AMA

AMA asks CDC to consider new testing prioritization guidance

Watch the AMA's daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

AMA Chief Experience Officer Todd Unger talks with AMA Senior Vice President of Advocacy Todd Askew about advocacy efforts to support physicians during COVID-19, including asking the CDC to prioritize and set new guidelines for testing, which is expected to become more critical as demand increases for people being tested to go back to work or school.

Learn more at the AMA COVID-19 resource center.

Speakers

- Todd Askew, senior vice president, Advocacy, AMA

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 update. Today, we're talking to Todd Askew, AMA senior vice president of Advocacy in Washington, DC.

It will give us an update on the AMA's advocacy efforts on COVID-19. I'm Todd Unger, AMA's, chief experience officer in Chicago.

Mr. Askew, we've been hearing a lot about testing shortages in the news. Can you start by telling us about AMA's recent advocacy efforts in this area and why it's so important?

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Askew: Sure. Thanks Todd. Testing shortages have been a fact of life since the beginning of the current crisis, both in terms of supplies and in terms of our capacity to process the number of teststhat are needed and that's becoming even more critical now that we are seeing a greater increase in demand for testing.

You have people being tested to go back to work, to go back to school, to travel, in addition to the other testing that needs to be done for surveillance and testing people that are symptomatic. So it's a critical issue that can hamper the ability of the country to respond to the pandemic in a way that needs to be responded to.

The AMA has worked closely with the laboratory community to call on the federal government, to take steps necessary to mitigate it and recently we have urged CDC to prioritize and to set out new guidelines, to prioritize who should be tested. Those that should be at the top of the list, in addition to health care workers or those who are symptomatic. Those who have a known exposure to positive cases. Those who need testing prior to medical procedures.

So, that's where the priority should be given the limited capacity that we have and we hope that the country as a whole and people will realize that beyond outside of public health surveillance and necessary testing, that given the limited capacity, priorities should be given to those groups, at least first until some of these new tests come on line and they're getting better, more approvals every day. More rapid testing will be coming on line at some point, but until we get there, we need to do what we can to focus testing on where the need is greatest.

Unger: Well, the AMA has been busy on a variety of fronts and response to the COVID pandemic. I'd like you to talk a little bit about the latest proposed updates to the fee schedule rule.

What are the highlights in this and what does it mean for physicians?

Askew: Sure, Todd. So this is an annual exercise. We go through Medicare updates the fee schedule for the coming year and it's the vehicle for dozens of dozens of significant policy changes that the government will make to the Medicare program each year.

The most significant one this year that has really captured everybody's attention as the product of a lot of really good work by medicine, are new coding guidelines for evaluation and management services and along with those new guidelines to simplify and make coding more efficient. Also a significant increase in value for those services and we're excited that those services and that those guidelines are going forward and encourage CMS to continue implementing those for the 2021 fee schedule.

However, it comes with a downside. Medicare's a zero sum game. When you increase funding for one set of services, every other service's offset by something we call a budget neutrality adjustment,

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which is a downward adjustment on every other code. And the E&M increases, in addition to other policy changes that CMS has chosen to make, are going to result in some significant decreases in other services in the Medicare fee schedule in order to offset increases in E&M and in other areas.

Unfortunately, as we know, this is not a great time to be implementing significant cuts to Medicare services, giving the great financial strain that physician practices have been under over this past year. So what we're doing in conjunction with pretty much all of organized medicine, is encouraging Congress, encouraging the Centers for Medicare Services, to put off the implementation of the budget neutrality adjustments, just to waive the implementation, so that we would still go forward with the increases to the E&M services but we would not impose the cuts on other services to pay for it given the financial situation that most practices find themselves in.

It really has only really become real, I think to a lot of members of Congress in recent weeks, the fee schedule rule just came out. We'd been warning of this for months and months and telling folks this was coming but until you actually see it on paper and an official proposed rule, it's difficult for a lot of folks to wrap their head around it. And now they have the numbers, they see the impact, I think all of medicine is pretty united in the desire to see these cuts mitigated and so we hope to make some progress and we just need to continue.

The AMA and other physician organizations will be doing grassroots and efforts to contact folks' legislators in the coming weeks and months, in order to encourage them to put this off. It's just not the time to be implementing significant cuts to a lot of Medicare services given what we've all been through.

Unger: Yeah, that's very serious. The administration has also issued an executive order on improving rural and telehealth access.

Can you tell us what that means and give us an update on other advocacy related to telehealth and expanding its use during the pandemic?

Askew: Sure, absolutely. Telehealth has, for better or worse, been one of the bright spots of this entire pandemic. We have learned so much about the ability to care for folks in their homes, to keep them safe when they don't need to be in the hospital or in a physician's office, and yet still provide for their health care needs.

Probably, it's been said that we've moved 10 years into the future on telehealth in just a handful of months and the centers for Medicare Medicaid Services has done a lot in government wide, a lot has been done to increase the flexibilities under Medicare rules for what services can be provided, where they can be provided, a payment parody for these services, has all been critical in order to enabling physicians to be able to care for their patients and still maintain a distance when it's appropriate.

