

May 3-4, 2016

## Improving the Care of Patients with Chronic Disease

**Senators should include in legislation currently under development by the Senate Finance Committee policies to improve payment and reduce regulatory barriers to chronic care management, as described below in the “What’s ACP’s view” section. House members should develop comparable legislation and include these provisions.**

### What’s it all about?

The growing cost and difficulty of treating patients with chronic diseases remains one of the largest challenges within Medicare and the health care system. As seniors continue to live longer, the complexity of work performed by physicians who treat these patients has increased substantially and the costs associated with this type of care continues to rise. According to the Centers for Medicare and Medicaid Services, in 2010, more than two-thirds of Medicare beneficiaries had multiple chronic conditions, and treatment of these illnesses such as heart disease, diabetes, and cancer account for almost 93 percent of Medicare spending. Although a bipartisan consensus in Congress has emerged on the need to address this issue, significant challenges remain to developing and reforming care for patients with multiple chronic conditions.

The traditional Medicare fee for service system pays clinicians for each face-to-face visit or procedure billed, rather than the time spent by physicians and their staff (especially time spent *outside* the office visit) to help patients with chronic diseases manage their conditions. Recently, CMS has added new codes (Chronic Care Management and Transitional Care Management Codes) to Medicare that are designed to provide appropriate reimbursement to physicians for the non-face-to-face work involved in coordinating care for patients with chronic illnesses. Experience to date suggests that these codes, while a step forward, are not being billed to the degree expected and needed because of documentation and patient cost-sharing requirements that create practical barriers to their use. Additional legislative and regulatory steps are needed to improve payments and reduce barriers to chronic care management.

### What’s the current status?

The Chairman and the Ranking Member of the Senate Finance Committee have established a bipartisan Chronic Care Working Group of Senators, chaired by Senators Johnny Isakson (R-GA) and Mark Warner (D-VA), to craft bipartisan legislation that improves quality and lowers costs of care for patients with multiple chronic illnesses. Last year, in response to a request from the Working Group, ACP provided detailed proposals for legislation to reduce barriers to improving care of patients with chronic illnesses. In December 2016, and in response to the recommendations from ACP and other advocacy groups, the Working Group released a policy options document, noted below, that summarizes key ideas that the Committee is considering regarding this issue. In February of this year, ACP submitted detailed comments to the Working Group as noted below, on the policy options document, noting the many areas of agreement with ACP’s recommendations as well as additional legislative steps that should be considered.

ACP looks forward to working with Members of the Senate Finance Committee and the House Committees on Ways and Means and Energy and Commerce to develop bipartisan legislation that includes our recommendations for chronic care.

- [View](#) Finance Committee chronic care policy options document
- [View](#) ACP’s recommendations to the Finance Committee on its chronic care options

On April 11, CMS unveiled a new initiative called the *Comprehensive Primary Care Plus (CPC+) Program*. It is an advanced primary care medical home model that rewards value and quality by offering an innovative payment structure to support delivery of comprehensive primary care. The model will offer two tracks with different care delivery

requirements and payment methodologies to meet the diverse needs of primary care practices. The program requirements ensure that practices in each track will be able to build capabilities and care processes to deliver better care, which will result in a healthier patient population. Payment redesign will offer the ability for greater cash flow and flexibility for primary care practices to deliver high quality, whole-person, patient-centered care and lower the use of unnecessary services that drive total costs of care. CPC+ will provide practices with a robust learning system, as well as actionable patient-level cost and utilization data, to guide their decision making.

ACP supports the goals of the CPC+ program, as it builds on the successes and lessons learned from the current Comprehensive Primary Care Initiative (CPCi), which has been limited to approximately 500 practices in seven market areas. As many as 5,000 practices nationwide may now become eligible under this new CPC+ program. View ACP's statement [here](#).

### Why should the 114<sup>th</sup> Congress address it?

If Congress does not act to reduce barriers to better care of patients with multiple chronic diseases, and to spend Medicare dollars more wisely, the sustainability and accessibility of Medicare coverage for seniors remains at risk. As growing numbers of the baby boom generation access Medicare, there is an urgent need to develop policies to support improvements in the care of patients with chronic illnesses and to ensure the dollars needed to support their care are spent wisely and effectively.

### What's ACP's view

ACP urges the House and Senate to develop and introduce chronic care legislation, as is currently under development in the Senate Finance Committee, and include in it the following provisions:

**Eliminate Beneficiary Co-Pay for Chronic Care Management (CCM) Services:** CMS now pays for non-face-to-face chronic CCM services for Medicare beneficiaries who have multiple (two or more) chronic conditions, an effort championed by ACP. However, beneficiaries are responsible for copayments on these services, which can cause undue strain on a doctor-patient relationship because patients are not accustomed to paying for a service when they do not see the doctor face-to-face. It is often difficult to convince patients that their copayment is worth the service. This co-pay should be eliminated by treating CCM services under the preventive services category under Medicare Part B to eliminate any beneficiary cost-sharing associated with the services.

**Require reimbursement and coverage of additional codes for more complex CCM services.** The current CCM code time restriction of only 20 minutes hinders the physician caring for the patient and may not allow for sufficient time needed to treat patients with multiple chronic conditions and complex conditions such as dementia. ACP urges Congress to direct HHS to authorize payment for CCM codes to allow physicians to spend up to 40 minutes with a patient and an additional code that would allow for 60 minutes of treatment for a patient with multiple chronic illnesses.

### Who can I contact to learn more?

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Digital version of this issue brief can be found at: <https://www.acpservices.org/leadership-day/policy-priority-issues>