

American College of Physicians
A Prescription for a Forward-Looking Agenda for American Health Care
May 23, 2017

Executive Summary

The continued polarization and partisanship over the future of the Affordable Care Act (ACA) is standing in the way of making progress on a range of issues essential to improving our health care system. The American College of Physicians (ACP), the nation's largest specialty society and second-largest physician membership organization, believes that now is the time to move away from the stale, divisive and ultimately unfruitful debate over repealing and replacing the ACA. Instead, we believe that it is time for Congress and the administration to embrace true reforms that put patients first. An agenda for true reform should address the following seven elements of an effective health care system:

1. Expand Access and Coverage

- Sustain gains in coverage from the ACA and close coverage gaps by putting aside efforts to repeal the ACA and specifically, the policies in the American Health Care Act (AHCA); instead work to improve the ACA, and take immediate action to stabilize the market for insurance sold through the health exchanges.
- Consider additional policies to encourage state innovation and bring more choice and competition into insurance markets without rolling back current coverage, benefits and other consumer protections guaranteed by the ACA and other federal laws and regulations.
- Ensure continued access for women's health services.
- Reauthorize the Children's Health Insurance Program (CHIP) for the long term.

2. Bring Greater Value for the Dollars Spent

- Reduce the cost of prescription drugs by promoting competition, transparency, assessment of value, and price negotiation.
- Promote high value care assessments to guide clinical decision-making.
- Promote evidence-based benefit design by applying comparative effectiveness research to coverage decisions and cost-sharing.
- Continue to implement Medicare's new Quality Payment Program, with improvements to make it more meaningful for clinicians and patients, and create more opportunities for physician-led alternative payment models.
- Continue to support the critical role played by the Center for Medicare and Medicaid Innovation in testing and funding value-based payment and delivery models.
- Continue to accelerate the transition from fee-for-service (FFS) payment systems to bundled and risk-adjusted capitation payments, hybrid FFS + bundled/capitated payments, and other payment systems that incentivize value rather than volume.
- Promote greater transparency in pricing and outcomes of care.
- Re-invent performance measurement to focus on measures that are clinically relevant, actionable, less burdensome and more meaningful for clinicians, patients, and purchasers.

- Implement medical liability reforms to reduce the costs of defensive medicine, increase fairness and predictability to those harmed by errors, and promote patient safety.

3. Reduce Administrative Burdens on Clinicians and Patients

- Implement a framework to formally assess the source, intent, and impact of existing and new administrative tasks imposed by government, private payers, and other external entities and provide recommendations to reduce, streamline, or eliminate excessive tasks.
- Re-examine and replace existing documentation requirements for evaluation and management services billed to Medicare and other payers.

4. Leverage Technology to Improve Patient Care

- Reduce barriers to the use of telemedicine.
- Improve the functionality and usability of electronic health records (EHRs).
- Improve the interoperability of EHRs.
- Reduce the burden of health IT-related regulations to better deliver on the promise of EHRs.

5. Support a Well-Trained Physician Workforce with an Emphasis on High Value Primary Care

- Develop a national healthcare workforce policy.
- Sustain and prioritize graduate medical education (GME) funding.
- Sufficiently fund Title VII Health Professions, the National Health Service Corp (NHSC) and other programs to support the training of primary care physicians.

6. Reduce Barriers to Care for an Aging Population with Multiple Chronic Diseases

- Enact bipartisan legislation to implement recommendations from the Senate Finance Committee.
- Adopt and implement additional ACP recommendations relating to Chronic Care Management (CCM), and other barriers to care of patients with chronic illnesses.
- Continue to promote widespread adoption of the Patient-Centered Medical Home Model, which incorporates the Chronic Care Model of empowered patients and clinical care teams.

7. Support Medical and Health Services Research and Public Health

- Ensure necessary and sufficient funding for the National Institutes of Health (NIH); programs authorized by the 21st Century Cures Act and the Comprehensive Addiction and Recovery Act (CARA); the Agency for Healthcare Research and Quality (AHRQ); the Centers for Disease Control and Prevention (CDC); and the Prevention and Public Health Fund created by the ACA.
- Continue to support the Patient Centered Outcomes Research Institute.
- Take action and support research on the causes and prevention of firearms-related injuries and deaths and effective policies to reduce such impacts; on climate change and its adverse consequences for human health; and on social determinants of health.

The full text of this policy paper, including detailed recommendations for implementing the above policies, can be found at: acponline.org/2017