On October 31, 2013, physicians representing the Alliance of Specialty Medicine met with policy experts, federal agency representatives and senior Congressional Staff on to discuss Accountable Care Organization (ACO) participation and specialty concerns regarding alternative payment models.

The forum for the discussion was the Alliance's semi-annual Physician Policy Roundtable – a physician led discussion hosted in Washington, DC. Participants included John C. Piltote, Director of Performance-Based Payment Policy Staff at the Center for Medicare and Medicaid Services (CMS), Mark McClellan, MD, PhD, a senior fellow and director of the Health Care Innovation and Value Initiative at Brookings Institution, Courtney Lawrence, Legislative Assistant to Rep. William Cassidy, MD (R-LA), and Bill Rogers, MD, FACEP, Medical Officer at the Office of the Administrator and Director of the Physician Regulatory Improvement Team (PRIT) at CMS.

The Alliance physicians expressed their concerns regarding ACO exclusivity and physician attribution policy as it relates to specialist physicians. Mr. Piltote explained that CMS has received a lot of feedback on this issue, but defended the policy as a means to measure a unique patient population and to ensure that only one ACO can claim savings on any given Medicare beneficiary. He pointed the Alliance towards CMS' guidance on affiliating with an ACO as an ‘other entity,’ which would allow physicians to avoid the exclusivity restrictions.

On the next panel, Dr. McClellan discussed the future of healthcare delivery and payment. He stressed the importance of specialty involvement in healthcare reform (continued on page 2)
efforts, and expressed his belief that the most effective programs have extensive physician engagement in the technical details. Physician leadership is also essential in developing quality measurements, and Dr. McClellan emphasized that Brookings would be interested in collaborating with specialists on this issue in the future.

Courtney Lawrence followed Dr. McClellan’s presentation and reviewed Rep. Cassidy’s draft legislation (the Small Group Practice Preservation Act), which would set up risk information service contractors as private third parties to help facilitate small group practice models and cost-sharing mechanisms. This legislation would let independent physicians collectively participate in Medicare shared savings under a third-party risk manager. Ms. Lawrence encouraged the Alliance to take an active role in educating their members of Congress on these issues.

In the final presentation of the day, Dr. Rogers focused on his role in reducing the regulatory burden on physicians who participate in the Medicare program. He recognized some of the challenges physicians face while working with CMS, especially in terms of the electronic health record (EHR) and Physician Quality Reporting System (PQRS) programs. Dr. Rogers reaffirmed that he hopes to maintain an ongoing dialog regarding issues specialty physicians and their practices face in their day-to-day operations.

Additionally, the Roundtable met with Karen Fisher and Dan Todd, Professional Staff for the Senate Finance Committee, and Brett Baker, Professional Staff for the House Ways and Means Committee, to discuss the committees’ joint proposal to repeal and replace Medicare’s sustainable growth rate (SGR) formula. They hope to build momentum around this framework for SGR repeal quickly, and asked the Alliance to help make this a legislative priority, especially for new members of Congress. Staff also stressed the importance of timely stakeholder feedback in order to make improvements to the proposal.

The Alliance will host its next Physician Policy Roundtable in the Spring of 2014.

**ALLIANCE NEWS**

**SGR Fix Remains Highest Priority for Specialty Medicine Physicians**

The Alliance of Specialty Medicine continues to monitor and provide feedback to the Congressional leaders and staff from the Senate Finance and House Ways and Means Committees on their efforts to repeal and replace Medicare’s sustainable growth rate (SGR) formula, which is used to update Medicare payments to physicians each year. Addressing the flawed SGR has been a high priority for Congress and the medical community for several years, however, recent Congressional Budget Office (CBO) scores have put the price of replacing the SGR within reach and fueled its momentum. The committees most recently updated their draft legislative framework on December 5th, and have made some individual changes at the committee subsequent to that. While the (continued on page 7)
Choosing Wisely, an initiative spearheaded by the American Board of Internal Medicine (ABIM) Foundation, is a national program that aims to reduce skyrocketing healthcare spending by eliminating unnecessary tests and procedures as well as foster patient-centered care through increased patient engagement. Currently in Phase 3 of this endeavor, more than 50 medical specialty societies are participating. Each society is asked to create a list of five specific tests and procedures that are commonly ordered by their specialists but not always necessary. The American Urological Association (AUA) was involved in Phase 2, which was launched in February 2013. Click here to watch a video from that event.

