



July 19, 2013

The Honorable Fred Upton
Chairman, Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Henry A. Waxman
Ranking Member, Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Joe Pitts
Chairman, Health Subcommittee
Energy & Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Michael C. Burgess, M.D.
Vice Chairman, Health Subcommittee
Energy & Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Frank Pallone, Jr.
Ranking Member, Health Subcommittee
Energy & Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable John Dingell
U.S. House of Representatives
Washington, DC 20515

Dear Sirs:

On behalf of the American College of Physicians (ACP), I am pleased to express our support for the legislative proposal that the Energy and Commerce Committee released on July 18, 2013, which would repeal the Sustainable Growth Rate (SGR) and replace it with a fair and stable system of physician payment in the Medicare program. The College sincerely appreciates your leadership in addressing the flawed SGR and your initiative in working to advance a solution with input from physicians, physician organizations, and other stakeholders. This letter serves to highlight certain sections of the draft bill that are in line with ACP's priorities and to provide some suggestions for clarification or improvement.

ACP is the largest medical specialty organization and second-largest physician group in the United States, representing 137,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum, from health to complex illness.

First, ACP is tremendously pleased that the Committee has included positive and stable baseline updates for all physicians during a transition phase of five years. This sustained period of stability is needed to ensure access to care, while allowing time for Medicare to work with physicians and other key stakeholders to test, disseminate, and prepare for adoption of a new quality incentive update program and more patient-centered alternative payment and delivery models. However, it will be important for Congress to monitor any potential impact on patient access that the proposed update amount may have, because it is below the rate of inflation, in order to ensure that the update can be adjusted to reflect increases in practice costs if access problems should arise. This approach could be further improved upon with the addition of higher baseline updates for undervalued evaluation and management services, which would serve to improve care coordination and address the historical payment inequities that contribute to

severe shortages in internal medicine, family medicine, many internal medicine subspecialties, neurology and other fields.

Second, ACP is pleased to see that the bill would solidify in statute new complex chronic care management codes that will be extremely beneficial to internal medicine and many other specialties. The establishment of these codes has been a top priority of the College for several years—and we believe that they are an important and welcome step in recognizing the full breadth of primary care through the fee-for-service payment system. This section of the bill further outlines that these codes would be paid to an “applicable physician” who has achieved formal recognition as a patient-centered medical home (PCMH) by the National Committee for Quality Assurance (NCQA), an NCQA patient-centered specialty practice (i.e., a PCMH-neighborhood practice), or has otherwise received equivalent certification or met other comparable qualifications. ACP would like to express its sincere appreciation to the authors for including this language as it further fortifies a strong emphasis on primary care and appropriate valuation of primary care services as being critical to the success of the evolving delivery and payment system, one that is focused on high value, coordinated care for the whole person. We would also recommend that this section be strengthened by broadening the pathways for accreditation, recognition, and/or certification by noting other entities that offer these programs, such as URAC and The Joint Commission, as well as including approaches to recognizing medical homes that have been developed by private health plans and within the Centers for Medicare and Medicaid Services (CMS) via their Innovation Center projects.

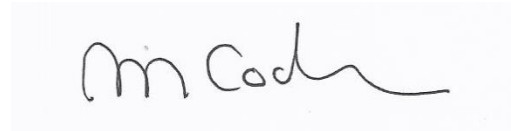
Third, ACP is supportive of the quality incentive update program that the bill would establish starting in 2019. In particular, the College is pleased that the program includes a graduated incentive approach, based on measures that are risk-adjusted and weighted based upon their ability to effectively assess quality—and that the core measures also include care coordination, patient and caregiver experience, and prevention and population health. In this context, ACP would like to reiterate our recommendation that all measures, regardless of source, go through a multi-stakeholder evaluation process—a role that is performed by the National Quality Forum (NQF) as a trusted evaluator of measures. Additionally, we are appreciative that the Committee calls for greater alignment of measures across the existing quality reporting programs within CMS and, to the extent possible, with the private sector; and that the bill would require that data on clinician performance be provided back to the clinician in real time, if possible, but no less than quarterly.

Fourth, ACP is extremely supportive of the approach the Committee has taken with regard to Alternative Payment Models (APMs). In particular, the College is pleased that the bill would initiate the establishment of eligible APMs within the first year following the bill’s enactment. And we are supportive of the proposed approach of establishing two tracks for APM approval—one that would select APMs for which data already exist on their effectiveness and another for those with less robust data that could be evaluated on an up to three-year demonstration project basis. Additionally, ACP supports the concept that the APMs would be paid under their own rules; however, we seek clarification as to whether the participants in the APM programs, which the language notes would satisfy the quality update reporting measures, would also be eligible for receiving incentive payments equivalent to those paid under the quality incentive update program. The College is also seeking clarification as to whether the pay structure for the APM models would include payment for care coordination and the practice infrastructure needed to achieve better outcomes and shared savings.

Finally, ACP is strongly supportive of using multiple valid data sources to improve the accuracy of relative values within the fee schedule—and of having a significant physician input into the process of improving those values. Therefore, we are pleased to see that the Committee included a specific call for physician reporting of data from multiple sources, including patient scheduling systems, cost accounting systems, and other similar sources—and that the bill would establish an incentive payment for physicians to provide those data.

The College sincerely appreciates the leadership and openness to stakeholder input that the House Energy and Commerce Committee has shown throughout this entire process, leading up to the legislative proposal released yesterday to repeal the SGR, improve the Medicare physician fee schedule and the FFS system overall, provide stability for physician reimbursement, and lay the necessary foundation for performance-based and alternative payment systems. Please contact Jonni McCrann at jmccrann@acponline.org or 202-261-4541 if you have any questions or would like additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Cooke", with a stylized flourish at the end.

Molly Cooke, MD, FACP
President, American College of Physicians