American Medical Association

Advocacy in action

#TruthinRx

#FixPriorAuth

AMA
AMERICAN MEDICAL
ASSOCIATION

MEMBERSHIP
MOVES
MEDICINE™

Ending the opioid epidemic

Where the AMA stands: The opioid epidemic continues to have a devastating effect on our nation. Patients need increased access to multidisciplinary pain care, as well as treatment for substance use disorders.

Results

- Between 2013 and 2017, the number of opioid prescriptions decreased by more than 55 million, or 22.2 percent
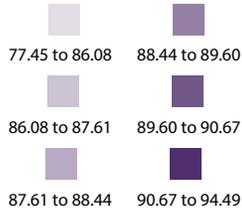
- Use of Prescription Drug Monitoring Programs (PDMPs) is growing— more than 337.1 million queries were made in 2017

- Naloxone prescriptions more than doubled in 2017, from approximately 3,500 to 8,000 per week
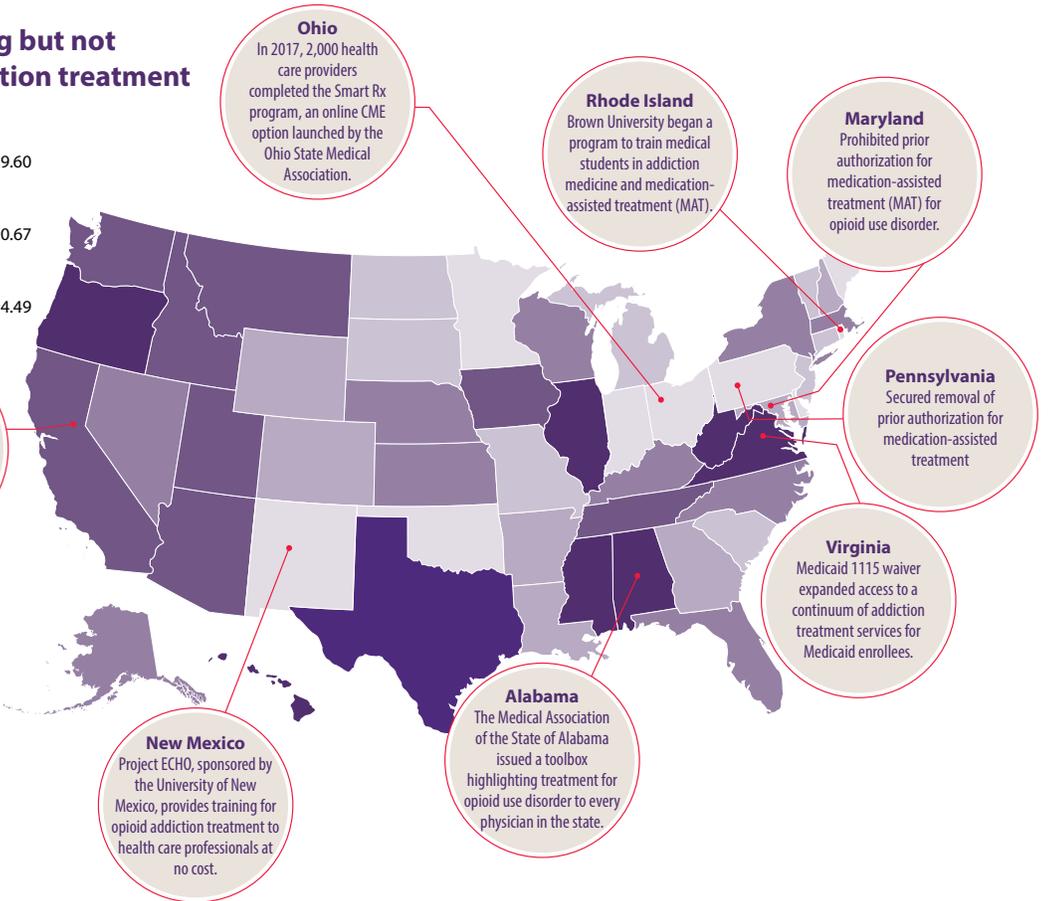
- More than 549,000 physicians and other health care professionals completed continuing medical education trainings and accessed other Federation education resources in 2017

- The number of physicians trained/certified to provide buprenorphine in-office continues to rise—more than 55,000 physicians are now certified—a 17,000+ increase since April 2017

- Congress provided nearly $4 billion for prevention, treatment and law enforcement efforts, and reached agreement on additional comprehensive legislation to address the opioid epidemic, including many provisions supported by the AMA that would:

