

PRESIDENT'S COLUMN

Mobilizing the Health Care Policy Committee to Our Advantage

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We need to recognize that there will be on going threats to patient-centered research. Basic science colleagues understandably feel threatened by the current research funding environment.



When I joined the SGIM Council last year, I found I did not know that much about our health policy activities. During the past year, I have become more familiar with the work of our Health Policy Committee (HPC) and staff members. Since I suspect that many *Forum* readers are also unfamiliar with our health policy portfolio, I thought I would highlight a few recent accomplishments of the group related to clinical reimbursement and to NIH research support.

Those SGIM members who conduct research are likely familiar with the decision of NIH director Francis Collins, MD, PhD, to abolish the National Center for Research Resources and create a new entity called the National Center for Advancing Translational Sciences (NCATS). This decision would not have been that relevant for SGIM members except that the funding for the Clinical and Translational Science Awards (CTSA) program was rolled into the NCATS. CTSA's are important for quite a few of our members, and at least four of our members are now directors of CTSA's (Gary Rosenthal at Iowa, Harry Selker at Tufts, Joel Tsevat at Cincinnati, and Dan Ford at Johns Hopkins.) Imagine the concern, then, when publicly posted materials relating to NCATS focused almost exclusively on drug development and other T1 laboratory-based research and failed to even mention the T2-4 translational research so important for our members and patients.

Fortunately, our Health Policy Committee (HPC) went into action. Making use of the fact that Gary Rosenthal lives in Iowa, our health

policy staff arranged several meetings between Gary and congressional staff for Senator Tom Harkin (IA), who is the chairman of the Senate Appropriations Subcommittee that oversees NIH funding. After Gary explained the importance of T2-4 research to our patients, our health policy group was able to work with Senator Harkin's office to include specific language in the committee report that accompanied the bill funding NIH. This language stated that Congress expected that NIH would continue to fund CTSA's at the current level or more and that CTSA's in turn would be expected to continue to conduct the full spectrum of translational research.

This was a very nice win for our members and, I believe, for our patients. We need to recognize that there will be ongoing threats to patient-centered research. Basic science colleagues understandably feel threatened by the current research funding environment. But we know how important it is for the country to have a research portfolio that includes a balance among basic, clinical, and outcomes research, and it is critical that we not lose gains that have been made in this regard.

Another interesting health policy development emerged from a connection that was made during our annual Hill Day, a day when SGIM members are invited to meet in Washington, DC, to call on their congressional delegations to discuss issues of importance to the broad field of general internal medicine. During a recent Hill Day, SGIM member Thomas Staiger met with staff members of Representative Jim McDer-

mott, who represents Tom's home state of Washington. SGIM members attending Hill Day are briefed the evening prior to their congressional visits and receive talking points. Tom brought up the reimbursement problems that keep many trainees from pursuing careers in GIM—and in particular the RUC, a committee system for valuing medical care services that has persistently benefitted procedural specialists to the detriment of general internists and other predominantly cognitively oriented physicians. Tom made a persuasive case to the staff members, and the discussion was reported to Representative McDermott. The congressman is a psychiatrist by background and thus had an enhanced understanding of the issues.

The ensuing discussion led to Representative McDermott filing a bill with the goal of creating a framework for the RUC to become more balanced in its recommendations regarding physician compensation. Following his filing of this bill, Representative McDermott's office contacted SGIM to say that the chair of the RUC (Barbara Levy, MD) had requested a meeting with the representative. At his invitation, Dr. Staiger and an SGIM health policy staff member attended this meeting with Representative McDermott, Dr. Levy, and an AMA staff member. It is fair to say that a frank discussion occurred, and Representative McDermott did not back down from his bill. Although the bill is not likely to come to a vote with the current climate of the House of Representatives, it has

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attracted significant attention to the issue. While every Hill Day visit does not result in a bill being drafted in support of our positions, this example illustrates the potential usefulness of Hill Day in advancing our message. About 50 SGIM members attended Hill Day 2012; consider joining us March 5-6, 2013.

Working to reform the reimbursement system overseen by the RUC is not the only strategy that SGIM has employed to improve compensation for general internists. Astute members of our HPC recognized some time ago that the Center for Medicare and Medicaid Services (CMS) is not required to accept the recommendations of the RUC regarding the RVU level that is assigned to various physician services, although CMS historically has accepted more than 90% of the RUC recommendations. Therefore, in partnership with the American Academy of Family Physicians (AAFP), we have worked to convince CMS to deal directly (i.e. outside the RUC) with the inappropriately low RVU levels given to billing codes for cognitive services that we

provide. In fact, language requiring CMS to develop a way to deal with "misvalued" billing codes was included in the health care reform bill. This strategy has been led mainly by SGIM member John Goodson and an AAFP colleague who have been making this case directly to CMS since early 2011.

This strategy has recently led to an outstanding success in that CMS has issued an RFP for a contractor to develop a new model for valuing physician services and then to test the model by creating work RVUs for a list of "potentially misvalued services." The contractor is to produce a report detailing the model and test results by September 2013. We are delighted that CMS has taken this step, which has the potential to greatly improve the fairness of a physician compensation system that almost all objective observers have found to be unduly favorable to procedural compensation. There is still the opportunity for pitfalls, for example, if a change in leadership were to cause CMS to move in a different direction. It will be important for us to

continue to make the case for ongoing work in this area because fair compensation is a critical component to making GIM/primary care attractive to trainees. The benefits of a robust primary care system are well documented and known to our readers and will greatly benefit our patients, which is certainly the most important aspect of our health policy advocacy efforts. We need to convey this message clearly so that any future CMS administration will also see the benefits of a fair compensation model.

In summary, our HPC members and staff have been very engaged and have made real progress in advancing the cause of GIM. While it is true that improvements come slowly in the policy arena, we are seeing measurable results from our efforts. With the implementation of the Affordable Care Act moving forward, there will be more work for the HPC to do. If you are interested in getting involved, don't hesitate to drop me or HPC Chair Mark Schwartz a note. We will be happy to put you to work!

SGIM