AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

Statement

AAFP Public Relations

AAFP Statement: AAFP Board Votes to Remain in the RUC for the Time Being, But Continues to Advocate Strongly for Change

FOR IMMEDIATE RELEASE
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Statement attributable to:
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President

"We recently received a response from the AMA/Specialty Society Relative Value Scale Update Committee — commonly referred to as 'the RUC.' It responded to the letter we sent in June 2011. Based on their response, our Board of Directors has determined that the AAFP will remain a participant in the RUC at present, but we will continue to frequently re-assess our involvement. We believe, at this point, that this action will best serve our members and the millions of patients they serve.

"We will continue to call for greater transparency within and outside the RUC. We will also continue to push the RUC to expand to include representatives from external stakeholder groups, such as consumers, employers, health systems and health plans.

"During our March 2012 board meeting, we very carefully considered the response we received. We appreciate that the RUC accepted two of our requests:

- It will add one new primary care rotating seat.
- It will add a permanent seat for geriatrics.

"However, we are deeply disappointed that it did not accept the majority of our requests:

- Instead of adding four additional, true primary care seats, it added only one rotating seat.
- It did not eliminate the three current 'rotating subspecialty seats' as the current representatives 'term out.'
- It will not add three new seats for external representatives, such as consumers, employers, health systems, and health plans.
- It will implement only partial voting transparency, not full transparency as we requested.

"Our board has made it clear that the AAFP, and our RUC team, will continue to advocate strongly for what we believe are the necessary changes to the RUC. We will advocate for such change within the RUC, and we will continue to call publicly for such needed changes. Perhaps in time, the RUC will realize the importance of a greater level of transparency to those who vote and the value of additional external representatives as it relates to their expertise and their positive impact on the culture of a group such as the RUC.

"In addition, we are aggressively exploring other methods by which the AAFP can further invest in conducting, obtaining, and/or aggregating the necessary data to support the following initiatives:

- Higher physician work and practice expense values for the services provided by family physicians and other primary care physicians in a FFS system of payment — services that we believe have been historically undervalued by the RUC.
- Identification of physician work and practice expense values for services that are 'over-valued' in the current RBRVS system of payment.
- Identification of the inequity of the 'relativity' in valuing 'families' of codes, especially as it relates to the services of primary care physicians as compared to those that are more procedural in nature.
- Identification of a potential methodology for the coding and payment of multiple primary care services provided at the same time of service, especially those that relate to evaluation and management of patients with acute, chronic, and preventive health care needs. This is a common occurrence in primary care and must be addressed in the current FFS payment model.

"While we intend to present such data to the RUC as appropriate, we also will submit it directly to CMS on a regular basis as it considers the Medicare Physician Payment Rule annually. No longer will the RUC be the only avenue for seeking to address the inequities of the current RBRVS system of FFS payment. In fact, over time, it is highly likely that the RUC will be but one of a much larger number of avenues for achieving payment reform leading to different and better payment for primary care services (including FFS) that are essential to a health care system meant to improve the quality and cost-efficiency of care to the American people.

"By remaining in the RUC, we can continue to influence its work from the inside. This affords us the opportunity for greater representation and stronger influence and the opportunity to exert further leadership.

"Before making a decision, we very diligently researched and discussed the possible ramifications of staying or no longer participating in the RUC.

- We met with outside policy and other thought leaders and researchers to discuss the implications.
- We also had discussions with many of our chapter leaders.
- We thoroughly understand the role the RUC plays in determining physician payment, and we have participated in the RUC process for more than 20 years.
- Withdrawing at this time would not likely lead to dramatic changes in primary care physician payment in the near term. Therefore, we will continue to advocate for change by remaining actively engaged in the RUC.
- Consistent with long-term policy, we will continue to carefully re-assess the AAFP's ongoing participation in the RUC on a periodic basis."

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Founded in 1947, the AAFP represents 100,300 physicians and medical students nationwide. It is the only medical society devoted solely to primary care.

Approximately one in four of all office visits are made to family physicians. That is 228 million office visits each year — nearly 84 million more than the next largest medical specialty. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty. Family medicine's cornerstone is an ongoing, personal patient-

physician relationship focused on integrated care.

To learn more about the specialty of family medicine, the AAFP's positions on issues and clinical care, and for downloadable multi-media highlighting family medicine, visit www.aafp.org/media. For information about health care, health conditions and wellness, please visit the AAFP's award-winning consumer Web site,www.FamilyDoctor.org.