Fact check: The real truth about the RUC--and it's no secret

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The AMA/Specialty Society Relative Value Scale Update Committee (RUC) provides transparent recommendations to the government on the resources required to provide a medical service. Yet its role is often mischaracterized and deeply misunderstood.

The RUC consists of doctors who volunteer their highly technical expertise on complex medical procedures and make recommendations to the government based on their assessment of the time, supplies and equipment involved in patient care. The RUC's recommendations are thoroughly reviewed by government officials who have the final say.

The committee's work relies on more than 300 participants, including physician advisers from every medical specialty and a dozen other health care professionals, to review the wide array of contemporary clinical services offered across all medical specialties.

Too many times when reporters and policymakers bemoan the problems inherent in the Medicare payments system, it is fashionable to use the RUC as a universal kicking post.

Take for example Thursday's reporting by *Politico Magazine*. Normally a respected source of information, Politico's reporter and editors disregarded sound and factual information provided to them about the RUC and instead chose to write a sensationalized story that only skirts any semblance of accuracy.

The truth is that the RUC does not control the Medicare payment system, nor does it set rates for medical service. The regulatory process affords hospitals, home health agencies, nursing homes, private health insurers and others the same opportunity that the RUC has to provide input into the policies that determine Medicare payment rates. Yet only physicians are singled out for criticism when making recommendations in a manner so organized, thorough and accurate that those recommendations often are accepted.

When providing input to Medicare, the RUC and others must follow principles established decades ago by economists at Harvard University that are required by federal law and regulations. This is one

of many factors beyond the control of the RUC that are contributors to the current income differentials between primary care and specialty medicine. The real problem is that the Medicare payment system has become outdated, and the law must be redesigned to fit the new primary care delivery models that will improve value.

The RUC attempts to bring balance to the inherent flaws in the Medicare payment system, and primary care physicians play a crucial role in the RUC's highly technical work. The RUC values *all* physicians' cognitive work and role tackling the growing number of Americans with long-term health problems that need continuous care. The committee's work reflects the continued importance of services that all doctors—including primary care physicians—perform. The RUC's strong support for primary care has advanced innovative delivery models, including medical homes, and promoted recognition of services related to transitional care management, chronic care management and telephone consultations.

In fact, during the last three years, the RUC has worked jointly with the CPT® Editorial Panel, which oversees the maintenance of the CPT code set in an open and transparent process to review care management services, which ultimately led to the payment of transitional care management services.

This landmark change in Medicare payment policy underscores that the work of primary care physicians is the glue of the U.S. health care system and should be compensated as such. These services include assessment and support for treatment regimen adherence and medication management, support of patient self-management, and communication with other professionals regarding aspects of patients' care.

The RUC process allows doctors and medical health professionals to provide direct consultation to the government, which helps meet the changing needs of medicine and speeds the inclusion of updated medical techniques. It also allows the committee's valuable expertise to be balanced with the oversight of government officials, who bear sole responsibility for Medicare's payment policies. However, the future success of Medicare depends in part on accurately assessing the constant evolution of science and technology and its impact on patient care. The explosion in health care advances continuously changes the work of physicians over time, and Medicare payments should mirror these changes.

There is no substitute for relying on input from experienced physicians when gauging how much time and resources go into one medical service compared to another. No one knows more about what is involved in providing services to Medicare patients than the physicians who care for them. This unique insight makes the RUC the best option to review medical services to see whether they are appropriate, undervalued or overvalued.

In recent years, the committee has evaluated more than 1,700 medical services accounting for $38 billion in Medicare spending. The committee has sent recommendations to the Centers for Medicare &

Medicaid Services for reductions or deletions of 935 services, resulting in a redistribution of more than $3 billion in the Medicare program.

In fact, the committee's complicated work has long garnered the praise of government officials. After all, by tapping into the front-line knowledge of these physicians, Medicare gains the most credible insights into the complexities of patient care, which ultimately leads to better quality care, better health outcomes and a more sustainable Medicare system.