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 300 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.

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: +5.1 million impressions, +79,000 site visitors, +235,000 engagements, 500+ patient and physician stories captured

- Produced a three-part video series—with CME credit—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 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

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

- Prevented numerous state bills from being enacted that would have undercut physicians’ ability to obtain fair contracts

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

92% report that PA can have a negative impact on patient clinical outcomes

Physicians and their staff spend an average of almost two business days 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 reduce the overall volume of prior authorization requirements and the number of physicians subjected to such requirements

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

#FixPriorAuth
Improving 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
• Centers for Medicare & Medicaid Services (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

Enhancing 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 Program 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)
• Supported Medicaid expansion in four new states in 2018

• 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

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

• Formed a workgroup that developed a new E/M coding proposal that will be considered by the CPT® Editorial Panel in early 2019
• Created Federation workgroups to develop recommended improvements to MIPS and alternative payment models, and to develop strategies for legislative initiatives to improve the Medicare physician payment system

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

In progress

• Promoting Medicaid expansion to cover the uninsured in all 50 states
• Opposing Medicaid work requirements
• Continuing to fight in the courts to protect access to coverage, including addressing the unfortunate decision in the Texas v. the United States case
• Advocate for policies that stabilize the individual insurance market

Learn more: patientsbeforepolitics.org
Advocating for drug pricing transparency

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 (DOJ) to ban so-called “bump stocks”—the ban was announced by the DOJ on Dec. 18
- Pushed Congress to fund CDC gun violence research

In progress
- Urging state medical associations to advance AMA model legislation to increase transparency
- Continuing our TruthinRx.org campaign with heightened grassroots mobilization efforts

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 (DOJ) to ban so-called “bump stocks”—the ban was announced by the DOJ on Dec. 18
- Pushed Congress to fund CDC gun violence research

In progress
- Calling for the assault weapons ban—including banning high-capacity magazines—to be renewed and strengthened
- 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

“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

“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.

“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

“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.

“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.

“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.

“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

AMA member since 2017

AMA member since 1979

AMA member since 1987

AMA member since 2014

AMA member since 2013