The AUA’s list identifies five targeted, evidence-based recommendations:

- A routine bone scan is unnecessary in men with low-risk prostate cancer.
- Do not prescribe testosterone to men with erectile dysfunction who have normal testosterone levels.
- Do not order creatinine or upper-tract imaging for patients with benign prostatic hyperplasia (BPH).
- Do not treat an elevated PSA with antibiotics for patients not experiencing other symptoms.
- Do not perform ultrasound on boys with cryptorchidism.

Click here to view all the lists submitted by Choosing Wisely participants.

In May 2012, the AUA’s Health Policy Council recommended to the AUA Board of Directors that the AUA participate in Choosing Wisely. The Board agreed and appointed a Choosing Wisely task force. This group focused on tests, treatments and services that are primarily provided by urologists and concentrated on reducing waste and overuse. Additionally, they considered the AUA’s guidelines to ensure that the list was evidence-based. Through this methodical and science-based approach, the task force drafted the AUA’s top five list which was approved by the AUA Board of Directors.

Participating in Choosing Wisely has provided new opportunities for the AUA. The project has allowed the AUA and its members to review current practices to determine if processes and procedures reflect the best possible care. In doing so, the AUA has also been able to advise its members on areas where healthcare spending may be eliminated. Lastly, Choosing Wisely encourages patients and providers to actively engage in conversation about the care given. This active patient involvement will produce long-term benefits for both patients and their urologists.

Consumer Reports has joined the ABIM Foundation to promote the campaign. They have worked with each specialty society to create patient-friendly resources. Consumer Reports selected one item from each specialty society list and then worked with the society to draft a consumer guide. Click to view the Consumer Reports guide on testosterone and erectile dysfunction or all other consumer guides. The information is available in both English and Spanish.
American Society for Echocardiography: Is the Echo Appropriate?

Get the answer to this question by using your smartphone! The American Society of Echocardiography (ASE) Foundation is proud to announce that our new FREE mobile app, designed to guide physicians in appropriate procedures in cardiovascular care and echocardiography, is now available. This app can be downloaded to your smartphone or tablet. Simply search for “Echo AUC” in the Apple or Google Play store.

Why is this app needed? Echocardiography is the most widely used evaluation and diagnostic tool for heart and circulation problems. It was estimated that over 32 million cardiovascular ultrasounds were conducted in 2011 in the United States. Echo has become the gold standard in the imaging of patients due to its positives: non-invasive, radiation free, and often the most cost effective way to diagnose cardiovascular disease. With its safety and ease of use, it is employed to diagnosis all age levels, from use on the infant in the womb to the frail, elderly patient. Echocardiography is also ordered in a variety of settings, such as emergency departments, outpatient clinics, and primary care physicians’ offices. Medicare data shows that between 67-71% of echocardiograms are ordered by clinicians who are not cardiologists. The miniaturization of the ultrasound device has accelerated its use in a growing variety of settings and in the hands of a growing number of specialists, from the battlefield to the emergency room to the mobile medical lab.

This app is intended to appeal to a broad, cardiology and non-cardiology medical audience to enhance the conversations between physicians and patients about avoiding unnecessary care or overused medical tests and procedures in cardiovascular care, specifically Echocardiography. Each echo scenario on the app provides a decision-tree and possible patient talking points. With this smartphone assistance, the physician can be prompted to counter inappropriate echo ordering by being able to explain to the patient why some testing is not scientifically necessary and have the user-friendly wording to best reassure the patient.

The ECHO App will also place right at your fingertips the “Five Things Physicians and Patients Should Question” lists developed by ASE and more than 25 participating specialty societies as part of the Choosing Wisely® campaign, an ABIM Foundation initiative. These lists are evidence-based recommendations that can be utilized to help make wise decisions about the most appropriate care based on a patient’s individual situation.

