

Medical Societies Seek Medicare Reform Collaboration

In a February 25 letter, SNMMI and almost 100 other major U.S. medical professional societies asked leaders of key Congressional committees to “immediately initiate formal proceedings (hearing, roundtables, expert panels, etc.) to discuss potential reforms to the Medicare physician payment system to ensure continued beneficiary access to care.” The professional societies represent more than 1 million physician and nonphysician health care clinicians.

Although the letter’s signatories noted with appreciation Congress’s efforts over several years to mitigate scheduled cuts to the Medicare Physician Fee Schedule (MPFS), they cited systemic issues, including the negative impact of the MPFS budget neutrality requirements and the lack of an annual inflationary update, as factors that will “continue to generate significant instability for health care clinicians moving forward, threatening beneficiary access to essential health care services.” Ongoing COVID-19 issues were noted as compounding these difficulties.

The group cited challenges associated with the Medicare Access and CHIP Reauthorization Act’s (MACRA) Quality Payment Program (QPP) as “preventing most clinicians from meaningfully participating in the program.” As an example, nonphysician clinicians have not been fully integrated into the Merit-Based Incentive Payment System (MIPS), because most are ineligible to report the cost and interoperability promotion measures that account for 55% of MIPS scoring. In addition, incentive payments “have also been historically low, far below the 9% Congress intended, rendering them an ineffective mechanism to offset the reductions required by budget neutrality.” One focus of proposed collaboration would be improving MIPS and Alternative Payment Models (APMs), including extending current incentives for participating in Advanced APMs. “Under the current payment system, many health care clinicians continue to face steep annual reductions in their Medicare payments,” the letter continued. “The inherent instability of the MPFS, coupled with the shortcomings of MACRA’s QPP, has created an environment where many practices have seen their payments decrease year-over-year, despite increasing costs and growing inflation.”

AMA Focuses on Permanent Medicare Pay System Fixes

On the same day, the American Medical Association (AMA), one of the professional groups signing the letter to Congress, highlighted the key points of a recent AMA Advocacy Insights webinar identifying 3 main efforts for the coming year. These efforts, also featured at the AMA Medical Student Advocacy Conference (March 3 and 4), include: reforming Medicare physician payment, reducing prior authorization burdens, and making expanded access to telehealth permanent.

These advocacy issues are intended to build on partial successes in delaying scheduled Medicare payment cuts in 2021. “Stopping the proposed Medicare payment cuts was a major victory, but this yearly cliffhanger must end—the broken record must stop playing,” said Bobby Mukkamala, MD, chair of the AMA Board of Trustees. “We are calling on Congress to bring about a permanent solution to end the annual battles that threaten the solvency of physician practices.”

Reforming Medicare physician payment. The AMA urged Congress to establish a reliable Medicare physician payment update that “at a minimum, should keep up with inflation and practice costs while encouraging innovation.” In addition, AMA identified the need for development of ways to reduce the administrative and financial burdens of MIPS participation, while ensuring the program’s clinical relevance.

Reducing prior authorization burdens. The AMA stated that this health plan utilization management mechanism “has morphed into an inefficient process that requires many practices to hire extra staff and causes delays that often lead to patients abandoning treatment,” as well as contributing to physician burnout. According to a 2021 AMA survey, 93% of physicians reported care delays associated with prior authorization, and 34% of survey participants reported that prior authorization led to a serious adverse event, such as hospitalization, disability/permanent bodily damage, or death, for a patient in their care. Physicians were urged to contact Congressional representatives in support of proposed legislation that reduces the burden of prior authorization within Medicare Advantage and to support other efforts to reform prior authorization requirements.

Make expanded access to telehealth permanent. When the current Public Health Emergency expires, most Medicare beneficiaries will lose access to telehealth services, which have proven robust and effective. Under section 1834(m) of the Social Security Act, waived during the recent serial PHEs, Medicare patients must live in an eligible rural location and travel to an eligible “originating site”—a qualified health care facility—to access telehealth services covered by the Medicare program. These requirements were created decades ago, before most patients had in-home access to the devices that facilitate telehealth communication. The AMA supports legislation that would permanently fix the originating site and geographic restriction on telehealth coverage, thereby ensuring that patients can continue to access Medicare telehealth services regardless of where they are located. “Many patients and physicians want telehealth services as an option,” Mukkamala said. “These changes to telehealth policy must remain even after the pandemic is over.”

The AMA has prepared fact sheets and online action kits on each of the 3 focus issues for 2022 (<https://www.ama-assn.org/system/files/2022-nac-action-kit.pdf>).