  —Expand existing programs and create new programs to prevent substance use disorders (SUD) and overdoses, including medication-assisted treatment

  —Partially lift (for five years) a current restriction that blocks states from spending federal Medicaid dollars on residential addiction treatment centers with more than 16 beds

  —Increase funding for residential treatment programs for pregnant and postpartum women

  —Authorize an alternative payment model demonstration project developed by the American Society of Addiction Medicine, with support from the AMA, to increase access to comprehensive, evidence-based outpatient treatment for Medicare beneficiaries with opioid use disorders

  —Authorize CDC grants for improving PDMPs, implementing evidence-based prevention strategies and more

  —Expand the use of telehealth services for Medicaid and Medicare SUD treatment

  —Provide funding to encourage research and development of new non-addictive painkillers and non-opioid drugs and treatments

Percent needing but not receiving addiction treatment

- 77.45 to 86.08
- 86.08 to 87.61
- 87.61 to 88.44
- 88.44 to 89.60
- 89.60 to 90.67
- 90.67 to 94.49

Ohio
In 2017, 2,000 health care providers completed the Smart Rx program, an online CME option launched by the Ohio State Medical Association.

Rhode Island
Brown University began a program to train medical students in addiction medicine and medication-assisted treatment (MAT).

Maryland
Prohibited prior authorization for medication-assisted treatment (MAT) for opioid use disorder.

Pennsylvania
Secured removal of prior authorization for medication-assisted treatment

California
Showed two consecutive years of decrease in prescription-related opioid deaths and surpassed national average for prescription decreases between 2014–2017.

Virginia
Medicaid 1115 waiver expanded access to a continuum of addiction treatment services for Medicaid enrollees.

New Mexico
Project ECHO, sponsored by the University of New Mexico, provides training for opioid addiction treatment to health care professionals at no cost.

Alabama
The Medical Association of the State of Alabama issued a toolbox highlighting treatment for opioid use disorder to every physician in the state.

In progress

The AMA Opioid Task Force is:

- Advocating to policymakers and payers to end prior authorization for medication-assisted treatment

- Working with payers to remove barriers to multidisciplinary pain care

- Advocating for expanding access and coverage for treatment of substance use disorder

Learn more: end-opioid-epidemic.org

Fighting prior authorization and abusive insurer practices

Where the AMA stands: | Payers continue to implement harmful policies—like prior authorization—that delay patient care and interfere with physicians' ability to practice medicine.

Results

Prior authorization (PA):

- Created a consensus statement—adopted by industry stakeholders—to "right size" the prior authorization process

  —Supported by: AMA, American Hospital Association, America's Health Insurance Plans, American Pharmacists Association, Blue Cross Blue Shield Association and Medical Group Management Association

- Launched a grassroots website, FixPriorAuth.org, to educate the general public about the problems associated with prior authorization and to gather stories from physicians and patients about how they have been affected by it

  —FixPriorAuth.org results since July 2018 launch: +3.4 million impressions, +65,000 site visitors, +190,000 engagements, 200+ patient and physician stories captured

- Produced a three-part video series on how electronic prior authorization can improve the drug prior authorization process

- Reduced the impact of payers' utilization management programs through new legislation in Indiana, Missouri, New Mexico, West Virginia and others

Abusive insurer practices:

- Convinced Anthem to reverse course when Anthem announced a change in its modifier 25 policy that could have cost physician practices an estimated $100 million annually

- Combatted Anthem/BCBS policies that deny coverage for emergency care, including supporting enactment of state legislation in Missouri

## Impact of PA on clinical outcomes

Q: For those patients whose treatment requires PA, what is your perception of the overall impact of this process on patient clinical outcomes?

- ■ Significant NEGATIVE impact
- ■ Somewhat NEGATIVE impact
- ■ No impact
- ■ Somewhat or significant POSITIVE impact

2%
7%
31%
61%
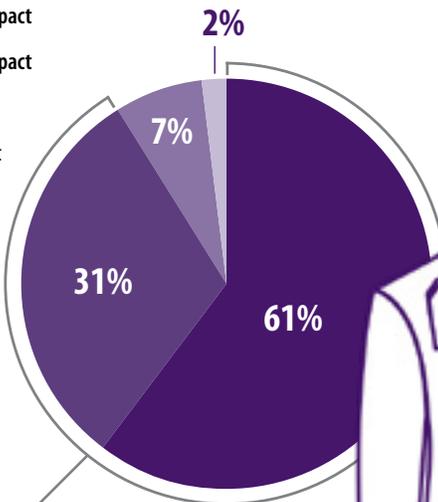
92% report that PA can have a negative impact on patient clinical outcomes

