



American Medical Association
515 N. State Street
Chicago, Illinois 60654

ama-assn.org
312.464.5000

February 1, 2012

Roland A. Goertz, MD, MBA, FAAFP
Chairman, Board of Directors
American Academy of Family Physicians
2021 Massachusetts Avenue, NW
Washington, DC 20036

Dear Dr. Goertz:

I am writing to inform you that the American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) has responded favorably to the American Academy of Family Physicians' (AAFP) June 2011 request to add additional primary care expertise and transparency measures to our structure and processes.

The RUC and the CPT Editorial Panel are actively engaged to deliver coding and valuation improvements to better describe and recognize care coordination services. The Chronic Care Coordination Workgroup (C3W) was created by these organizations to address this issue. In October 2011, the C3W recommended that Medicare pay for non face-to-face services, such as telephone calls and team conferences. I understand that the AAFP Task Force on Primary Care Valuation has considered similar recommendations. The CPT Editorial Panel has convened workgroups to discuss specific coding needs and we understand that the AAFP will be an active participant in this work. I believe that we can work together to find solutions to reward primary care for this critical activity.

The RUC, recognizing the changing health care delivery system and care coordination needs, has created a new Primary Care Rotating Seat. The AMA will soon call for nominations for this seat and an election will be held by the RUC on Saturday, April 28, 2012. The individual nominees will be practicing physicians who meet the AMA and Medicare definition of primary care. The term for this new seat will begin on June 1, 2012.

The RUC will maintain its current rotating seats. A total of four rotating seats will be included in the Committee composition (Primary Care, Internal Medicine (2), and an "Any Other" seat). The rotating seats are critical to ensure the input and expertise from physicians with various perspectives and experience.

The Committee agreed with the request of the American Geriatrics Society (AGS), American Academy of Pediatrics, American College of Physicians, American Osteopathic Association, and the AAFP to add a Geriatrics seat to provide expertise related to the care of the frail elderly. The AGS will appoint an individual member to this seat by April 2, 2012.

Roland A. Goertz, MD, MBA, FAAFP
February 1, 2012
Page Two

The RUC utilizes extant data throughout its processes, however, the Committee does require additional expertise to utilize this information. The Medical Group Management Association remains an invited participant in the RUC's Advisory Committee. Economists and other experts have been called on to analyze utilization data and provide input regarding the RUC methodology. The RUC will continue to reach out to external experts to improve our processes.

The RUC process is transparent. Nearly 300 individuals attend each meeting and observers from the government, researchers, and international medical associations are present at the meetings. The RUC rationale and data used in development of recommendations are made publicly available. Nevertheless, the RUC agreed to the AAFP request to publish additional information regarding the specific votes of each valuation recommendation. Beginning in September 2012, the RUC votes will be recorded. Following the publication of each Medicare Physician Payment Schedule Final Rule, the RUC will publish a total vote count for each work value recommendation on the AMA website.

For more than twenty years the RUC has provided voice to the physicians of the United States to articulate what resources are utilized in providing valuable services to our patients. Like all organizations, we have evolved to meet the demands of a changing payment system. We appreciate the recommendations of your organization as we continue this evolution and look forward to continuing to work together.

Sincerely,

A handwritten signature in black ink that reads "Barbara S. Levy, MD". The signature is written in a cursive, flowing style.

Barbara S. Levy, MD
Chair, AMA/Specialty Society RVS Update Committee

cc: Robert M. Wah, MD
James L. Madara, MD
Richard A. Deem
Douglas E. Henley, MD
Rosemarie Sweeney