

# SPECIALTY MEDICINE ON-CALL

March 2012

## Alliance Member Testifies At IPAB Repeal Hearing

**O**n March 6, 2012, David Penson, MD, MPH, testified before the House Ways & Means Health Subcommittee on behalf of the American Urological Association (AUA) to share concerns about the Independent Payment Advisory Board (IPAB). The AUA, through the Alliance of Specialty Medicine, has opposed the IPAB since its inception and repeatedly called on Congress for its repeal.

In his testimony, Dr. Penson expressed concern with the IPAB and its likely potential impact on patient access to care. This access is already threatened due to slated reductions stemming from the flawed Medicare physician payment update mechanism, the Sustainable Growth Rate (SGR) formula. Dr. Penson referenced a recent Alliance survey of specialists, which found more than one-third of specialists plan to change their participation status if reimbursement is significantly cut, with

another third planning to opt-out of Medicare for two years and privately contract with patients. Specialists are considering limiting the number of Medicare beneficiaries they see, as

well as reducing the services they offer, just to keep their doors open.

To help the subcommittee better understand the negative impact IPAB would have, Dr. Penson drew the subcommittees attention to the current impact of the U.S. Preventive Services Task Force (USPSTF). This fall, the USPSTF released new draft recommendations to discourage PSA-based screening for prostate cancer without consulting with urologists. Given the broader authority of this task force by way of the Affordable Care Act, these recommendations are tied to patient cost-sharing and are intended to limit access to this preventive service.

“Like the IPAB, the Task Force lacks accountability, clinical expertise and transparency in its proceedings. The Task Force does not consult with the specialty areas relevant to the specific recommendations and only recently added a public comment period, in response to criticism,” he explained.

Dr. Penson worries that the IPAB’s impact will be more severe given its narrow scope specifically aimed at reducing spending growth in the Medicare program, as well as its initial focus on physicians, and primarily specialists.

“While we are in agreement that Medicare spending growth is unsustainable and payment policy issues are challenging; it is your duty and responsibility as elected officials to address these issues. The care of our nation’s seniors and individuals with disabilities is far too important to leave in the hands of unelected Board members.”

Read the full testimony at [waysandmeans.house.gov](http://waysandmeans.house.gov)

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.

[www.specialtydocs.org](http://www.specialtydocs.org)

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## Specialty Docs Voice Concern over Proposed “Sunshine” Report Regs

**T**he Centers for Medicare and Medicaid Services (CMS) proposed regulations on transparency or “sunshine” reports drew significant concern from the Alliance of Specialty Medicine.

“The Alliance believes that relationships between physicians and industry are important for the advancement of medical technologies and improving patient care,” they explain in a letter to the agency. Comments from the specialists coalition outlined specific issues in the proposal related to indirect payments through a third party, the definition of educational materials that directly benefit patients, and the burden of the appeals process.

“Medical societies such as the members of the Alliance routinely receive unrestricted grants from applicable manufacturers to fund educational programs or educational tracks at their annual meetings,” the Alliance groups explain. “Although medical societies may use some of these funds, along with other revenue sources, to support an educational event, the speakers are chosen by the society and are

generally not aware of the funding sources for the event.”

Alliance members are concerned manufacturers might have to report these payments as a transfer of value to the faculty member even though the medical society actually transmits the funds to the faculty. In addition, since payments for the speaker often comes from multiple pooled sources and the speaker is chosen independent of the funding source, it will be close to impossible for manufacturers to accurately report data on these indirect payments.

Moreover, Alliance member societies are concerned about unintended consequences. Specifically, physicians participating as faculty may unknowingly be labeled as having a conflict with a particular manufacturer(s) for which they did not seek, accept, nor directly benefit from. “Ultimately, these physicians may be prevented from serving on a guideline panel where their expertise is warranted and invaluable,” the Alliance explains.

Read the full letter online at [specialtydocs.org](http://specialtydocs.org).

