

SPECIALTY MEDICINE ON-CALL

October 2011

“Super Committee” Members Meet with Specialty Physicians

Following its recent letter to the Joint Select Committee on Deficit Reduction, members of the Alliance have been meeting with members of the “Super Committee” to relay its concerns about the Independent Payment Advisory Board (IPAB), the flawed Sustainable Growth Rate (SGR) formula, and the medical liability reform crisis.

The specialty physician coalition has met with majority and minority staff of the Senate Finance Committee, as well as individual Debt Committee members and their staff, with a request that its “top three” issues be addressed in the recommendations expected in coming week.

IPAB: The Alliance has opposed the Affordable Care Act (ACA) mandated IPAB, whose recommendations would focus on cutting physician reimbursements

The Alliance of Specialty Medicine (the Alliance) is a coalition of national medical societies representing specialty physicians in the United States. This non-partisan group is dedicated to the development of sound federal health care policy that fosters patient access to the highest quality specialty care.

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recommendations.

SGR: The Alliance urges fair Medicare payment for physicians and seeks full repeal of the flawed payment system. Given the SGR’s impact on the current budget outlook, as well as Medicare’s long-term solvency, the Super Committee must seriously consider action on this important issue.

Medical Liability: The Alliance looks to the commission for a recommendation that would facilitate meaningful medical liability reform, which could reduce total health care spending by about 0.5 percent (about \$11 billion in 2009) and help achieve health system savings of up to \$54 billion over the next decade by reducing the incentives for defensive medicine while also protecting physicians from unaffordable liability premiums, according to the Congressional Budget Office (CBO).

The Alliance will continue meeting with the Debt Committee members and staff over the coming weeks in anticipation of its forthcoming recommendations.

for the first several years. Specialty physicians have urged the board’s repeal, citing concerns about the board’s structure, composition, law-making authority and scope of

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Alliance of Specialty Medicine Rejects MedPAC's Framework for Repealing SGR

Following the September meeting of the Medicare Payment Advisory Commission (MedPAC), the Alliance of Specialty Medicine issued a statement repudiating a potential framework to reduce the cost of replacing the Sustainable Growth Rate (SGR) formula, which would reduce Medicare reimbursements to specialists by 5.9% per year for three years, while freezing the reimbursement rate for primary care physicians, among other things.

“The failure of the SGR is not the fault of physicians,” explained Alex Valadka, MD, a neurosurgeon from Austin, TX and spokesperson for the Alliance, “and doctors should not be required to pay for its repeal essentially through cuts to ourselves.” Dr. Valadka further noted that the proposal devalues the expertise and critical care that specialists provide to Medicare patients and will further restrict access to care for them.

The Alliance also sent a letter MedPAC Chairman, Glenn Hackbarth, JD, outlining its chief concerns, including that the cost of eliminating the SGR should be viewed as a societal cost, and other Medicare

providers and/or programs outside of Medicare should share in the cost of the offset. “[W]hile the Alliance understands MedPAC’s desire to support primary care, we have serious objections to the recommended proposal to essentially hold primary care ‘harmless’ while cutting specialty physicians’ reimbursement,” the specialty docs noted in the letter.

The Alliance also expressed concern about a component of the proposal that would require the Secretary of Health and Human Services to meet an annual, arbitrary numeric goal for reducing relative value units (RVUs), in addition to the reductions noted above.

Finally, the Alliance urged MedPAC to consider recommendations that would support private contracting. Private contracting would empower patients with the ability to obtain medical services from the physician of their choice and without penalty to the patient or physician.

Review the Alliance’s letter to MedPAC and press release at www.specialtydocs.org.

Specialty Doc's to FDA: Do Not Eliminate 510K Program

The Alliance of Specialty Medicine submitted formal comments to the US Food and Drug Administration (FDA) regarding the recent Institutes of Medicine (IOM) report, Medical Devices and the Public's Health, the FDA 510(k) Clearance Process at 35 Years. In the letter, the Alliance expressed support for the FDA's 510K program, rejecting IOM's suggestion that it be eliminated.

"While some concerns about the 510(k) process are valid and deserve serious attention, there is no public health crisis involving the 510(k) process that should call for its elimination as the IOM acknowledges," the Alliance stated.

According to the Alliance, the IOM committee's limited data-collection activities affected its ability to adequately assess the quality of both the 510(k) submissions and CDRH's reviews of those submissions thoroughly. The Alliance also questioned the level of representation from practicing specialists who use implantable devices and could provide a critical perspective on this issue.

In addition, specialists explained that FDA should not become involved in regulating the practice of

medicine or limit the ability of physicians to provide patients with the best, safest, and most advanced care possible. Specifically, the Alliance strongly disagrees with the recommendation that FDA seek the statutory authority to consider off-label use when determining intended use. FDA currently has more than adequate enforcement powers relating to off-label matters.

"Any additional authority could improperly hamper the practice of medicine, as physicians rely on the ability to use approved devices to treat conditions that are closely related to an indicated condition," specialty physicians explained. "It is not uncommon for some uses of medical products supported by clinical literature to become standard of care in the practice of medicine before they are approved or cleared by the FDA."

