Update on the AMA’s 2023 advocacy priorities with Todd Askew

AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, medical education, advocacy issues, burnout, vaccines and more.

Featured topic and speakers

One year ago, the AMA unveiled its Recovery Plan for America’s Physicians at its Annual Meeting. Joining us at the 2023 Annual Meeting to provide an update on the Recovery Plan and our top advocacy priorities is Todd Askew, the AMA’s senior vice president of advocacy. AMA Chief Experience Officer Todd Unger hosts.

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Speaker

Todd Askew, senior vice president, advocacy, AMA

Transcript

Unger: Hello and welcome to the AMA Update video and podcast series. Today we're coming to you from the floor of the Annual Meeting of the AMA House of Delegates in Chicago. We're just one day away before everything gets started. The policy here this week has the potential to shape health care and of course, AMA advocacy effort for years.

Here to discuss that and share an update on our top advocacy priorities is Todd Askew. The AMA's senior vice president of advocacy. I'm Todd Unger, AMA's chief experience officer. Welcome, Todd.

Askew: Hey, good to see you, Todd.
Unger: The AMA Annual Meeting is, of course, our biggest event of the year, a lot of discussion, a lot of policy passed here. Talk to us a little bit about what happens once policy is passed.

Askew: So I mean, the great benefit of the House of Delegates is that it informs our advocacy efforts with the experiences and the knowledge of basically, every medical specialty and every state medical association, comes together here, adopts policy and then hands it off to, in many cases, to our advocacy efforts. We analyze it, we see what we can do now, what needs to be put on a longer term agenda and then we get to work.

You're absolutely right. Some things are as simple as, we need to support this bill, or we need to write a letter to the government that says this, and we take that and we do that pretty quickly. Other efforts are more strategic, more setting the direction for our efforts, like you said for years. So it is the basis, the foundation of a lot of the work that we do in advocacy.

Unger: Now, you're working on advocacy all year long, and you're talking to a lot of physicians along the way. I'm curious, what are you hearing are the top priorities of the physicians, students that are coming into the House of Delegates this year?

Askew: Well, I think what we continue to hear about are those things that are reflected in the AMA's recovery plan. Frustrations with Medicare payment, with administrative burdens, with scope of practice challenges, making sure that we still have access to telehealth to benefit patients, and importantly, something that ties them all together. And really, the number one thing that people want us to be working on is physician wellness.

And physician wellness, of course, it's not just about resilience, it's about addressing those things that make practice harder, that make it more difficult for physicians to meet the needs of their patients. And so that's a unifying theme, but those are the top things that we hear about here at the House and day-to-day conversations with physicians around the country, and that's where we put most of our effort.

Unger: Now, we talked a year ago, basically, about the Recovery Plan for America’s Physicians. That's really where we can launch that campaign that you were referring to now. Let's talk a little bit in more detail about some of the accomplishments since then. Let's start with the payment front.

Askew: Sure.

Unger: What kind of progress do you want to share?

Askew: So Medicare payments, clearly for physicians, are unsustainable. MedPAC has basically said that. The Medicare trustees have said that. There's a growing awareness on Capitol Hill among policymakers that the current course for Medicare physician payments is not something that could be sustained over the long run. So the challenge has been to put together a plan, put together a process...
that we can begin to move the needle.

It's going to be very expensive, it's going to be a multi—at least over a year, probably much more than a year effort to make progress, but things are really coming together. The foundational part of it is inflationary-based updates. Most other Medicare providers have inflation built into their annual payment updates. Physicians do not.

There's a lot of reasons why that's the case, but the fact is without something to at least keep pace with inflation, payments fall further and further behind, and it becomes more and more difficult to sustain a practice and be able to continue to see Medicare beneficiaries. So we're really excited that we do have legislation introduced now to basically, input a MEI, the Medical Economic Index—it's the inflationary measure for health care—into the physician payment formula.

We are building a bipartisan group of cosponsors to make the statement, to put that bill out there. It's not going to pass the next month, it's not going to pass this summer, but it is important that people be able to put their name on that.

Two other key pieces of the Medicare agenda, a three-legged stool for reforming payments. The second one is dealing with budget neutrality. Right now, you increase part of Medicare spending for physicians in one area, you have to cut everything else in order to pay for it. Every system has that, but in the way it's applied to physicians has really got some problems.

And there have been some miscalculations in the past by the government on how much to make those adjustments that have really negatively impacted physician payments. So we need to reform the way budget neutrality is applied to physician payments.

And lastly, reforming this terribly burdensome and complex MIPS program, the quality reporting program in Medicare. Make that simpler, more streamlined, more relevant for physicians in practice so that it is not such a burden on them to participate. So those three pieces, we're well underway, and we're excited that we are in a process of educating folks on Capitol Hill, building up the grassroots support, working on message development and testing, and really getting excited about kicking off significant effort to push those pieces of legislation.