Total does not equal 100% due to rounding.
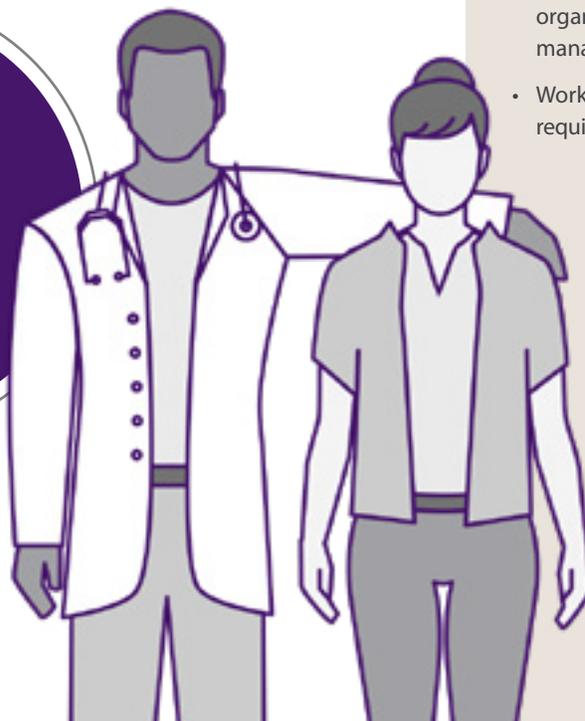
On average, practices complete

29

prior authorizations **per physician** per week.

Physicians and their staff spend an average of almost two business days

S M T **W** **T** F S

each week completing prior authorizations.

In progress

- Advocating directly with health insurers to change policies that adversely affect patients and physicians

- Working with regulators to enforce patient protections

- Advocating to national policymaking organizations for regulation of utilization management programs

- Working to eliminate prior authorization requirements in alternative payment models

#FixPriorAuth

Learn more: ama-assn.org/ prior-auth

Protecting physician payment

Where the AMA stands: | Physicians need support as they transition to the Medicare Quality Payment Program (QPP)—the AMA is working to improve the QPP at both the regulatory and legislative levels.

Results

- Averted E/M code collapse

- Secured significant improvements to the Promoting Interoperability component of the QPP

- CMS did not move forward on a proposal to reduce payment for office visits when performed on the same day as another service

- CMS expanded coverage for services using telecommunications technology

- Congress eliminated the Independent Payment Advisory Board

- Lawmakers blocked a detrimental misvalued code provision contained in a key spending bill

- Medicare Part B drug costs will be excluded from the Merit-based Incentive Payment System (MIPS) payment adjustments and from the low-volume threshold determination

- CMS has more flexibility in setting the MIPS performance threshold for years three through five to ensure a gradual and incremental transition

In progress ⬤

Formed a workgroup to develop an alternative to a Medicare evaluation and management payment collapse proposal with recommendations being considered by the CPT® Editorial Panel in February 2019

Learn more: ama-assn.org/ medicare-payment

Pushing for regulatory relief

Where the AMA stands: | Administrative burdens reduce patient access to care, cause physician burnout, decrease professional satisfaction and increase health care costs.

Results

- Congress eliminated the requirement that the federal electronic health record (EHR) program become more stringent over time

- CMS proposed to overhaul the Meaningful Use program (renamed Promoting Interoperability) by drastically reducing the number of measures (from 16 to six), moving away from a pass/fail scoring system, and focusing on patient access and interoperability

- Medicare administrative contractors now must use targeted modeling for audits that emphasizes education to prevent billing errors before they are referred to recovery audit contractors

- CMS auditors must use predictive analytics to focus audits on claims that are at high risk for improper payments

- Recovery audit contractors now must reimburse physicians for medical records as part of the audit process

In progress ⬤

Working to eliminate, streamline, align and simplify the many federal rules and regulations imposed on physicians

Improving access to care

Where the AMA stands: | The AMA has long advocated for health insurance coverage for all Americans, as well as pluralism, freedom of choice, freedom of practice and universal access for patients.

