than the federal government, nor does the

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RUC distribute its recommendations to any other payer to promote adoption of its recommendations.

The RUC has made several recommendations that positively benefit cognitive or non-procedural physician specialties. Most significantly, in 2007, CMS implemented the recommendations of the RUC to increase the valuation of Evaluation and Management (E&M) services. The RUC's E/M valuation improvements in 2007 led to an annual \$4 billion increase in E/M spending. AMA staff analyzed the work valuation within the RBRVS from 1992 to 2007 and determined that E/M (CPT codes 99201-99499) work valuation has increased by 45% since the establishment of this payment system. Other major classification of services have not increased at this rate (surgery = 9%, pathology = 6%, other tests/therapy = 14%). Imaging services work valuation has declined by 6%. E/M work valuation has improved substantially since the inception of the RBRVS as a result of the RUC's efforts.

In addition to the positive impact on E&M, the RUC recently submitted recommendations to CMS regarding the physician payment and practice expense associated with its Medicare Medical Home Demonstration project, slated to begin January 1, 2010. CMS based its projected physician payment rates on the RUC's recommendations, which have been published on the AMA's web site, available at: www.ama-assn.org/go/medicalhome.

Your publication irrationally and unreasonably paints the RUC as the perpetrator of all physician payment policies that have negatively affected primary care. Your ire would be better directed at the broken payment policy system in which the RUC and all physicians operate, rather than attempting to discredit the one group that has managed to successfully solicit the government for increases in E&M payment. In fact, CMS rejected the recommendations of the RUC to increase valuation for E&M services in 1997 to the level the RUC had recommended. It is true that the health care financing system is in need of reform. However, by attempting to drive a wedge between cognitive and procedural specialties you weaken the physician lobby and undermine its efforts to effect positive change for all physicians and patients.

We invite you to attend the next meeting of the RUC, which will take place April 23-26, 2009 in Chicago, Illinois to witness how this panel positively affects the Medicare physician payment schedule. To register for the meeting, please contact Sherry Smith at (312) 464-5604 or sherry.smith@ama-assn.org.

Sincerely,



William L. Rich, III, MD, FACS
Chair, AMA/Specialty Society RUC



Barbara Levy, MD
Chair-Elect, AMA/Specialty Society RUC