

SGIM Policy Positions Related to Health Care Reform

As approved by Council, June 11, 2009

The months ahead offer opportunities for SGIM, an organization of primary care physicians, clinician educators and health service and policy researchers, to inform and shape the future of US health care. SGIM supports legislative priorities for Health Care Reform and generalist workforce expansion based on the following principles:

- That all United States residents have access to affordable, comprehensive, equitable health care for medical, dental, mental, and substance use disorders, including prescription drugs and necessary devices, as well as preventive care
- That a robust primary care workforce¹ is critical to the future of high quality, affordable and accessible health care in the United States.
- That primary care training and practice reform are critical to making primary care a desirable career choice for physicians in training.
- That the development of an overall national target number of primary care physicians, along with steps needed to achieve this target and to ensure that physicians reflect the diversity of the patients they treat, is critical to obtaining a robust primary care workforce.
- That primary care providers are equitably compensated and appropriately supported to provide the highest quality care.
- That quality is defined as care that is effective, efficient, patient-centered, safe, culturally and linguistically competent, timely, and equitable.
- That primary care providers must have the empiric evidence to make the highest quality decisions based on valid and reliable research.
- That there is robust research support for providing such evidence for practice, developing the methods that generate them, and implementing empirically based recommendations in practice.
- That all federally and publicly funded medical research, from bench research to clinical research, including comparative effectiveness, health care services, quality improvement, health policy and all other such medical research, shall be protected from interference by commercial and special interests.
- That there is training and career development support to develop the clinical investigator workforce needed to create and implement such research.

The following specific policy content and legislative priorities are presented in the context of the three core missions of our organization: clinical practice, education, and research.

Clinical Practice: SGIM believes that physicians must be appropriately compensated for the value of their services, that the practice infrastructure and staffing must be sufficient to support the acute care and continued care responsibilities of primary care providers, and that primary care providers must have access to all appropriate consultation and referral services, including human and information system resources. Specifically:

- SGIM advocates for income equity for all physician providers. We believe that Medicare physician payment reform for primary care physicians must combine an enhanced fee-for-service RBRVS payment with a case-mix adjusted per member per month (PMPM) payment. The enhanced fee-for-service payment could come from either a separate primary care conversion factor or a new separate primary care CPT evaluation and management (E/M) family of codes.

¹ While we recognize and support nonphysician primary care providers, we as a physician organization so have limited our specific recommendations to physicians.

- SGIM advocates that funding for the value-based compensation for primary care physicians be derived from a variety of sources, including savings from improved administrative efficiencies, a reduction in inappropriate services and improved care efficiencies, including savings in Medicare Part A.
- SGIM advocates for Patient-centered Medical Home Medicare demonstrations with the following components:
 - Payments based on reliable case-mix adjusted fees for care coordination and transitions in care for Medicare recipients.
 - Increased practice support for care coordination, including interdisciplinary care planning and management, and transitions in care.
 - Elimination of HIPAA barriers to effective care coordination at the level of Primary Care.
 - Specification that specialists, hospitals and long-term care facilities appropriately communicate with the PCMH.
- SGIM advocates for the implementation of electronic health record systems for primary care practices with national interoperability linked with other electronic health information systems with the following components:
 - The requirement that, at a minimum, all patients have an accurate list of problems, medications, allergies and medication sensitivities.
 - That the ongoing hardware and software practice expenses be included in reimbursement.

Education: SGIM believes that resources for post-graduate training currently funded through Medicare GME should be directed by statute to ensure that sufficient time is available for primary care ambulatory-based training, that the practice training infrastructure and support staffing are adequately funded, and that training resources are sufficient to ensure that graduates are competent in the care of vulnerable populations, including those with advanced illness and the elderly with multiple chronic conditions . SGIM also believes that graduate education, training, and career development of clinical care/health services researchers and related fields must have available programs, training grants, career development grants, and related support to generate the very large number of new researchers needed in health services, policy, and comparative effectiveness research. Specifically:

- SGIM advocates for Title VII reauthorization with the funding to support medical student education, residency training, and faculty development for ambulatory-based primary care training and the creation of new programs designed to teach the skills required to care for and to conduct research on eliminating health disparities among vulnerable populations, including those with advanced illness and the elderly with multiple chronic conditions.
- SGIM advocates for the establishment of a national health workforce planning body with the ability to increase the primary care workforce.
- SGIM advocates for debt relief programs specifically for physicians choosing careers in primary care, and advocates for Federal incentives for states to create specific programs with 50/50 Federal/State funding.
- SGIM advocates that Medicare GME funds specifically support primary care training in ambulatory settings for residents in generalist training programs (Internal Medicine and its combined programs, Family Medicine, and Pediatrics)
- SGIM advocates that teaching hospitals have their GME funding increased in proportion to the percentage of their Internal Medicine residency graduates that choose primary care practice or generalist fellowships after completing residency training.

- SGIM advocates for better support by AHRQ of training programs in clinical care/health services research, career development awards, and incentives to attract the new researchers.
- SGIM advocates for loan repayment programs for clinical care/health services researchers as in the Clinical Research Enhancement Act, but with sufficient support to cover the needed numbers of trainees in clinical care/health services research and related fields.

Research: SGIM believes that the federally funded research agenda should be designed to provide the evidence to allow primary care physician and non-physician providers to deliver the highest quality care based on available evidence, where quality is defined as effective, efficient, patient-centered, safe, timely and equitable. Specifically:

- SGIM advocates for adequate AHRQ funding, especially investigator-initiated innovative health services research, and health services research training and career development.
- SGIM advocates for robust funding of comparative effectiveness research (CER) that is conducted with the level of independence characteristic of all federally supported research, and includes a broad range of research approaches and methods.
- SGIM believes that AHRQ should continue to be the lead agency for CER, with the appropriate involvement of NIH and other federal agencies.
- SGIM advocates that CER must be protected from influence by industry and other stakeholders, and although the federal agency at which CER is done (AHRQ) may benefit from stakeholder input at an advisory level, such interests should have no controlling or governing role.
- SGIM advocates for AHRQ re-authorization and increased appropriations.
- SGIM advocates for full funding for the Clinical Translational Science Awards (CTSA) programs in order to create 60 CTSA nationally.
- SGIM advocates for research support within the Veteran's Health Administration, including investigator-initiated health services research and career development in health services research.