Now that we are starting to kind of learn, we've learned a lot and now we have to start thinking about,

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okay, when we come out of this crisis, at some point we will and the public health emergency will end, what are we going to do with all this that we've learned and these new capabilities that we have?

First of all, physicians are going to need some certainty. They're going to need to know that these services are going to be paid for. They're going to need to know what kind of technology is going to be allowed. If they're going to make investments, to continue to provide these services and they're going to need to know what they're able to do.

So we have encouraged, the administration has issued an executive order. There have been proposals in the fee schedule rule to continue even past the portion in the immediate future, some of these flexibilities to provide new services that had never been covered by telehealth before.

One thing we are encouraging Congress to do is, and Congress will have to do this one, is to eliminate the restrictions on geographic and originating sites. Medicare currently, under the statute, only covers telehealth services in a very narrow set of circumstances other than the waivers that have been provided.

So it is an ongoing effort by the administration, by Congress and by organized medicine, to look at what we've learned and to see what can be maintained and to enable this new kind of application to telehealth that we haven't been able to do before to continue to care for our patients beyond the public health emergency. So it's exciting. It's exciting what we may be able to do in the near future but it's a complicated set of rules and regulations that have to be attended to in order to preserve these changes.

Unger: Well, we've heard a lot about additional relief legislation being stalled in Congress with both parties unable to come to an agreement. Can you tell us where we are with this and what legislation could mean to physicians?

Askew: Sure. So a couple of months ago, the House passed the legislation, The Heroes Act, which was a huge bill. I think over $3 trillion in fiscal stimulus, in relief for physicians and other providers, unemployment insurance, a whole host of policies were included to kind of be the next installment of COVID relief funding and policy. That has stalled out in the Senate. The Senate was not able to, prior to leaving for their August recess, come to an agreement. Of course, given the numbers in the Senate, it has to be a bipartisan agreement. Unlike the House, you're going to have to have both sides of the aisle agree on something. The three party talks between the administration, the democratic leadership in the Senate and their public leadership in the Senate, broke down with no agreement. And there are some real question on the part of some members of the Senate, whether or not additional legislation is needed.

Unfortunately, it has stalled out a number of important priorities. For physicians and for other health care providers, the opportunity for additional provider relief funding was part of that package. Even the skinnier package, the Senate was looking at included $25 billion for provider relief. The House, I

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believe had a hundred billion dollars. But it's other things beyond that. It's fiscal stimulus for the economy. It's continuation of the additional federal unemployment insurance payments that were so critical for so many people whose places of employment are still shut down or have ceased to exist. And support for local and state governments who with a greatly diminished tax space, are finding themselves very short on resources in order to be able to meet the needs of states and localities.

So Congress has gone home for their recess. There are still some talks, kind of going on quietly behind the scenes, to see if they can get to what they would term a skinny package, a much, much more focused piece of legislation that would meet some of the immediate needs and I believe support for physicians and other healthcare providers would probably still be a part of that but it's a long way to go. The Senate's not scheduled to come back until after Labor Day. They could come back, if they needed to, if it was urgent enough, but we continue to encourage Congress to move forward, to provide additional relief for physician practices. The needs don't go away just because Congress has gone away and so we are hopeful that they will reach some sort of agreement but it just seems that they are kind of in a stalemate right now with no clear path, no clear exit strategy.

Unger: The last question. Surprise billing is something that you and your team have been working on for some time, even before the pandemic. Can you talk about a recent advocacy efforts related to surprise billing and what our stance is there?

Askew: Sure and this is the issue that just will not go away. It's an important issue. It does need to be addressed. Unfortunately, I think the sides are still quite far apart. We fully believe, I think almost all physician organizations believe that we should take patients out of the middle of these disputes. When a patient expects that they would have an in-network provider available to them, in-network hospital and that's not the case. So we need to take the patient out of this. This is not a dispute between the patient and the physician. It's a dispute between the patient's insurance company and the physician.

So AMA fully supports legislation. Take the patient out of the middle and then the second critical part is, if the insurance company and the physician can not come to a mutually agreeable, equitable payment rate, then there needs to be a resolution process that, providing it's fair for both sides, is balanced and gives an independent third party the ability to step in and say what a fair payment rate should be.

We have seen numerous proposals. Some come pretty close but there's always one or two little details that kind of tip the balance away from the ability of the physician to be assured that they're going to be treated fairly.

So, we'll continue to fight for solution to the problem. It's not going to go away. As we see insurance companies continue to employ a whole bag of strategies to prevent, frankly to prevent from having to pay claims, narrow networks is one of them and fewer in-network physicians and so these disputes are going to occur and it's high time that we find a fair solution in order to protect patients and to

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ensure that medical services are appropriately compensated.

Unger: Well, taking the patient out of the middle sounds like a fantastic idea. Thank you for the work that your team is doing on that and all of these other advocacy issues during the pandemic.

That completes our COVID update for today. Thanks Todd, for being here with us and sharing the latest advocacy news. For updated resources on COVID-19 go to ama-assn.org/COVID-19. Thanks for joining us and please take care.

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