

Summary of ACP's Key Priorities on Workforce, Payment, and Delivery System Reform

May 21-22, 2013

Eliminate Medicare's Sustainable Growth Rate (SGR) and Transition to Better Payment Systems

Work in a bipartisan fashion to include the following elements in any Medicare physician payment reform proposal: (1) elimination of the SGR, (2) ensure stable and positive payments for all physicians for at least five years, with a higher baseline update for Evaluation and Management codes without regard to specialty and, (3) create multiple pathways and opportunities for physicians who participate in innovative value-based models, including Patient-Centered Medical Homes, to benefit from graduated incentive payments during the transition to a reformed payment system, starting as early as 2014. In the House, co-sponsor the *Medicare Physician Payment Innovation Act* (H.R. 574), as introduced on Feb. 6 by Representatives Allyson Schwartz (D-PA) and Joe Heck (R-NV) and in the Senate, introduce a companion bill.

Ensure Full Funding for Essential Health Programs

Congress should reverse the trillions in across-the-board sequestration cuts, which do not take into consideration the importance or effectiveness of any particular program or activity, with a fiscally-responsible alternative that addresses the real cost-drivers in health care, as proposed by ACP. Congress should fully fund the following essential federal health programs that support the workforce, health research, and the public health:

- ✓ The National Health Service Corps (NHSC), which has a proven track record of training and recruiting physicians in primary care and other specialties in shortage to serve in underserved areas.
- ✓ Section 747, Training in Primary Care Medicine, the only federal program dedicated to funding and improving training of primary care physicians.
- ✓ National Health Care Workforce Commission, which will make recommendations on how to ensure a sufficient physician workforce to meet the demand, including examination of barriers to primary care. This commission was authorized in 2010 but has yet to convene due to lack of funding from Congress.
- ✓ Agency for Healthcare Research and Quality (AHRQ), which leads the way in identifying new delivery system methodologies to help facilitate the provision of care that is both of the highest quality and delivered as efficiently as possible—consistent with a high value health care system.
- ✓ National Institutes of Health (NIH), which is critical in providing research to prevent and treat diseases and improve care for all Americans.
- ✓ Health Resources and Services Administration (HRSA), which funds programs to improve access to health care services for people who are uninsured, isolated or medically vulnerable. This includes the funding of community health centers that provide primary health care as a safety net for some 50 million of our fellow citizens who would not otherwise have access to these essential services.
- ✓ Centers for Disease Control (CDC), which is involved with a wide range of indispensable public health programs, including emergency preparedness and response, environmental health, workplace safety and health, infectious and chronic diseases and conditions, injury prevention and control, and healthy living.

Authorize and Fund a National Pilot of No-fault Health Courts

Congress should work together to enact innovative reforms that will reduce the costs of medical liability insurance and defensive medicine, including:

- ✓ Pilot on Health Courts: Based on a legislative framework developed by ACP, Congress should introduce and enact legislation to authorize and fund state pilots of health courts, a no-fault alternative that would have medical liability claims heard by expert judges instead of lay juries.

Reform and Sustain Graduate Medical Education Financing; Re-align the Program with the Nation's Workforce Needs

Congress should preserve funding for GME and align it with workforce policy goals to ensure that taxpayers are getting optimal value from their investment in GME.

- ✓ Preserve funding for Graduate Medical Education in FY2014 and halt cuts to GME under sequestration.
- ✓ Enact legislation that will increase the number of GME training positions, especially in primary care specialties. Specifically, co-sponsor the *Resident Physician Shortage Reduction Act* (S.577 and H.R. 1180); House members should co-sponsor the *Training Tomorrow's Doctors Today Act* (H.R. 1201) and Senate members should introduce and co-sponsor a companion bill.
- ✓ Introduce legislation to support GME financing reform by introducing more transparency and accountability and requiring that all payers contribute to GME funding.