SGIM
Society of General Internal Medicine
Creating Value for Patients

Protect and Improve Patient Access to Primary Care Services

High quality, comprehensive primary care provided in a patient-centered medical practice has been shown to reduce health care costs, improve patient outcomes and improve provider work satisfaction. However, the current physician reimbursement system does not adequately recognize the value that coordinated primary care delivery produces for patients.

A comparison of current work Relative Value Units (RVUs) shows that reimbursement for a common procedure like a screening colonoscopy is more than double that for a complex outpatient office visit where a patient presents with multiple chronic conditions, even though both services take approximately the same time to perform. The current Resource-Based Relative Value Scale (RBRVS) values procedures more than the diagnosis and management of complex and chronic illnesses. The Medicare Access and CHIP Reauthorization Act (MACRA) transitions the payment system away from paying for volume to one that rewards value. However, it fails to address the flaws inherent in the RBRVS, which will continue to be the basis of reimbursement in many of the new Alternative Payment Models (APMs) and the Merit-Based Incentive Payment System (MIPS). Without significant changes to the RBRVS, primary care and other cognitive physicians will face the same challenges under MACRA.

- **Urge CMS to commission research that can be used to value a new set of evaluation and management codes (E/M).** All physicians will either be participating in MIPS or advanced APMs for the first time this year, but these both payment pathways continue to rely on the Physician Fee Schedule (PFS). The current E/M codes included in the PFS fail to adequately describe and value the work involved in caring for complex patients. Physician reimbursement must be accurate if we are to maintain a robust physician workforce, with enough primary care and cognitive physicians, to provide high quality and high value care well into the future.

  Congress should exercise its oversight authority and demand an end to CMS inaction in this area. The first step in correcting the longstanding deficiencies of the PFS is to conduct rigorous research to better understand the work that occurs during cognitive E/M services. This research can be modeled on that currently being conducted on global services. The data collected can serve as the basis for properly defined and appropriately valued service codes. In addition, the documentation expectations for auditing and analytics can be better defined to improve communication and reduce administrative burden. CMS is responsible for the accuracy of the PFS, and the agency should manage and fund the research to establish the needed knowledge base. ***Please consider submitting the attached appropriations report language on this topic.***

For further information on primary care payment reform, please contact Erika Miller of CRD Associates at emiller@dc-crd.com or 202-484-1100.

Please consider submitting the following report language in support of this effort:

Centers for Medicare and Medicaid Services
Program Management/Program Operations

Evaluation and Management Research.- The Committee recognizes that both traditional and innovative payment models included in the Medicare Access and CHIP Reauthorization Act (MACRA) rely on traditional fee-for-service as a foundation for physician payment. MACRA's success depends on the accuracy of the physician fee schedule. However, the existing evaluation and management service codes do not adequately capture the range of evaluation and management work delivered during cognitive encounters. The Committee encourages CMS to commission the research necessary to understand, on the basis of newly collected data, what occurs during and following an evaluation and management service. Once complete, CMS should use these findings to develop new service codes. The Committee expects a report submitted to the Committees on Appropriations of the House of Representatives and the Senate on the status of this research in the fiscal year 2019 CJ.