Unger: So that really is a unified voice in action on that particular front. Another place where we've really gotten a lot of traction in making the issue much more visible and personal is in the world of prior auth, just a huge obstacle for physicians and for patients. Talk to us about the progress there.

Askew: So we've been talking for years about prior authorization, the impact it has, not only on patients being able to access the benefits that they've already paid for, but also, for physicians and the day-to-day burden it places on them and their staff to seek out. Physicians are doing something, on an average, of 40 prior authorizations a week per physician, and it takes a lot of staff time, a lot of effort,
delayed care, in a lot of cases, the course of treatment that has been prescribed or requested is just abandoned when the patient and the physician can't get approval. It is a huge time suck.

So in an effort to address that burden, we've approached it in many, many ways. We've, obviously, advocated directly with payers when they oppose specific, really burdensome programs that don't make a lot of sense. We advocate with Congress. We almost got legislation passed last year to really right size prior authorization, as part of Medicare Advantage, and obviously, with the administration.

We've had several rules come out, ones that have been finalized now that has made some significant improvements beginning—it will go into effect, I think, next year in Medicare Advantage prior authorization requirements. Another rule is about to come out that will have broader application to make sure that, for example once you get prior authorization that it sticks, that they don't have retroactive denials, or—I mean, there's a lot of very good improvements coming through.

And policymakers have really started to pay attention in the last year, I would say. The media has really started to pay much more attention, as some of these horror stories go out and get a lot of attention. So all that is coming together, and really, I think, we're on the precipice of really improving the environment for prior authorization.

We're not going to get rid of prior authorization. Nobody is saying we should get rid of it entirely, but it needs to be right sized, it needs to be simplified, it needs to be less friction between the patient and accessing their benefits. And I think we're on really good track to make some significant improvements in government programs, as well as in the private sector.

**Unger:** Now, Todd, another key element of the Recovery Plan is about scope of practice expansion. We've got a lot of efforts across many states right now on that topic. Of course, it was complicated by the pandemic. Now, we're out of that emergency part of the phase here. What's happening now on that front and what is the AMA doing?

**Askew:** So you're right. During the pandemic, a lot of the scope laws were set aside a little bit to expand the access, apparently, to non-physician providers. It's not clear, really, how much impact or how much independent practice non-physician providers did during that period. But of course, now that these laws are coming back into effect, there's been some increased, and there's always a lot of tension, but some increased pressure to expand scope and lessen some of the collaboration or supervision requirements that are in most State laws.

We know from research and from asking patients, patients want physicians involved in their care, which is why we talk about team-based care. It's about everybody on the team practicing within their scope and participating in care for patients, with a physician at the head of that team because of their training and experience. That's absolutely a critical part of it.
We know from research that been done in the VA and in Hattiesburg, that the care provided by physicians frequently is higher quality and also, results in less cost, because they're doing the right care at the right time. That is in no way to say or to denigrate the role of every health care professional in the care of patients, but we believe for quality sake, for safety's sake that it's absolutely critical that physicians be involved in the care of patients.

And so what we do is we try and protect and preserve that role for physicians in the health care system for patients. And that happens mostly in the State legislatures. It's where a lot of these bills come up, but also, we are increasingly seeing efforts in the federal sphere to expand the scope of practice of non-physician providers when it comes to Medicare or other federal programs.

So it's an ongoing issue, but it's a very important one. It's one that physicians and patients tell us is important.

**Unger:** Todd, one thing I really love about the House of Delegates is seeing so many physicians—our residents, our students, we all come together from so many different states and specialties, in what acts like a democracy here in the House. How is this unique as a body and able to push past a lot of the gridlock that maybe we see at different federal and state levels?

**Askew:** I think, first of all, it's a bit inspiring. Not to sound too cheesy, but these folks have come away from their practices, have come away from their families, volunteering their time to discuss all these really important issues to the profession that they've chosen. And to see that commitment, not only that they show to their patients in their day-to-day practice, but to their profession right here in the House of Delegates is really inspiring.

One of the great benefits of this is, once the House debates and comes to consensus on an issue, we can go to policy makers on Capitol Hill and we can say it's not AMA's opinion, it is the profession's opinion, it is the profession's policy. And you're not going to just have one organization pushing it, but you have dozens. You have well over 100 organizations that are in support of what we are doing.

We come together with a specialists in Washington, with the states in Washington, and in the state capitals as well to talk about these issues. And there's something really unique about having this body here to build consensus and to identify consensus on some of these really difficult issues.

And so I think it's unique in that when we speak, we're speaking, literally, for the entire profession, not just for the few hundred people that gather here in this room. So it's a great asset for medicine, I think.

**Unger:** It is truly the House of Medicine. Todd, thank you for all the work you did this year. Huge thanks to the entire advocacy team for helping turn that policy into action.


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That's it for today's episode. You can always find the latest news about the AMA's Recovery Plan for America's Physicians at ama-assn.org/recovery. We'll be back soon with another AMA Update. In the meantime, find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

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