2017 ACS Advocacy Update and the ACSPA-Surgeons PAC

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What is the DAHP?

The Division of Advocacy and Health Policy works with federal and state decision makers to promote the interests of surgeons and surgical patients.

Issues of Importance to ACS

- Affordable Care Act
- MACRA/QPP
 - MIPS
 - APMs
- Global Surgical Payments
- Administrative Burdens and Regulations
- Performance Measurement
 - Phases of Surgical Care
 - PROs
- Interoperability
- State Surgical Resources Scorecards
- Trauma
- Cancer
- IPAB
- Appropriateness
- Medical Liability Reform
- Graduate Medical Education

- Medicaid Reform
- Out of Network
- Opioids
- Videotaping Operations
- Medicare Reform
- Uniform Emergency Volunteer
 Health Practitioners Act (UEVHPA)
- Third Party Payor
- Stark
- HIT
- Data Protection
- Veterans Affairs privatization
- Burnout
- Disparities
- CMMI
- Definition of Surgery
- Creation of Surgical HPSA
- Concurrent Surgery

- Accreditation/Bariatric
- Uniform Prior Authorization Forms
- Balance Billing
- Private Contracting
- Physician Owned Hospitals
- Telemedicine
 - Rural (96 Hour)
- Pediatric ACE kids
- CHIP
- Prescription Drug pricing
- Scope of Practice
- Collective Bargaining
- Mergers
- Anesthesia Surgical Home

Reimbursement/Payment

MACRA

- Education and Advocacy
 - What Fellows need to know
 - How we are working to improve MACRA (APMs and flexibility)

https://www.facs.org/advocacy/qpp





Regulatory Reform

American College of Surgeons Highest Standards, Better Outcomes

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July 18, 2017

The Honorable Tom Price, MD U.S. Department of Health & Human Services Hubert H. Humphrey Building 200 Independence Avenue, SW Washington, DC 20201

Dear Secretary Price:

The American College of Surgeons (ACS) is a scientific and educational The American Conlege of Surgeons (ACS) is a scientific and educational association of surgeons, founded in 1913, to improve the quality of care for the association of surgeons, founded in 1913, to improve the quanty of care for in surgical patient by setting high standards for surgical education and practice. surgical patient by setting high standards for surgical education and practice.

On behalf of the over 80,000 members of the ACS, we write to express concern On behalf of the over 80,000 members of the ACS, we write to express concern with the substantial and unnecessary burdens imposed on physicians and their with the substantial and unnecessary burdens imposed on physicians and their practices by certain existing regulations that negatively affect the delivery of care practices by certain existing regulations that negatively at to patients covered under federal health insurance plans.

The ACS puts the welfare of our surgical patients above all else, and we support In the ACS puts the welfare of our surgical patients above all else, and we suppose the surgical patients are reduced the administrative and a surgical patients are reduced the administrative surgical patients. policies and regulations that improve patient care, reduce the administrative burdens placed on providers, and streamline workflow. Specifically, we ask the following Carelina (Filed Its and Filed Its and Filed Its and Filed Its are carelina the following). burdens placed on providers, and streamline workflow. Specifically, we ask to Department of Health and Human Services (HHS) to examine the following Department of Health and Human Services (HHS) to examine the following issues, which are further described in the attached table, and to consider our

Global codes data collection: Over the past seven months, the ACS has Global codes data collection: Over the past seven months, the ACS has phoritized member education on this issue, but despite our best efforts there are sell measurements as a moderate of the policy appropriate archivere the prioritized member education on this issue, but despite our best efforts there are still practitioners who do not understand this policy, provider software that have not tested and confirmed are still practitioners who do not understand this policy, provider software that has yet to be updated, and clearinghouses that have not tested and confirmed that they will be able to comply with the new data reporting providers that has yet to be updated, and clearinghouses that have not tested and confirme that they will be able to comply with the new data reporting requirements.

CMS has not assured macrificators that all claims submitted with the results. that they will be able to comply with the new data reporting requirements.

CMS has not assured practitioners that all claims submitted with the required data will be camputed and counted shared a detailed slan for data wait-fait. CMS has not assured practitioners that all claims submitted with the required data will be captured and counted, shared a detailed plan for data validation, or provided transparance on hours the data will have used in the formula.

data will be captured and counted, shared a detailed plan for data value or provided transparency on how the data will be used in the future. or provided transparency on how the data will be used in the future.

