Pennsylvania Medical Society

2016-2017 Priorities
About PAMED

PAMED’s Mission:
The Pennsylvania Medical Society (PAMED) is the voice of Pennsylvania's physicians, advancing quality patient care, the ethical practice of medicine, and advocating for the patients they serve. We promote physician leadership, education, professional satisfaction, practice sustainability, and the public's health.
What Does PAMED Do?

- **Advocate for physicians** with the government, insurance companies, and others

- **Provide members with timely information, expert services, and professional support** on medical practice issues

- **Advance public health, public policy, medical science, education, and ethics**

- **Advocate for patients**

- **Work in partnership with a number of stakeholders**, such as county and specialty medical societies
PAMED Recruitment and Retention 2016-2017

• PAMED has created segmented physician focuses to provide more pertinent information and services – health system/employed, academic, large group, independent, early career, etc.

• PAMED is focusing on early career physicians – leadership academy, contract review, “40 under 40”

• PAMED is continuing to develop and bolster core physician member needs – practice management, medical economics, and payer relations

• Expanded Knowledge Center capabilities – PAMED provides even more real time assistance and expedited access to subject matter experts. Call 855-PAMED4U (855-726-3348) or email stat@pamedsoc.org.
PAMED Priorities

- **Advocacy** – Opioids, medical marijuana, Prescription Drug Monitoring Program (PDMP), Maintenance of Certification (MOC)

- **MACRA** – Moving from volume to value, practice networks, and alternative payment models (clinically integrated networks)

- **Opioids** – Education, training, understanding treatment

- **Understanding member needs** – Grow key resources to assist in areas of greatest need

- **Communications** – Let members know what PAMED is doing for them, including state, federal, and payer advocacy efforts and products and services designed to help members address challenges and emerging issues.
Legislative Update - PDMP

- **Prescriber responsibilities:**
  Prescribers must query the Prescription Drug Monitoring Program (PDMP) if one of two conditions occurs: 1. each time a patient is prescribed a controlled substance for the first time or 2. the prescriber believes, or has reason to believe, using sound clinical judgment, that the patient may be abusing or diverting drugs.

- **How to register:** Register in the PDMP at [www.doh.pa.gov/PDMP](http://www.doh.pa.gov/PDMP). You must register even if you don’t prescribe controlled substances.

- **Designees:** A prescriber can designate an employee to access the PDMP, and shall give preference to a professional nurse licensed by the State Board of Nursing.
• **Penalties:** There is the possibility of licensure sanctions, civil and criminal penalties.

• **More on reporting responsibilities under the law:**
  [www.pamedsoc.org/database](http://www.pamedsoc.org/database)

• **DOH contact info:** The Pennsylvania Department of Health is the lead agency overseeing this program. You can reach the PDMP office by calling 844-377-PDMP (844-377-7367) M-F, 9 a.m.- 5 p.m. EST, or by emailing RA-DH-PDMP@pa.gov.
Bills introduced: Both Senate Bill 1342 (Sen. Vogel, R-Beaver) and House Bill 2267 (Rep. Quinn, R-Bucks) have been introduced.

Educating key legislators: In conjunction with HAP, PAMED has begun educating legislators who sit on the Senate and House Insurance Committees, where the bills have been referred, respectively.

We have seen continued pressure from vendors, namely Teledoc, that continue to insist that “audio only” services can meet the criteria that constitute an established “practitioner-patient” relationship, as required by the legislation.
The legislature plans to hold a special session on the opioid crisis. This special session is rare and will solely focus on legislation related to opioids. Legislation expected will be mandated CME, PDMP utilization, mandated prescribing guidelines, pharmacy engagement in the PDMP, and medical education.
Legislative Update – Retroactive denial of claims

• This session, we saw the introduction of Senate Bill 554 (Sen. Argall, R-Schuylkill), House Bill 1178 (Rep. Barrar, R-Delaware), and most recently a “compromise” measure, House Bill 2241 (Rep. Boback, R-Luzerne).

• The objective of all three bills — to deny health insurers the ability to reclaim payments made to health care providers long after the service has been provided.

• PAMED and other provider groups have advocated for 12-18 month limitations. HB 2241, which was recently passed by the House Insurance Committee, sets the retroactive denial time frame at two years. PAMED believes that although not ideal it is a reasonable compromise.
Legislative Update – More Insurance Reforms

• **Credentialing** – HB 1663 aims to streamline the physician credentialing process and make it timelier and more uniform across all insurers in Pennsylvania. Passed by the House Heath Committee 17-6 on Sept. 21, 2016.

