



CAP Health Care Reform Agenda Frequently Asked Questions

1. What is the CAP Health Care reform agenda?

The College has identified the key issues that have the greatest impact on pathology and will be advocating to Congress to address those issues. The College's agenda addresses those issues that have potentially impact our practices today and those issues that impact our practices in the future.

2. What are the key issues facing pathologists?

Issues that impact pathology immediately include the Sustainable Growth Rate (SGR), Pay for Performance, Shifts in Payments to Primary Care Physicians, and Self Referral to name a few. The College expects that health care reform legislation will increase the reliance on a coordinated care model, and will be advocating for policy changes to ensure that pathologists are positioned as integral members of the health care delivery team.

3. What do you expect Congress to do about providing a permanent fix to the SGR in this term?

The College expects the SGR will be addressed in the short term to prevent the 21 percent reduction. A permanent fix for the SGR is too expensive to correct in the long term.

4. How will the proposed bonus incentives for primary care physicians and general surgeons impact pathologists?

In 2007, similar budget neutral increases to evaluation and management services reduced reimbursement to pathologists by eight percent.

5. Is CAP opposed to bonuses for primary care physicians?

The College supports bonuses for primary care physicians but believes these bonuses should be supported by new funding sources.

6. What is being proposed for pay for performance?

Financial penalties are being proposed for non-participation in the pay for performance program. Pathologists potentially face penalties because not enough pathology measures have been approved to meet the participation requirements for the program. These penalties could begin as early as 2012 and range from one to five percent of charges.

7. Why are there not enough measures for pathologists?

The CAP has been working to develop quality measures since 2006. Of the eleven measures developed, only two have been approved, leaving nine measures developed in 2007 stuck in the development pipeline.

8. What are the obstacles to the remaining nine performance measures being approved?

Current measure development requirements have made it exceedingly difficult to develop pathology measures that fit into the program's current restrictive design. The College is taking steps to ensure that pathologists can participate in public and private sector value-based purchasing initiative through mechanism that appropriately values their services.

9. What is the CAP doing to address contractual joint ventures?

The CAP believes that self-referral arrangements can only be controlled by removing the economic self-interest of ordering physicians and is urging policymakers to remove anatomic pathology from the in-office ancillary services exception.

10. What is the specific policy change the CAP is proposing to the Medicare consultative policy?

The College proposes a model for care coordination by calling for changes in Medicare billing requirements for physician consultations. The College asked for changes to the consultation policy to allow pathologists to bill for consultations for care coordination and diagnostic test selection consultations.

11. Aren't these services already covered under Medicare Part A?

No, the Medicare Part A currently covers general laboratory oversight and management by the laboratory director with respect to all patients. The College's proposal would cover consultations initiated by pathologists for individual patients.

12. Is the new policy suggesting pathologists need to consult on every laboratory test?

No, CAP's proposed policy would establish appropriate boundaries for pathologist-initiated consultations which ensure that these consultations would only be paid when the exercise of medical judgment was needed to benefit individual patients.

13. Can other lab professionals offer these medical consultative services?

Medicare policy stipulates that only physicians are designated as qualified providers to provide medical consultations to other clinicians.

14. With the potential to address workforce matters as part of health care reform, what is CAP doing about this?

The proposal being considered calls for the establishment of a National Workforce Strategy. The CAP supports the proposal and is calling for it to specifically address the laboratory workforce shortage as well as the establishment of a national commission to address long-term workforce issues/priorities.

15. Will other physicians be receptive to pathologists initiating consultations with them about their patients?

The federal government and other health care payers are placing a premium on a collaborative, coordinated care model to improve the delivery of care for all patients. We believe that under this new model, primary care physicians and other health care providers will welcome the pathologist assistance in helping to improve the delivery of care to all patients.

16. Won't pathologists need better access to the patient's health care record in order to play a more proactive consultative role?

Yes, and the College will be advocating to ensure that all pathologists, including those whose practices are located in the hospital, are eligible to receive funding to modernize laboratory information systems essential to coordinating care with primary care and other clinicians both inside and outside the hospital setting.