AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 3
(A-18)

Introduced by: International Medical Graduates Section

Subject: Medicare Quality Incentives

Referred to: Reference Committee _____
(_____, Chair)

Whereas, There are significant numbers of physicians over the age of 55, and physicians in small group practices; and

Whereas, Small group practice physicians and more senior physicians are inherently encouraged to leave practice sooner given penalties imposed due to Medicare quality initiatives and;

Whereas, Participation in Medicare quality initiatives represent significant costs small group practices and to senior physicians particularly, and at a time when a physician shortage is increasingly evident; and

Whereas, The patient population has been expanded both by growth in the senior population, population growth in general, and greater accessibility, negative incentives will serve to drive physicians out of practice earlier at a time when they are most needed, and indeed represent a pool of experience and knowledge that is hard to duplicate; and

Whereas, Quality incentives in the payment system may, or may not be justifiable, in this instance they work against the system by narrowing the workforce both in terms of numbers and experience; and

Whereas, By eliminating penalties, by offering financial rewards for remaining in practice, some of that narrowing of the workforce may be mitigated; therefore be it

RESOLVED, That the American Medical Association work with the Department of Health and Human Services in incentivizing small groups, and more senior physicians, regardless of their volume of patients total billing in dollars, with “small group”, and “senior” deferments against penalties and, bonuses for continued practice. (Directive to Take Action)

References:

Centers for Medicaid and Medicare Services, http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs.html

RELEVANT AMA POLICY

Measurement of Drug Costs to Assess Resource Use Under MACRA H-385.911

1. Our AMA will work with Congress and the Centers for Medicare and Medicaid Services to exempt all Medicare Part B and Part D drug costs from any current and future resource use measurement mechanisms, including those that are implemented as part of the Merit-Based Incentive Payment System (MIPS) or resource use measurement used by an Alternative Payment Model to assess payments or penalties based on the physician's performance and assumption of financial risk, unless a Physician Focused Alternative Payment Model (incorporating such costs) is proposed by a stakeholder organization and participation in the model is not mandatory.

2. Our AMA will continue work with impacted specialties to actively lobby the federal government to exclude Medicare Part B drug reimbursement from the MIPS payment adjustment as part of the Quality Payment Program (QPP).

MACRA and the Independent Practice of Medicine H-390.837

1. Our AMA, in the interest of patients and physicians, encourages the Centers for **Medicare** and Medicaid Services and Congress to revise the Merit-Based Incentive Payment System to a simplified **quality** and payment system with significant input from practicing physicians that focuses on easing regulatory burden on physicians, allowing physicians to focus on **quality** patient care.

2. Our AMA will advocate for appropriate scoring adjustments for physicians treating high-risk beneficiaries in the MACRA program.

3. Our AMA will urge CMS to continue studying whether MACRA creates a disincentive for physicians to provide care to sicker **Medicare** patients.

Protecting Patients Rights H-450.944

Our AMA opposes Medicare pay-for-performance initiatives (such as value-based purchasing programs) that do not meet our AMA's "Principles and Guidelines for Pay-for-Performance," which include the following five Principles: (1) ensure quality of care; (2) foster the patient/physician relationship; (3) offer voluntary physician participation; (4) use accurate data and fair reporting; and (5) provide fair and equitable program incentives.