• **Prior authorization** – HB 1657 would increase transparency and consistency in prior authorization criteria, establish standards for and reduce the overuse of prior authorization, lessen manual processes and enhance the electronic exchange of information, develop a standard prior authorization form, and improve response times for prior authorization determinations.
Elections

• Congressional Elections
  – Incumbent Challenged Races:
    • 6th – RYAN COSTELLO (R) vs MIKE PARRISH (D)
      Berks, Chester, Lebanon, Montgomery
    • 7th – PAT MEEHAN (R) vs MARY ELLEN BALCHUNIS (D)
      Berks, Chester, Delaware, Montgomery
    • 9th – BILL SHUSTER (R) vs ART HALVORSON (R/D)
      Blair, Bedford, Cambria, Franklin, Indiana

• Open Races:
  • 8th – BRIAN FITZPATRICK (R) – STEVE SANTARSIERO (D)
    Bucks
  • 16th – LLOYD SMUCKER (R) – CHRISTINA HARTMAN (D)
    Lancaster

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PA Legislature Elections

• 15 House of Representative incumbents will not seek reelection.
  – Republicans: 92nd – Mike Regan; 101st – Maureen Gingrich; 106th – John Payne; 111th – Sandra Major; 150th – Mike Vereb; 158th – Chris Ross; 165th – William Adoph, Jr.; 183rd – Julie Harhart

• 4 Senate incumbents are not seeking reelection. Seats will likely go to current party.
  – Democrats: 3rd – Shirley Kitchen; 35th – John Wozniak
  – Republicans: 13th – Lloyd Smucker; 31st – Pat Vance

• Likely impacts from all the turnover: 1. New Senate and House leadership, 2. New committee leadership, 3. Freshmen legislators, 4. Strong PAMED supporters leaving, 5. Possible party shift in the House
The fee-for-service “business model” is not going to be the 2020 model.

Health care economics are changing.

MACRA begins to collect measures starting in January 2017, which will impact payment in January 2019.

Pennsylvania Medicaid in a recent RFP for managed care placed a requirement of 30% of payments tied to Alternative Payment Models (APMs).

The U.S. Department of Health and Human Services announced:
  – By the end of 2016, 30% of Medicare payments will be tied to quality or value through APMs, and 50% by the end of 2018.
  – By the end of 2016, 85% of Medicare FFS payments tied to quality or value, and 90% by the end of 2018.
CMS: “Pick Your Pace” Options for 2017

• Test the Quality Payment Program
  – Submit limited data after Jan. 1, 2017 to test system functionality
  – Avoid negative payment adjustment

• Partial-year participation in MIPS
  – Participate for a reduced number of days
  – Start after Jan. 1, 2017
  – Could qualify for small positive payment adjustment
MACRA – Volume to Value

CMS: “Pick Your Pace” Options for 2017

• Full-year participation in MIPS
  – Performance start date Jan 1, 2017
  – Modest positive payment adjustment

• Participate in Advanced APM
  – Qualifying Advanced APM Participant
  – 5% incentive payment
MACRA – Volume to Value

What should I focus on now to prepare?

• Learn - www.pamedsoc.org/macra
• Focus on Quality
  – Represents 50% of Composite Performance Score (CPS)
  – Careful selection of measures
  – Scoring will be based on performance
• Register for QRUR Workshop – Oct. 27 – www.pamedsoc.org/qrurworkshop
• Review workflows to increase efficiency
• Assess your current technology
• Plan 2017 participation level
• Contact PTNs
So how do physicians survive in the new world of health economics?

One option is a Clinically Integrated Network (CIN). So what is a CIN?

• Group of separate practices, each with a unique TIN, collaborating for everything needed to provide and demonstrate quality and high value care

• Sharing of resources and program costs (IT, data collection, and analysis)

• Purchasing with economies of scale

• Beginning process of assuming shared risk
MACRA and Clinically Integrated Networks

A well-led CIN provides:

- The infrastructure to efficiently, effectively, and comprehensively address the known issues in health care for the foreseeable future.

- An established physician-led network to efficiently address the unknown health care shifts of tomorrow.
2016 House of Delegates – Reference Committee of the Whole

- A Reference Committee of the Whole is being called at the 2016 House of Delegates. This is a rare reference committee held when an emerging issue requires input from all delegates.

- The purpose is for the committee to answer two questions:

  1. Should PAMED pursue the concept of clinically integrate networks (CINs) and a management services organization (MSO) to assist physicians in the age of MACRA?

  2. Should the HOD approve the allocation of up to $15 million from the Endowment to support PAMED’s CIN/MSO efforts?
Scott Shapiro, MD, President, PAMED
sshapiro@pamedsoc.org