MPS benchmarking: MACRA requires that, starting in 2019, the MPS

performance threshold he set at the mean or modian of the comments. MICS Denotmarking: MACKA requires that, starting in 2015, the MI performance threshold be set at the mean or median of the composite of the co performance threshold be set at the mean or median of the composite performance score, thereby penalizing approximately half of all Part B noviders. Our concern with this nolicy is that the current CMS solution performance score, thereby penalizing approximately half of all Part B providers. Our concern with this policy is that the current CMS solutions to accurately inform restents and providers. Our concern with this policy is that the current CMS solutions measurement science are not enough to accurately inform patients and

FOUNDED BY SURGEONS OF THE UNITED STATES AND CANADA, 1913



The Independent Payment Advisory Board (IPAB)

IPAB Repeal Legislation

H.R. 849: Roe, MD(R-TN) and Ruiz, MD (D-CA) S. 260: Cornyn(R-TX) /S. 251 Wyden (D-OH)

The IPAB is a board of 15 unelected members who are required to make Medicare spending cuts in the event that the expected per capita growth rate in Medicare exceeds the target growth rate

 The IPAB repeal legislation would simply strike the language that created the IPAB, providing stability for physicians and the Medicare patients they treat

Action in Congress:

On November 2, 2017 the House passed H.R. 849 by a vote of 307-111

Future steps:

H. R. 849 is now awaiting consideration in the Senate



General Surgery Workforce

Ensuring Access to General Surgery Act

H.R. 2906: Bucshon, MD, FACS (R-IN) and Bera, MD (D-CA) S. 1351: Grassley (R-IA) Schatz (D-HI)

- Directs the Secretary of the HHS to conduct a national study to identify and define general surgery workforce shortage areas
- Provides the Secretary the authority to designate general surgery shortage areas based on the data collected

Opioids

Bipartisan issue, high priority in Congress and states:

- ➤ More than 65 bills in Congress
- 400+ bills in 46 states

ACS assessing support for action with appropriate treatment

Some Proposed Solutions:

- Limits on opioid prescriptions (dosage or days)
- Enhancements to Prescription Drug Monitoring Programs (PDMPs)

ACS' Opioid Statement – August 2017



Medical Liability Reform

Saving Lives, Saving Costs Act (H.R. 1565)

Access Act (H.R. 1215)

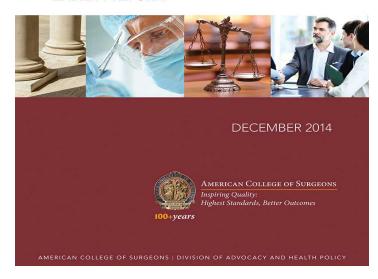
Passed the House in June 2017 by a vote of 218-210

Good Samaritan Health Professionals Act (H.R. 1876 /S. 781)

Health Care Safety Net Enhancement Act (H.R. 548/S. 527)



A GUIDE TO UNDERSTANDING MEDICAL LIABILITY REFORM



ACS and Health Care Reform

Health Care Reform Principles

- 1. Quality and Safety
- 2. Patient Access to Surgical Care
- 3. Reduction of Health Care Costs
- 4. Medical Liability Reform

ACSPA-SurgeonsPAC





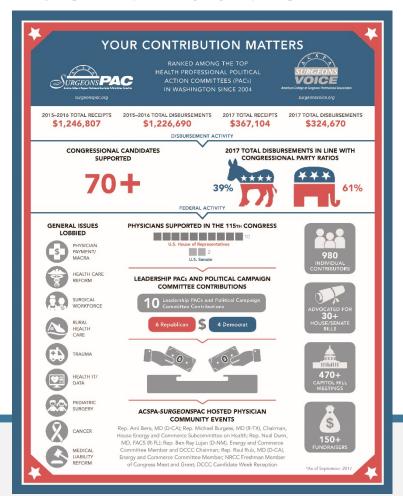
Why ACSPA-SurgeonsPAC?

- Advocate
- Congress
- Support
- Participate
- Action





Your Contribution Matters







2015-2016 Fundraising Recap

- **\$1,246,807** total receipts
- \$1,147,819 total hard dollars
 - Most raised since PAC's inception
- 2,333 individual contributors
- 300 fundraisers, candidate meetings, and health care industry events attended





2017 Fundraising Highlights

- Supported 12 physician Members of Congress
- In line with Congressional party ratios, **supported** 41% Democrat | 59% Republican
- Grew Advocacy Summit receipts
 - 2017: \$61,200 | 2016: \$54,000
 - 2017: 179 contributors | 2016: 150 contributors
- Increased monthly recurring contributions
- Attended more than 175+ fundraisers, candidate meetings, and health care industry events
- Hosted several physician community events for key members of Congress and political campaign committees





Surgeons PAC's Standing

Health Professionals PAC Contributions to Federal Candidates

PAC Name	Affiliate	Total	Dems	Repubs
American Assn of Orthopaedic Surgeons	American Academy of Orthopaedic Surgeons	\$587,975	\$178,350	\$409,625
American Society of Anesthesiologists		\$512,400	\$211,000	\$301,400
American Dental Assn		\$491,050	\$149,500	\$341,550
American Optometric Assn		\$490,001	\$140,500	\$349,501
American College of Radiology		\$401,500	\$107,500	\$294,000
American Academy of Dermatology Assn		\$400,500	\$175,500	\$225,000
American College of Emergency Physicians		\$398,001	\$108,000	\$290,001
American Physical Therapy Assn		\$316,000	\$151,000	\$164,000
American Academy of Ophthalmology		\$267,500	\$84,000	\$183,500
American Osteopathic Assn		\$249,500	\$100,500	\$149,000
National Community Pharmacists Assn		\$225,000	\$42,500	\$182,500
American Assn of Nurse Anesthetists		\$210,500	\$106,500	\$104,000
American College of Surgeons Prof Assn		\$182,150	\$65,650	\$116,500
American Academy of Neurology		\$170,000	\$80,500	\$89,500
American College of Cardiology		\$159,000	\$68,000	\$91,000