## Alliance Weighs-In on Programs That Reward Docs for Quality, Efficient Care

Following a recent hearing of the House Ways & Means Health Subcommittee on “Programs That Reward Physicians Who Deliver High Quality and Efficient Care,” Alliance members submitted testimony for the record sharing specialty community initiatives aimed at driving quality improvement in health care.

“Many of [the Alliance] medical specialty societies have a physician-driven national quality improvement initiative based on national registries with clinically-relevant performance measures developed from evidence-based guidelines,” they explain. “While more work remains, these physician-driven initiatives provide a unified approach to benchmark specialty practices and provide relevant feedback to physicians on how their performance compares with the national standard.”

Additionally, the Alliance expressed concern

about misalignment between payer-led quality improvement initiatives and those driven by the physician community, as well as concerns about the failure of many payer-driven programs to accommodate different specialties and care settings, a reliance on measures that are inadequately risk adjusted and not necessarily linked to better patient outcomes, and the resulting diversion of significant resources from direct patient care.

“Although the Alliance understands the desire to measure and improve both the quality and efficiency of health care, programs that rely on inaccurate ratings to steer patients to select physicians and to alter physician reimbursement will only restrict patient access to the high value care they deserve.”

A copy of the Alliance statement is available at [specialtydocs.org](http://specialtydocs.org).

## Alliance “Roundtable” Features AHRQ’s Carolyn Clancy, CMMI’s Sean Cavanaugh

On March 15, 2012, the Alliance of Specialty Medicine will host Carolyn Clancy, Director of the Agency for Healthcare Research and Quality (AHRQ) and Sean Cavanaugh, Acting Director of Programs and Policies at the Centers for Medicare and Medicaid Innovation (CMMI) at its first-ever Physician Policy Roundtable event at the US Capitol.

Specialty physicians from the 12 member

societies will dialogue with the AHRQ and CMMI leaders on specialty engagement in quality efforts aimed at achieving greater value while preserving innovation and patient-centered care. They will also discuss the impact of new payment models, including accountable care organizations (ACOs), on specialty physicians.

## The Alliance Welcomes New Member, the American Society of Echocardiography

**T**he largest global organization for cardiovascular ultrasound imaging, the American Society of Echocardiography (ASE), is a membership group comprised of over 15,000 physicians, sonographers, nurses and scientists. ASE provides guidance, expertise and education to its members with a commitment to improving the practice of ultrasound and imaging of the heart and cardiovascular system for better patient outcomes. Formed in 1975, the organization has a full range of activities including the creation and distribution of guidelines, a monthly medical journal (JASE), professional education, advocacy initiatives, public awareness outreach, research grants, and quality initiatives, among others. Over the past 36 years, ASE has worked hard to define the practice of cardiovascular ultrasound through document development addressing the use of new technologies, appropriate use, condition-based use of ultrasound, and big-picture issues such as the use of echocardiography

in clinical trials. ASE has partnered with the European Association of Echocardiography and the American College of Cardiology, among other organizations, on numerous guidelines to try to standardize patient care across the globe. ASE is committed to providing educational resources to health practitioners that will ensure the highest quality of patient care, and providing tools to facilitate the incorporation of quality into the practice of cardiovascular medicine.

ASE is looking forward to being actively engaged as a member of the Alliance and is committed to supporting its initiatives and the development of sound federal health care policies that foster patient access to the highest quality specialty care.

For more information on ASE, visit [www.asecho.org](http://www.asecho.org) or ASE's public information site, [www.SeeMyHeart.org](http://www.SeeMyHeart.org).

### Alliance in the News

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

- ◆ Politico Pulse: "In the Blink of an Eye-PAB" – March 6, 2012
- ◆ CQ Healthbeat News: "GOP Bill to Repeal Medicare Cost-Cutting Panel Advances" – February 29, 2012
- ◆ Modern Healthcare: "Specialty-group coalition, Premier back doc-payment transparency push" – February 20, 2012
- ◆ Modern Physician: "Specialists call out CMS on doc fees" – January 4, 2012

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## 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](http://www.specialtydocs.org) or contact Vicki Hart at [vhart@hhstrategies.com](mailto:vhart@hhstrategies.com)