Recommendations to provide FDA the necessary additional resources to improve its ability to meet organizational responsibilities, enhance training for FDA reviewers, and simplify the "de novo" process were also made.

A copy of the letter is available for review on our website, www.specialtydocs.org.

Specialty Spotlight – Heart Rhythm Society

October is Sudden Cardiac Arrest (SCA) Awareness Month. Do you know the difference between SCA and a heart attack?

Sudden Cardiac Arrest (SCA) is one of the nation’s leading killers, claiming the lives of over a quarter of a million Americans each year. In fact, SCA claims one life every two minutes, taking more lives each year than breast cancer, lung cancer or AIDS.

According to a survey issued by the Heart Rhythm Society, more than 70 percent of Americans not only underestimate the seriousness of SCA, but also believe SCA is a type of heart attack.

Contrary to popular belief, SCA is NOT a heart attack. There are several notable differences between the two serious conditions:

1. SCA is a malfunction of the heart’s “wiring” or electrical system that controls your heartbeat. Heart attacks result from bad “plumbing”, or problems within the blood vessels that carry oxygen to the heart muscle.
2. SCA immediately and completely halts blood flow throughout the body, starving the entire body of oxygen. Heart attacks (also called myocardial infarctions or MIs) reduce or block circulation to a particular area of the heart muscle.
3. SCA occurs without warning and is often the first indication of unsuspected heart rhythm problems. It can strike at any age – even healthy infants, high school athletes, and adults with no signs of prior heart disease. Loss of consciousness

occurs within 20 seconds. Heart attacks are usually (but not always) preceded by chest discomfort or trouble breathing and happen to people with high cholesterol, high blood pressure, or a personal or

family history of heart disease. Heart attacks can trigger the deadly heart rhythm called ventricular

continued next page



Heart Rhythm Society
Restoring the Rhythm of Life

**Think
Sudden Cardiac Arrest
is a Heart Attack?**



That's like comparing apples and oranges.

There's a critical difference.
Heart Attack blocks blood to the heart.
Sudden Cardiac Arrest *stops* the heart.

Heart attack survivors face the highest risk of SCA.
But your doctor can help you manage it.
Learn about maintaining a healthy Ejection Fraction
– the primary measure of your risk for SCA.

Sudden Cardiac Arrest. It's different.

October is Sudden Cardiac Arrest Awareness Month



Learn more at HRSONline.org
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from previous page

fibrillation that causes SCA.

4. SCA has a cure. It is to “shock” the heart back to normal rhythm with a machine called an automated external defibrillator (AED). But the window of opportunity is short—chances of survival decrease about 10 percent for each minute spent waiting for a defibrillator. Most victims of SCA - 95% - die because they are not able to receive a life-saving shock from an AED within 4-6 minutes after the incident. Heart Attacks can be treated with many therapies, and getting prompt emergency treatment can avoid or reduce heart muscle damage when symptoms are recognized early.

5. SCA occurs almost 1,200 times per day in the U.S. Heart attacks claim the lives of about 600 Americans daily, including 300 who die before reaching the hospital. Most of those deaths are from SCA. In order to increase awareness and prevent death due to sudden cardiac arrest, HRS launched the 2011 “Apples and Oranges” campaign. The campaign is designed to educate people about the difference

Next Month:

The National Association of Spine Specialists brings together more than 5,500 providers representing 23 specialties with an interest in spine care. NASS serves as a unified voice in the fight for sound health policy on behalf of spine specialists and patients. Check them out in the next issue of Specialty Medicine On-Call!

between a heart attack and SCA. It explains the symptoms and how to respond and prevent the occurrence of a SCA.

The campaign targets survivors of heart attack, who are at the highest risk for SCA, and stresses the importance of maintaining a healthy heart lifestyle and learning critical risk markers, especially a person’s Ejection Fraction (EF).

To learn more about the Heart Rhythm Society’s “Apples and Oranges” campaign, visit <http://www.hrsonline.org/News/SCA-awareness/index.cfm>.

Alliance in the News

The Alliance of Specialty Medicine was recently quoted in the following publications:

1. **Modern Physician:** “*SGR replacement proposal draws fire*” – September 16
2. **MedPage Today:** “*MedPAC Staff Urges Cutting Pay for Specialists*” – September 16
3. **CQ Healthbeat News:** “*MedPAC Doc Pay Overhaul Proposal Slammed*” – September 16
4. **The Hill’s Healthwatch Healthcare Blog:** “*Specialty groups say they shouldn’t have to pay for growth-rate fix*” -- September 26
5. **American Medical News:** “*Advisory panel proposes Medicare physician pay cuts*” – September 26
6. **Fierce Health Finance:** “*Specialty Physicians Balk at SGR Repeal Proposal*” -- September 27
7. **Physicians For a National Health Plan:** “*How much should physicians be paid?*” – blog post on September 28

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Heart Rhythm Society SM
Restoring the Rhythm of Life



SCAI
The Society for Cardiovascular Angiography and Interventions

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, visit our website at www.specialtydocs.org or contact Vicki Hart at vhart@hhstrategies.com