Compare surgeons to other professionals 2015-16

- Most proliferative professional Association??
 - National Association of Realtors: 26 Million \$!!!
- How do we compare to lawyers?
 - Trial Lawyers: 7 MILLION \$
 - American Bar Association: \$852,500 (2017 ytd)
- Money talks , Donate today
 - Surgeons: 1.15 million, (\$182,150:, 2017ytd)





New York *Surgeons* PAC Fundraising Efforts

Total Eligible 2017 Contributors: 4,996!!!

<u>2017</u>

Total Contributions - \$25,323 Number of Contributors – 69 Participation Percentage – **1.38%**

2016

Total Contributions - \$35,289 Number of Contributors - 120 Participation percentage - 2.31%

2015

Total Contributions - \$37,946 Number of Contributors – 117 Participation Percentage – 2.23%





To Contribute Today...

Visit <u>www.surgeonspac.org</u>
(login required using facs.org username and password)

or

Text "ACSPA" to 41444

Contributions to ACSPA-SurgeonsPAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all members of ACSPA have the right to refuse to contribute without reprisal. Federal law prohibits ACSPA-SurgeonsPAC from accepting contributions from foreign nations. By law, if your contributions are made using a personal check or credit card, ACSPA-SurgeonsPAC may use your contribution only to support candidates in federal elections. All corporate contributions to ACSPA-SurgeonsPAC will be used for educational and administrative fees of ACSPA and other activities permissible under federal law. Federal law requires ACSPA-SurgeonsPAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed \$200 in a calendar year. ACSPA-SurgeonsPAC is a program of the ACSPA, which is exempt from federal income tax under section 501c(6) of the Internal Revenue Code.





ACSPA-SurgeonsVoice





What is ACSPA-Surgeons Voice?

An on-going, organized program to communicate, educate, and provide the tools necessary to build a strong network of surgeon advocates willing to take action on important health policy matters.





Surgeons Voice: Cutting Edge Advocacy

Demonstrating strength in numbers to – Purpose:

help elevate surgery's voice and advance the College's health policy priorities

— Goals: Advocate, Communicate, Educate, Motivate

– Participants: Leadership, Fellows, Residents, Committees and

Councils of the ACS

Broad-based, diversified, trusted, established – Benefits:

advocates





Advocacy in Action Example

Ensuring Access to General Surgery Act

- Goal: Educate members of Congress on importance of the Ensuring
 Access to General Surgery Act and to promote passage into law
- Staff outreach: More than 200 meetings with members of Congress and their staffs to increase cosponsors
- Grassroots efforts: Promoted in various ACS communications and urged College members to take action online via Surgeons Voice.org
- Results: More than 480 messages have been circulated to 160+ lawmakers/offices urging timely consideration of legislation

Future Efforts

Identify surgeon advocates to encourage additional cosponsors





Advocacy in Action

In-District Trainings

Summer 2017 Stop the Bleed (STB) In-Districts

- Background: Pilot tested a new grassroots initiative to partner Fellows who are STB trainers with their MoC to offer in-district trainings to MoC and staff
- **Results:** 13 congressional offices/Fellows expressed interest in trainings, 3 of which occurred in August

Future Efforts

- Additional in-district meetings and trauma facility tours
- State Chapter Lobby Day activities & STB









Advocacy in Action

Cancer Programs Virtual Hill Day – September 8, 2017

- Purpose
 - Engage surgeon advocates to promote, and take action, on ACSsupported cancer legislation
 - Raise Surgeons Voice profile to stimulate future engagement ACSled legislative priorities
- Platforms
 - Social media (Twitter: @SurgeonsVoice, Hashtag: #cancerprogramsday)
 - SurgeonsVoice.org
- Results
 - More than 60 messages sent regarding Support Access to Colorectal Cancer Screening Act, the Palliative Care Hospice Education and Training Act, and FY 2018 cancer funding





How Can You Get Involved?

- Visit <u>www.surgeonspac.org</u> | <u>www.surgeonsvoice.org</u>
- Make a contribution to SurgeonsPAC.
- Become a PAC Captain.
- Host a fundraiser, facility tour, RAS PAC event or PAC check delivery in your state.
- Become an Advocacy Councilor.
- Participate in Grassroots "Calls to Action."
- Recruit other surgeon advocates.





Questions?

Questions about ACS advocacy priorities?

Contact: Kristin McDonald | 202-672-1512 | kmcdonald@facs.org

Questions about SurgeonsPAC fundraising and Grassroots?

Contact: Katie Oehmen | 202-672-1503 | koehmen@facs.org

Questions about SurgeonsVoice?

Contact: Michael Carmody 202-672-1511 | mcarmody@facs.org





To Contribute Today...

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