Medical profession speaks with one voice: Fix Medicare—now

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Because they come from every state medical association and more than 100 other national specialty organizations, the policies developed by nearly 700 physicians and medical students in the AMA House of Delegates influence more than just the operations of the AMA, according to Todd Askew, the AMA’s senior vice president of advocacy.

“Once the House debates and comes to consensus on an issue, we can go to policymakers 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,’” Askew said during a recent episode of “AMA Update” recorded at the 2023 AMA Annual Meeting in Chicago.

“When we speak, we’re speaking, literally, for the entire profession—not just the few hundred who are gathered in this room,” Askew said.

Learn about how you can take part in the fight to fix Medicare on behalf of your patients and practices at the AMA’s Fix Medicare Now website.

Delegates’ action and AMA advocacy

After consensus is reached and policy developed, it then serves to “inform our advocacy efforts with the experience of every medical specialty and state medical association,” Askew explained.

New policies and directives are analyzed to alert members of the AMA state and federal advocacy teams to action that needs to be taken immediately—such as voicing support for pending legislation—or what measures will fold into long-term strategies that set the future direction for the nation’s health care system.

After conducting this analysis, “we get to work,” Askew said.
He noted that, from the feedback he’s received during the 2023 AMA Annual Meeting, the top priorities of physicians reflect the concerns being addressed in the AMA Recovery Plan for America’s Physicians that is rebuilding critical components of the medical profession by:

- Leading the charge to reform Medicare pay.
- Fixing prior authorization.
- Fighting scope creep.
- Reducing physician burnout.
- Supporting telehealth.

**Medicare message to be amplified**

Delegates directed the AMA to amplify their concerns and declare Medicare physician payment reform an urgent advocacy and legislative priority.

“Our patients are counting on us to deliver the message that access to health care is jeopardized by Medicare’s payment system,” said AMA Immediate Past President Jack Resneck Jr., MD. “Being mad isn’t enough. We will develop a campaign—targeted and grassroots—that will drive home our message.”

The AMA strategy to fix Medicare physician payment includes:

- Linking automatic inflation-based annual updates to the Medicare Economic Index.
- Updating budget-neutrality requirements
- Reforming the Medicare Quality Payment Program by making the Merit-based Incentive Payment System (MIPS) (PDF) more clinically relevant and less burdensome.
- Making more alternative payment models (PDF) available for practices to participate in.

“Things are really coming together,” Askew said.

“The foundational part of it is inflation-based updates,” he added. “Most other Medicare providers have inflation built into their annual payment updates. Physicians do not.”

Payment cuts, freezes and redistributions have further exacerbated challenges to physician practices. When adjusted for inflation, Medicare physician payment has effectively declined (PDF) 26% from 2001 to 2023.

“So we’re really excited that we do have legislation introduced now to input the Medicare Economic Index—the inflation measure for health care—into the physician payment formula,” Askew said. “And we are building a bipartisan group of co-sponsors to put this bill out there.”
Other key pieces to reform

“We need to reform the way budget neutrality is applied,” Askew said.

If the Centers for Medicare & Medicaid Services projects increases of $20 million or more to the Medicare physician payment schedule—created by upward payment adjustments or the addition of new procedures or services—the new spending must be offset by cuts elsewhere.

“Right now, if you increase part of Medicare spending for physicians in one area, you have to cut everything else in order to pay for it,” Askew said. “There have been some miscalculations in the past by the government to make those adjustments and it negatively impacted physician payments.”

Askew described MIPS as “terribly burdensome and complex,” and said the AMA’s goal for MIPS is to “make it simpler, more streamlined, more relevant for physicians in practice so that it’s not so much a burden on them to participate.”

Advocacy’s unifying theme

Askew noted that AMA advocacy efforts are geared toward removing physician burdens and obstacles to patient care.

“Importantly, something that ties it all together and is really the No. 1 thing people want us to be working on is physician wellness,” he said.

“It’s not just resilience, it’s about addressing these things that make practice harder, that make it more difficult for physicians to meet the needs of their patients,” Askew added, noting that it is “a unifying theme.”

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