The app was made possible by a grant from the ABIM Foundation and supported by the Robert Wood Johnson Foundation, as part of the Choosing Wisely® initiative. ASE has been involved for the past two years with Choosing Wisely®, an effort sponsored by the ABIM Foundation and Consumer Reports, which aims to promote conversations between physicians and patients and reduce unnecessary tests and procedures.
SPECIALTY SPOTLIGHT

Society for Cardiovascular Angiography and Interventions: SCAI Represents Interventional Cardiology on Capitol Hill

During a special Fly-In event held this summer, SCAI leaders and lobbyists were welcomed into the offices of more than a dozen Congressional Representatives. SCAI spokespersons, elected officials, and legislative staff discussed key healthcare policy issues that are expected to dominate the public debate about U.S. medical care during the fall Congressional session. The two days on Capitol Hill yielded many thoughtful discussions about physician payment for treating Medicare beneficiaries, repealing the Independent Payment Advisory Board (IPAB), and medical liability reform, among other topics.

SCAI 2013–14 President Ted A. Bass, M.D., FSCAI, Joseph D. Babb, M.D., FSCAI, and Thach Nguyen, M.D., FSCAI, were among the physicians who participated in the Alliance of Specialty Medicine’s Legislative Conference, an annual event that brings Members of Congress and other government officials together with specialists for dialogue about the potential impact of pressing policy issues on patient care. Rep. Bill Cassidy, M.D. (R-LA), a hepatologist, was among the elected officials interested in SCAI’s quality improvement initiatives and recommendations for modifying physician payment models.

Rep. Cassidy has been advocating for small physician practices and indicated he intends to fight to ensure they are able to participate in shared savings models under any new payment system. recommendations for modifying physician payment models. Rep. Cassidy has been advocating for small physician practices and indicated he intends to fight to ensure they are able to participate in shared savings models under any new payment system.

Dr. Bass talked at length with Sen. Ron Wyden (D-OR), who is likely to chair the very important Senate Finance Committee this year, about Medicare penalties for all-cause, non-risk-adjusted readmission rates for acute

(continued on page 6)
myocardial infarction patients. Dr. Bass explained why this penalty is not related to the quality of care patients received but rather to patients’ ability to follow post-hospital care recommendations.

SCAI leaders heard from Rep. Michael Burgess, M.D. (R-TX), an OB/GYN and vice-chair of the House Energy and Commerce Health Subcommittee; Rep. Tom Price, M.D. (R-GA), an orthopedic surgeon and member of the Ways and Means Health Subcommittee; and Rep. Raul Ruiz, M.D. (D-CA), an emergency physician elected to Congress last fall.

All of these physician members of Congress stressed that physicians must increase their engagement in the legislative process because so much of what happens in Washington, DC, impacts the practice of medicine and the care that patients receive. Rep. Ruiz also encouraged physicians to focus on developing evidence-based policy solutions not tied to ideology or partisanship.

SCAI continues to be the voice of interventional cardiology on Capitol Hill. For information about how you can participate, log on to www.SCAI.org/Advocacy/Involved.

**Specialty Spotlight**

**American Society of Plastic Surgeons: Breast Cancer Patient Education Legislation**

October is National Breast Cancer Awareness Month and the American Society of Plastic Surgeons has worked with Senators Sherrod Brown (D-OH) and Roy Blunt (R-MO) and Representatives Leonard Lance (R-NJ) and Donna Christensen, MD (D-VI) to introduce the Breast Cancer Patient Education Act (S. 931/H.R. 1984). This legislation would direct the Secretary of the Department of Health and Human Services (HHS) to create an educational campaign to help women understand their options for reconstruction prior to mastectomy.

