

Aug. 5, 2011

AMA/FEDERATION NEWS: National headlines, grassroots news and important AMA announcements for Federation executives and communicators.

TOP STORIES

1. Debt crisis averted, but Medicare physician payment issue remains
2. Comments needed for survey on Medicare annual wellness visit
3. AMA clarifies involvement in new AHA forum

FEDERATION NEWS

4. Physicians urge CMS to make additional changes to ePrescribing penalty program
5. AMA joins efforts to ease restrictions on FSA and HSA funds

PUBLIC HEALTH

6. Report says U.S. obesity numbers continue to swell

ANNOUNCEMENTS

7. Webinar covers new menu of payment options
8. Pharmacogenomics brochure uses case-based approach
9. Aug. 10 webcast can show physicians a pathway to meaningful use

TOP STORIES

1. Debt crisis averted, but Medicare physician payment issue remains

Although federal lawmakers passed legislation this week that ends the nation's debt ceiling standoff, a nearly 30 percent cut in Medicare physician payments still is scheduled to take effect Jan. 1.

President Obama signed the legislation into law Tuesday afternoon after it passed the U.S. House of Representatives on Monday night and the Senate on Tuesday morning. The law calls for a yet-to-be-filled, 12-member congressional debt committee to propose new deficit reduction plans that potentially include entitlement program changes. The AMA expects the Medicare physician payment issue to be among those the committee will address.

However, the committee is required to report its recommendations to Congress by Nov. 23 and to act on those recommendations, without amendment, by Dec. 23—a little more than a week before the 30 percent payment cut is to take effect.

"It's unfortunate the debt committee deadline is just a few days before the 30 percent cut takes place," said AMA Immediate Past President Cecil B. Wilson, MD.

"But the debt committee is an ideal venue to deal with a longer-term solution to the Medicare physician payment problem, as we can't tackle the long-term national debt without acting on Medicare physician payment.

"Repeated Band-Aid fixes have only served to increase the size of the Medicare cut and the cost of reform. A careful look at this issue will show that short-term actions are the wrong answer to a long-term problem."

2. Comments needed for survey on Medicare annual wellness visit

Physicians are encouraged to participate in a brief survey from the AMA about how the Affordable Care Act's annual wellness visit for Medicare patients will affect their practices.

The Centers for Medicare & Medicaid Services (CMS) is requesting public comments on the Medicare annual wellness visit, specifically the extent to which incorporating the pre-visit health information/risk assessment will affect practices. Survey responses will help ensure that the AMA's comments to CMS reflect physicians' experiences.

The survey will close Aug. 15; physicians can visit <http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr,m5kf,2ke5,2y01,khuo,9t9z,a6f9> to access it.

3. AMA clarifies involvement in new AHA forum

The AMA is not a partner in the American Hospital Association's (AHA) recently convened Physician Leadership Forum, the AMA said in a statement

The statement followed a July 19 report by Modern Healthcare that erroneously said the AMA was an external partner in the initiative. In the statement, AMA Board Chair Robert Wah, MD, said the AMA has no formal participation in the forum but looks forward to learning more about its work and potential opportunities for future AMA engagement.

"The AMA is actively engaged in addressing the important issues affecting all physicians, including hospital-based physicians, such as ensuring new models of care delivery are developed in a way that provides the best results for physicians and patients," Dr. Wah said. "We are interested in hearing more about the AHA Physician Leadership Forum, which seeks to address many of these same issues."

Modern Healthcare cited Dr. Wah's comments in a follow-up story July 25. Visit <http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr,m5kf,2ke5,hms0,jaam,9t9z,a6f9> to read the story; a subscription is required to view it.

FEDERATION NEWS

4. Physicians urge CMS to make additional changes to ePrescribing penalty program

The AMA and 91 state and specialty medical societies submitted formal comments Monday to the Centers for Medicare & Medicaid Services (CMS) on proposed changes to the Medicare ePrescribing Incentive Program. CMS issued a proposed rule on the program in late May after the AMA continually stressed to senior CMS officials the urgent need to revise the policy.

In their comments, the physician groups state that while they appreciate the modifications CMS presented in the proposed rule, more changes are needed. Specifically, the groups continue to express serious concern over applying physician penalties in 2012 based on the last-minute 2011 reporting requirement.

They also shared their concerns about there not being enough time to apply for an exemption from the 2012 penalty, and the lack of an additional reporting period in 2012 for physicians who could not comply with the program requirements in 2011 through no fault of their own.

"Physicians are working hard to adopt ePrescribing and other health information technology and should not be unfairly penalized for practice patterns that do not fit neatly within the current, limited exemption process," AMA Immediate Past President Cecil B. Wilson, MD, said.

Visit

<http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr,m5kf,2ke5,8mp,9s8z,9t9z,a6f9> to view the group's comment letter.

Visit

<http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr,m5kf,2ke5,ks1m,5did,9t9z,a6f9> to read more details in an AMA news release.

5. AMA joins efforts to ease restrictions on FSA and HSA funds

The AMA recently announced its support of legislation that would repeal a provision of the Affordable Care Act prohibiting patients from using tax-preferred accounts, such as flexible spending accounts (FSAs) and health savings accounts (HSAs), to purchase over-the-counter medicine without a prescription.

