

## May 3, 2018: National Advocacy Update

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### **CMS proposes overhaul of the Meaningful Use program**

In the recently released 2019 Medicare Hospital Inpatient Prospective Payment System proposed rule, the Centers for Medicare & Medicaid Services (CMS) is advancing an overhaul of the Meaningful Use (MU) program to improve flexibility, reduce physician burdens and advance health-information exchange and patient access measures.

To better reflect this new focus, CMS is renaming the MU program the Promoting Interoperability Program. The AMA has advocated many of the proposed changes and supports CMS' general direction of narrowing the MU program requirements and focusing on interoperability. Proposed changes include:

- Continuous 90-day electronic health record (EHR) reporting periods in 2019 and 2020.
- A new scoring methodology focused on performance rather than thresholds.
- New bonus measures for 2019, including "Query of a prescription drug-monitoring program (PDMP)" and "Verify Opioid Treatment Agreement."
- Removal of a number of the most challenging MU measures, including required collection of patient-generated health data (PGHD) and the view, download and transmit (V/D/T) measure.

Allowing hospitals to send physicians more relevant information such as "referral notes" instead of large, bulky data dumps as a way to meet health-information exchange requirements.

CMS has also stated that it will be changing name of the Advancing Care Information component of the Quality Payment Program (QPP) to Promoting Interoperability. Further rulemaking will be required to make changes to measures under that program.

### **Medicine concerned about Medicaid cuts to in-office clinical testing services**

On April 27, the AMA along with a number of physician specialty and state medical societies sent a letter (PDF) to CMS Administrator Seema Verma raising concerns about the impacts of cuts to payment for clinical laboratory testing services on Medicaid beneficiaries.

Specifically, the letter raised concerns about the potential impacts for patient access to testing services provided at the point of care by physician office-based labs. 2018 marks the first year of a new Medicare payment system for clinical testing services paid on the Clinical Laboratory Fee Schedule (CLFS). This new payment system relies on laboratory-reported private payer pricing data to calculate new "market-based" rates for tests paid on the CLFS, including many point of care tests provided in physician offices.

As expected, physician office-based laboratories are seeing cuts to payment for these services, which the AMA expects will continue to get steeper over the next several years. This is particularly problematic for Medicaid programs, as it has been reported that in many states, Medicaid programs will implement additional cuts to already-reduced Medicare payment rates for these critical testing services. Learn more from the AMA about the new CLFS payment system.

## **AMA supports the FDA's ability to regulate all tobacco products**

The AMA along with more than a dozen other physician groups sent a letter (PDF) to ranking members of the Senate and House appropriations committees urging them to oppose any provisions that weaken or delay the Food and Drug Administration's (FDA) ability to regulate any and all tobacco products. Responding to provisions passed by the House in recent years that exempt thousands of tobacco products—including many candy- and fruit-flavored products now favored by teens—from the scientific review process mandated by the Family Smoking and Prevention Tobacco Control Act is cause for concern as 11.3 percent of high school students in 2016 reported using e-cigarettes during the last 30 days.

Under these House provisions, many tobacco products that the FDA had only just begun to regulate, such as e-cigarettes and cigars, would be exempted from a product review if they were on the market prior to Aug. 8, 2016. The oft-cited reason for these provisions is the ability of e-cigarettes to help smokers quit traditional cigarettes; however, the efficacy of this is not yet proven by the research.

The National Academies of Sciences, Engineering and Medicine concluded that there was only limited evidence from randomized controlled trials to assess the effectiveness of e-cigarettes as a smoking cessation aid compared with FDA-approved medications or quitting without medical treatment. Thusly, the AMA along with several other physician organizations, believe it is necessary to reassert the FDA's pre-market review of all tobacco products in order to protect public health.

## House and Senate committees advance legislation to address opioid-use disorder

The Senate Health Education Labor and Pensions (HELP) Committee and the House Energy and Commerce Health Subcommittees marked up legislation on April 25 and 26, respectively, on addressing the opioid crisis.

The HELP Committee passed S. 2680, the "Opioid Crisis Response Act of 2018," by a vote of 23-0. The AMA offered its support for the measure (PDF), which includes:

- Improvements to state grant programs for prevention, response and treatment of opioids.
- A study to examine and report on the impact of federal and state laws regulating the length, quantity, or dosage of opioid prescriptions
- Support for states to improve their PDMPs and implement other evidence-based prevention strategies, including the reauthorization of the National All Schedules Prescription Electronic Reporting Reauthorization Act.

HELP Committee Chairman Lamar Alexander, R, Tenn., indicated that he would like to see the full Senate consider S. 2680 this summer.

The Energy and Commerce Health Subcommittee approved 57 bills—35 passed by voice vote, 13 passed en bloc and nine passed by individual roll call votes. These bills addressed a wide range of issues, including Medicare and Medicaid policies and programs regulated by the Drug Enforcement Administration.

Subcommittee Chairman Michael Burgess, MD, R, Texas, noted that the committee will continue to work with members, stakeholders and the administration to improve those bills that will be considered by the full committee later this month.

The AMA will continue to work with the HELP and the Energy and Commerce committees, as well as other committees, to ensure sound policies to address the opioid epidemic are included in the final package.

## AMA participates in drug pricing briefing

On April 25, Jack Resneck, MD, chair-elect of the AMA Board of Trustees, participated in a briefing for members of the House Democratic Steering and Policy Committee entitled "Prescription Medication

Pricing and Access Challenges and Solutions."

Dr. Resneck presented the AMA's recommendations that policymakers prioritize legislation and regulatory action to:

- Require manufacturer and pharmaceutical supply chain transparency.
- Ensure prescribers have accurate point-of-care coverage and patient cost-sharing information as part of their workflow, including in the EHR
- Streamline and modernize the utilization control methods used by health insurers in response to higher prescription drug costs.

## **New AMA report details how physicians are compensated**

Based on nationally representative data from the AMA's Physician Practice Benchmark Surveys, this Policy Research Perspective (PDF) describes how physicians are compensated by their practice. Salary continues to be the dominant method for physician compensation, although productivity is also a large and important factor, especially for owners.

In 2016, the average share of compensation from salary was 52.5 percent with 55.5 percent of physicians reporting that the majority of their compensation came from salary. In contrast, the average share of compensation from productivity was 31.8 percent with only 28.6 percent of physicians reporting that the majority of their compensation came from that method.

Further, the use of multiple methods to determine physicians' overall compensation has been on the upswing. In 2012, 48.2 percent of physicians indicated that their compensation was dependent on more than one method compared to 51.0 percent in 2014 and 54.4 percent in 2016.

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