Since 1998, health plans that offer breast cancer coverage have been required by federal law to provide for breast reconstruction and prostheses. Surprisingly, only 33% of breast cancer patients undergo breast reconstruction. The two dominant reasons why women do not undergo breast reconstruction are: (1) the woman was not informed of her options, and (2) the woman was not referred to a breast reconstruction surgeon. Additionally, African American women under the age of 40 are much more likely to be diagnosed with breast cancer than their Caucasian peers and it is the most common form of cancer in Hispanic women. Therefore, the bill focuses on informing patients who are members of racial and ethnic minority groups.

Educational materials should inform women that breast reconstruction is possible at the time of breast cancer surgery, it may be delayed until after other treatments, or they may choose not to have reconstruction and be informed of the availability of prostheses or breast forms. Also, educational materials should inform breast cancer patients that federal law mandates coverage of breast reconstruction, even if such reconstruction is delayed until after other treatments. The information will be required to be posted on the websites of relevant Federal agencies, such as the Office of Women’s Health and the Office of Minority Health.

Disclaimer: All Specialty Spotlight articles are contributions from Alliance of Specialty Medicine member organizations. All statements and opinions included in the Specialty Spotlight are strictly that of the contributing organization and do not necessarily imply those of the Alliance of Specialty Medicine.
(continued from page 2)

Alliance agrees that eliminating the SGR is essential to ensuring a stable payment system and providing Medicare beneficiaries timely access to care, there remain a number of provisions in the proposal that will make it very difficult for specialists to demonstrate full support for the legislation.

Specifically, the Alliance remains concerned that the revised Senate Finance Committee proposal continues to reflect a 0 percent update in Medicare payments to physicians for the next 10 years. This freeze to physician payments ignores the cost of treating patients and the resources needed to invest in quality improvement activities. The Ways and Means Committee’s SGR proposal was recently updated and would now provide a small positive update (0.5 percent) for the first 3 years, followed by 7 years of 0 percent updates.

Specialty docs are also disappointed about the budget neutrality aspect of the quality improvement programs, particularly given the costs associated with practices adopting the technologies and infrastructure to engage in clinical improvement activities. Both the Senate Finance and House Ways and Means proposals would ensure that there will inevitably be “losers” in the provider community regardless of performance.

The Alliance will continue to work with the Committees to develop amendments as the proposal makes its way through the legislative process.

**Alliance in the News**

CQ Weekly -- Cover Story  “The Doc Cap” -- November 4, 2013

**Upcoming Alliance Events**

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<td>Physician Advisory Council Conference Call</td>
<td>January 27, 2014, 9:00 p.m.</td>
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<tr>
<td>Policy Roundtable</td>
<td>March 2014</td>
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<tr>
<td>Physician Advisory Council Meeting</td>
<td>July 7, 2014, 5:00 p.m.</td>
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<td>Fly In</td>
<td>July 7, 2014 - July 9, 2014</td>
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<td>Policy Roundtable</td>
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*NOTE: Participation in Alliance events is by invitation-only, with some exceptions. To learn more about how you or your organization can participate, please contact your organization’s staff liaison to the Alliance or Vicki Hart at vhart@hhs.com.*

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SPECIALTY MEDICINE ON-CALL | JANUARY 2014
Join the most powerful group of specialty physicians!

Joining forces with specialty doctors from across the country helps amplify the concerns specialty doctors share. By working together, specialty medical organizations can work more effectively to influence health care policy and ensure our primary goal: to continue to provide our patients the optimal care they need. As a part of the non-partisan umbrella organization representing all of specialty medicine, your organization will:

- Promote specialty specific issues as part of a larger coalition, increasing visibility and understanding of issues.
- Help increase exposure for specialty medical care.
- Gain access to insider information, background materials and research on health policy initiatives and the political landscape.
- Receive expert analysis on proposed legislation
- Caucus with other specialty organizations at the AMA House of Delegates and other forums to promote key issues that are important to specialty physicians.
- Coordinate physician and patient grassroots efforts through a large and robust network.
- Participate in future Alliance Fly-In events in Washington, D.C. Past events have included Capitol Hill visits and presentations by health policy experts.

For information on joining the Alliance of Specialty Medicine,
visit our website at www.specialtydocs.org or contact Vicki Hart at vhart@hhs.com.