The legislation, the "Restoring Access to Medication Act," was introduced in the U.S. House of Representatives by Reps. Lynn Jenkins, R-Kan., and Shelley Berkley, D-Nev., as H.R. 2529 and in the Senate by Sens. Pat Roberts, R-Kan., and Ben Nelson, D-Neb., as S. 1368. Earlier this year, the AMA joined a broad coalition of stakeholders, including retailers, consumer health product manufacturers and other physician groups in sending a letter to congressional leaders calling for legislation repealing these requirements.

Visit

<http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr,m5kf,2ke5,188f,m9tg,9t9z,a6f9>
to view the letter.

Read more about this in the latest edition of Health System Reform Insight, the AMA's bi-monthly e-newsletter that helps you understand the new direction in the nation's health system and what it means to physicians and their patients.

Visit

<http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr,m5kf,2ke5,jq9t,hliy,9t9z,a6f9>
to view the House bill.

Visit

<http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr,m5kf,2ke5,8rq,jc8a,9t9z,a6f9>
to view the Senate legislation.

PUBLIC HEALTH

6. Report says U.S. obesity numbers continue to swell

National obesity rates have risen in the past year, increasing in 16 states and decreasing in none, according to a report by the Trust for America's Health and the Robert Wood Johnson Foundation.

The report, "F as in Fat: How Obesity Threatens America's Future," notes that 12 states now have obesity rates of 30 percent or more, led by Mississippi at 34.4 percent. That's a staggering jump from just four years ago, when only a single state had an obesity rate of more than 30 percent.

The report also found ethnic, racial and socioeconomic variations in obesity. Among adult blacks, obesity rates were higher than 40 percent in 15 states, more than 35 percent in 35 states, and more than 30 percent in 42 states and the District of Columbia. Among Latinos, obesity rates were higher than 35 percent in four states and 30 percent or more in 23 states.

Adult obesity rates among whites were higher than 30 percent in only four states and no higher than 32.1 percent.

Visit

<http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr,m5kf,2ke5,6yes,howb,9t9z,a6f9>
to view the report.

View

<http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr,m5kf,2ke5,bpm5,88nm,9t9z,a6f9>

to read more about it.

ANNOUNCEMENTS

7. Webinar covers new menu of payment options

Learn about new initiatives and pilot programs being tested in Medicare and the private sector by accessing a recording of an AMA webinar that aired July 28.

The hourlong webinar highlights advocacy efforts with Congress and the White House around the Medicare physician payment issue, explains the AMA's comments on the proposed federal rule for accountable care organizations and describes AMA resources on physician payment. AMA President-elect Jeremy Lazarus, MD, and Harold Miller, executive director of the Center for Healthcare Quality and Payment Reform and a nationally recognized expert on accountable care organizations, lead the program.

AMA members and Federation staff can access the recording for free. Visit <http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr,m5kf,2ke5,3dbw,llge,9t9z,a6f9> to access it.

8. Pharmacogenomics brochure uses case-based approach

A new brochure on pharmacogenomics—the study of genetic variations that influence individual response to drugs—is intended to introduce the concept to physicians and other health care providers using a case-based approach.

Pharmacogenomics is a crucial component of personalized medicine and individual health care, providing research that has advanced the prediction rate and reduced the risk of certain diseases. The brochure, produced by the AMA, Critical Path Institute and the Arizona Center for Education and Research, was developed for those providers who may not have extensive experience with pharmacogenomics.

Enzymes responsible for drug metabolism and proteins that determine the cellular response to drugs (receptors) are encoded by genes, and can therefore be variable in expression, activity level and function when genetic variations are present. Knowing whether a patient carries any of these variations may help health care professionals individualize drug therapy, decrease the number of adverse drug reactions and increase the effectiveness of drugs.

Visit <http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr,m5kf,2ke5,fwnt,atgh,9t9z,a6f9> to learn more about pharmacogenomics.

9. Aug. 10 webcast can show physicians a pathway to meaningful use

Physicians are invited to join Join Amagine, Inc., a subsidiary of the AMA, and WellCentive for a free webinar at noon Eastern time Aug. 10 and learn how WellCentive EHR-M and AMAGINE e-Prescribe can help them meet federal meaningful use requirements.

Visit

<http://www.elabs10.com/ct.html?rtr=on&s=x8pbgr,m5kf,2ke5,aa4j,dyum,9t9z,a6f9>
to register for the program.

External links to Web sites and email addresses are offered to provide readers with additional sources of news and information. The AMA is not responsible for the content contained in these external sources.

If you have any questions regarding this newsletter please send an email to AMA.Federation.News@ama-assn.org or call (312) 464-4657.

TO CHANGE YOUR E-MAIL ADDRESS: Send an email to AMA.Federation.news@ama-assn.org with your old email address and your new email address.

To unsubscribe, send an email to: unsubscribe-119741@hq.ama-assn.org

Sent by:

American Medical Association * Helping doctors help patients
515 N. State Street
Chicago, Illinois, 60654
(312)464-5000