

FROM THE PRESIDENT'S DESK



ACOFP is Impacting Family Medicine Legislation for the Positive

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2017 - 2018 ACOFP President

Being heard is important. It is important to our patients, it is important to ACOFP members, and to each of you personally. ACOFP made a bold move in July 2017 to establish its own legislative voice by hiring a Washington, DC - based medical lobbying firm - Alston & Bird. ACOFP is working with them daily to quickly establish our legislative agenda and use it to help shape government initiatives that directly affect Family Medicine and our patients.

ACOFP recently completed four Comment Letters delivered to Seema Verma, Administrator of the Centers for Medicare and Medicaid Services (CMS). Comment Letters are responses to public requests from CMS for comments on issues regarding existing or planned Medicare policies. These letters were written on the following topics: 2018 proposed guidelines for the Quality Payment Program (QPP), the Physician Fee Schedule (PFS), funding for Disproportionate Share Hospitals (DSH), and a proposed Diabetes Prevention Program. Letters to CMS will be posted on www.acofp.org.

Those involved in writing these letters from ACOFP include: the ACOFP Federal Legislation Committee, the ACOFP Advanced Alternative Payment Committee, members of the Board, and staff. Alston & Bird took our collective ideas and put it into the legislative format that CMS is accustomed to reading. ACOFP will continue to comment on significant policy issues from the Osteopathic Family Medicine perspective. ACOFP will keep members apprised of legislative actions via "The View From the Hill," which is sent out via e-mail to all members on Fridays. "The View," as it is called, is a snapshot of the most current and important legislative actions impacting Family Physicians.

CMS is starting to listen. In 2017, CMS lifted several of the Quality Payment Program requirements to lessen the burden on solo, small and rural practices - a large segment of ACOFP's membership.¹

Shortly, we will share ACOFP's top legislative priorities for 2017-2018. We are creating a working plan regarding how we will accomplish these goals. This plan includes interactions with Senators, Congressmen, and lobbying on Capitol Hill. ACOFP will look for ways to have select members represented on government committees, when these opportunities arise.

CHRONIC Care Act

It is a challenging time to practice medicine, but this is the time to step forward, not back. Government and medicine aligned in September 2017 when the CHRONIC Care Act was passed by the Senate and, in separate bills, by the House.²

This law will have a positive effect on Family Physicians and their patients as it broadens the scope of Medicare services and reimbursement for patients with chronic conditions. This is important because 86 percent of the \$2.7 trillion annual healthcare expenditures are for people with chronic diseases and mental health conditions. With the right programs in place, these costs can be reduced.³

Let's look at the cost to the U.S. healthcare system of some of the most prevalent chronic diseases. The total cost of diagnosed diabetes was \$245 billion in 2012. Medical costs linked to obesity were estimated to be \$147 billion in 2008. Annual medical costs for people who were obese were \$1,429 higher than those for people of normal weight. Total annual cardiovascular disease costs to the nation averaged \$316.1 billion in 2012-2013. Currently, two-thirds of Medicare patients have multiple chronic conditions.⁴

The CHRONIC Care Act improves what is already offered by Medicare through the following programs that impact Fee for Service, Medicare Advantage and Accountable Care Organizations (ACOs).

There are four main initiatives contained within the CHRONIC Care Act, they are:

- Independence at Home (IAH): Expands and extends the current program which allows seniors with multiple, complex, and expensive chronic conditions to receive care at home with a team of health care providers. This reduces costs to CMS associated with nursing home care.
- Medicare Advantage: Allows Medicare Advantage plans in every state to tailor benefits to specific patient groups, such as those with two or more chronic conditions, rather than previously mandating the same benefits for all beneficiaries.
- Special Needs Plans (SNPs): SNPs are a type of Medicare Advantage plan that are tailored to specific disabling chronic illnesses. The plan selects a group of physicians who are specially trained to care for these particular patients. There are also specific drugs that are approved by CMS for these patients. Through specifically providing these tailored plans, CMS and physicians hope to improve care and reduce healthcare costs. An application for starting an SNP is available on the Medicare website, or you can contact Debbie Sarason at debbies@acofp.org, or call 847-952-5523 for assistance.⁵

Telehealth

Lastly, the CHRONIC Care Act increases the number of situations where telehealth can be used and reimbursed.⁶ It allows both Medicare Advantage and ACOs greater flexibility in using this much-needed technology. Now patients who are in rural areas, or are critically ill, can check in with their physician without having to travel to their offices. This means increased touchpoints with patients who need it the most, additional reimbursement for physicians who incorporate this technology into practice, and anticipated improved outcomes and reduced costs.

While there are still challenges ahead for Family Physicians, there is also good news. ACOFP pledges to keep its members informed on relevant legislative policy and represent our collective voice to government to help shape these policies.

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