Results

- Secured funding for the Children's Health Insurance Plan for 10 years

- Defeated state bills that would undercut network adequacy and access to specialty care

- Helped establish state policies and programs to stabilize the individual health insurance markets (e.g., reinsurance programs and individual mandate penalties)

- Objected to the administration's plan to withhold Title X family planning funding

- Worked to preserve access to medically necessary care for transgender patients in military and VA health programs

- Obtained expansion of Medicare coverage of remote patient chronic care management

- Supported several state efforts to join the Interstate Medical Licensure Compact

In progress ⬤

- Promoting Medicaid expansion to cover the uninsured

- Opposing Medicaid work requirements

- Led other physician organizations in filing amici in support of patient protections and access to coverage under the Affordable Care Act, including the briefs filed in *Texas vs. the United States* and the *Association of Community Affiliated Plans vs. U.S. Department of Treasury, et al.*

Learn more: patientsbeforepolitics.org

Advocating for drug pricing transparency

Where the AMA stands: The cost of prescription medication increases year after year due to an opaque system that prioritizes company profits over patient health. This system creates unnecessary barriers, puts treatment out of reach and worsens public health.

Results

- Commented on the administration's "Blueprint to Lower Drug Prices"
- Supported federal legislation (signed into law) and numerous state bills that will prohibit gag clauses and allow pharmacists to share lower cost medication options with patients
- Developed model bills to better regulate pharmacy benefit manager practices

- Continued grassroots engagement through TruthinRx.org, including the addition of new content and a new interactive story gallery
  —TruthinRx.org update: 827,762 messages sent to Congress demanding drug price transparency; 716 AMA posts on Twitter and Facebook displayed
  —10,904,446 times (impressions) with 515,285 people interacting with the posts (engagements)
  —61 total stories collected

In progress

Urging state medical associations to advance AMA model legislation to increase transparency

#Truth in Rx

Learn more: truthinrx.org

Preventing gun violence

Where the AMA stands: Gun violence in America has reached epidemic proportions. The AMA advocates to find workable, comprehensive solutions to reduce gun violence and the culture of violence in America.

Results

- Partnered with the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM), a physician-led nonprofit organization that aims to counter the lack of federal funding for gun violence research by sponsoring gun violence research with privately raised funds

- Commented on proposed regulations issued by the U.S. Department of Justice to ban so-called "bump stocks"
- Pushed Congress to fund CDC gun violence research

In progress

- Urging the nation to strengthen its commitment and resources to improve comprehensive access to mental health services, including screening, prevention and treatment
- Calling for the assault weapons ban—including banning high-capacity magazines—to be renewed and strengthened
- Pushing for federal funding of research on gun violence
- Advocating for schools as gun-free zones
- Expanding domestic violence restraining orders to include dating partners

- Removing firearms from high-risk individuals
- Supporting an increase in legal age of purchasing ammunition and firearms from 18 to 21 years old
- Opposing federal legislation permitting "concealed carry reciprocity" across state lines
- Supporting gun buyback programs in order to reduce the number of circulating, unwanted firearms
- Collaborating with state and specialty medical societies and other like-minded organizations

A word from members moving medicine through advocacy

AMA member since 2017

"I am passionate about ensuring health care access so every patient receives the quality care they deserve, regardless of their background or ability to pay. On a local level, I participate in the free clinic program run by my school. And on a larger scale, I hope to help shape policy that ensures universal, affordable access to health care while protecting the rights of patients and physicians."

—Hussein A. Antar, student, University of Massachusetts Medical School

AMA member since 1979

"Being a physician intervener in a U.S. Supreme Court case on Medicaid and having a President Obama-signed copy of the Protecting Access to Medicare Act of 2014—which corrected severe geographic underpayments in California counties—hanging in my home study will forever remind me of the impact a single involved physician, teaming up with other physicians and staff, can have on the arena in which we live and practice."

—Theodore Mazer, MD, otolaryngologist, San Diego

AMA member since 1987

"Advocating for physicians and the patients they serve requires a strong voice among policymakers and our state and national legislators. As a physician who actively sees and treats patients on a daily basis, I have a deep understanding of the issues that affect health care, seeing the impact on an individual, family and the broader population."

—Ann R. Stroink, MD, neurosurgeon, Bloomington, Ill.

AMA member since 2014

"I am an advocate for my patients and fellow medical students. The AMA has been a vessel that allows future medical professionals to use their voice, share their experiences and make an impact. Through the AMA, I have had the opportunity to work with representatives on state and local levels. Advocacy is a great skill to start early, and the AMA Medical Student Section is a great platform."

—Nara Tashjian, medical student and MBA candidate, Omaha, Neb.

AMA member since 2013

"Joining organized medicine has connected me to a generation of inspirational leaders who will help guide the behemoth 'USS Medicine' that is our health care system. Whether it is advocating on behalf of our patients at the Commonwealth of Massachusetts Legislative meetings or on Capitol Hill in D.C., I am asking our legislators to consider how best to assist our patients."

—Steven Young, MD, resident, anesthesiology, Beth Israel Deaconess Medical Center

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