

Summary of ACP's Leadership Day Key Priorities

May 3-4, 2016

Improving the Care of Patients with Chronic Disease

Members of Congress should advocate for introduction and enactment of chronic care legislation, as is currently under development in the Senate Finance Committee, and include in it the following provisions:

- Eliminate the beneficiary co-pay for chronic care management (CCM) services
- Require reimbursement and coverage of additional codes for more complex CCM services. 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

Improving Health Information Technology

ACP supports the HELP committee's ongoing efforts to develop and advance comprehensive health IT reforms. As the full Senate prepares to consider the Improving Health Information Technology Act (S.2511), ACP recommends that (at a minimum) the following improvements be added and that the House develop similar companion legislation:

- Redesign the EHR Meaningful Use (MU) program so as to integrate it into MACRA's new Merit-Based Incentive Payment System (MIPs). Urge Representatives to co-sponsor the Further Flexibility in HIT Reporting and Advancing Interoperability Act (FLEX-IT 2 Act, HR 3309), which was introduced by Rep. Renee Ellmers (R-NC) on July 29, 2015, and urge the Leadership to move it to a vote. While we support the goals of S. 2511, it only requires HHS to work with stakeholders to develop a *strategy* to address MU burdens. We encourage the Senate and its HELP committee to incorporate the reforms in HR 3309 into S. 2511.
- Require the Office of the National Coordinator (ONC) to develop and implement national EHR interoperability standards *with direct input from practicing clinicians* on the necessary data elements for care delivery, quality improvement and reporting, including the need for a narrative that provides the context of the care needed; Require EHR vendors to adopt said standards.
- While ACP supports the intent of efforts to prohibit "information blocking," defined as interfering with the ability to share patient data whenever permitted by law, we believe that clinicians in small/medium-sized practices should be exempted from "unfunded mandates" that require them to purchase health IT software, services or infrastructure to support data exchanges with little or no clinical value, as determined by the Secretary with input from practicing physicians.
- Require that CMS and other relevant federal agencies reform or replace the existing burdensome documentation guidelines for payment of Evaluation and Management Services, with input from practicing clinicians and in collaboration with their professional organizations. The current documentation requirements, which have to be captured in the EHR, are a major reason why EHRs are not meeting physicians' and patients' needs.

Improving Telemedicine

Senators should urge inclusion in legislation being developed by the Senate Finance Committee elements to eliminate payment and regulatory barriers to telemedicine in ways that support the patient-physician relationship. House members should urge inclusion of these elements in comparable legislation being development by the Energy & Commerce Committee.

- Broadly lift geographic restrictions on telemedicine, facilitate the use of such telehealth services in stroke treatment, and incorporate the use of these services into ACOs.
- Cosponsor bipartisan legislation, Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) For Health Act (the CONNECT For Health Act), H.R. 4442/S. 2484. This bill, introduced by Sen. Brian Schatz (D-HI) in the Senate and Rep. Diane Black in the House (R-TN-06), would expand the use of telemedicine and remote patient monitoring (RPM) services by physicians to improve care of patients enrolled in Medicare.

Integrating Behavioral Health into Primary Care

Members of Congress should include in legislation, as is currently being developed in the House and Senate, measures to strengthen insurance companies compliance with existing mental health parity laws as well as the following elements necessary to integrate behavioral and mental health into the primary care setting and reduce barriers associated with such disorders:

- Establish grants, including Innovation and Demonstration grants, to State and local governments, educational institutions, and nonprofit organizations for integrating or coordinating physical health, mental health and substance abuse services; expand the Minority Fellowship Program, the National Health Service Corps and other qualified entities to strengthen the behavioral health workforce.
- Provide a defined portion of grant funding to the effective integration of services to address mental illness and substance abuse within the primary care setting and to expand a workforce trained to integrate behavioral health within the primary care setting.
- Establish a grant program to fund fully integrated practices (i.e. primary care and behavioral health that is available in the same setting) and specifically state that the team would include a primary care physician and the population treated would include patients with mental illness and co-occurring primary care conditions with chronic diseases.

Stemming the Increase in Opioid Abuse

House members should advocate that the chamber move in a bicameral and bipartisan fashion with the Senate in passing the Comprehensive Addiction and Recovery Act (S. 524/H.R. 953), legislation that provides grant funding for efforts to mitigate and stem the growing problem of opioid and substance abuse disorders in this country. Provisions of CARA that ACP believes to be especially important include:

- Establish state grants to: expand educational efforts to prevent abuse of opioids, heroin, and other substances of abuse, understand addiction as a chronic disease, and promote treatment and recovery; creation of a Task Force to develop: (1) best practices for pain management and prescribing pain medication, and (2) a strategy for disseminating such best practices.
- In addition to urging the House to bring H.R. 953 to a vote, we urge that ACP-supported provisions in H.R. 2463, S. 2680, S. 480 and S. 2256 be passed by both the House and Senate and included in final legislation.

The Rise in Prescription Drug Costs

Members of Congress should introduce and seek enactment of legislation to address the rising cost of prescription drugs. We specifically encourage that the following policies be included in such legislation:

- Increase transparency in drug pricing by requiring pharmaceutical manufacturers to publically disclose production costs including research and development investments for specific high-cost drugs that the Secretary identifies through regulation.
- Authorize and appropriate \$2.74 billion in discretionary spending for the FDA to expedite, through fast-track approval, new drugs that address unmet medical need in the treatment of a serious or life threatening condition, as well as to address the back-log of pending generic drug applications.
- Grant authority to the Secretary of HHS to negotiate prescription drug prices with manufacturers for prescription drugs covered under Part D of the Medicare program.

Making Graduate Medical Education (GME) Funding More Effective

Members of Congress should develop and introduce legislation to reform Graduate Medical Education to prioritize funding toward physician specialties facing shortages including primary care internal medicine, to improve transparency, and to ensure sustainable and broadly supported funding by all payers going forward. Legislation should:

- Increase the number of GME slots by at least 3,000 per year over five years (approximately 15,000 slots) for specialties facing shortages, including internal medicine.
- Combine DGME and IME into a single, more functional payment program, and broaden the GME financing structure to include all payers.
- Allocate GME funds transparently and specifically to activities that further the educational mission of teaching and training residents and fellows with input from practicing clinicians and in collaboration with their professional organizations.