



Health Care Reform Agenda Overview

Since the 2008 election, lawmakers have debated a number of policy options that will form the foundation for health care reform and could impact health care delivery for many years to come. The College supports the broad objectives to expand health care coverage to uninsured individuals; to improve the quality of care by promoting greater coordination of care among health care professionals; and to reduce health care costs overall. With laboratory testing influencing 60 to 70 percent of health care decision-making, pathologists have a unique role in each patient's care, and can make a significant contribution to improving the quality of patient care, and reducing health care costs. The College's Health Care Reform Agenda identifies issues that can have an immediate impact on the delivery of pathology services, as well as issues with more long term effects.

Sustainable Growth Rate (SGR)

Policymakers Proposal: Unless Congress acts, on January 1, 2010, Medicare physician payments will be cut by 21.5 percent next year and by more than 40 percent over the next decade. The policy proposal contains two options to address this issue. The first option averts a payment cut in 2010 and provides a one percent positive increase in 2010 and 2011. The second option provides a "down payment" for longer term relief but as currently proposed, lacks specifics as to how this approach would be implemented.

CAP Position: It is crucial that any Committee proposal provide for a stable payment system that includes positive annual updates and accurately reflects increases in medical practice cost.

Budget Neutral Incentives for Primary Care Physicians and General Surgeons

Policymakers Proposal: Policymakers have proposed that a 5% incentive be paid to all primary care physicians and general surgeons to increase access to primary care services.

CAP Position: CAP supports providing incentive payments to encourage interest in these practice areas. However, CAP urges that payment increases for primary care be paid through new funding rather than by penalizing other members of the health care team. In 2007, similar budget neutral increases to evaluation and management services reduced reimbursement to pathologists by eight percent.

Value-Based Purchasing and the Physician Quality Reporting Initiative (PQRI)

Policymakers Proposal: Policymakers presented two options to extend the PQRI program past 2010, and both options include significant financial penalties for failing to participate in the PQRI program. The financial penalties could begin as early as 2012 and range from one to five percent of charges.

The Committee is also exploring new PQRI participation options that would allow physicians and other professionals to receive incentive payments for two successive years if, every two years, they participated in a qualified Maintenance of Certification (MOC) Program and complete a MOC practice assessment.

CAP Position: The CAP supports the concept of value-based purchasing and quality measures if properly designed and implemented. However, the current PQRI program's one-size fits all approach to measures development has made it difficult to develop measures that fit the restrictive program design. In addition, the measures development process has been unpredictable and has impeded the timely review of submitted performance measures. Shifting measures priorities, more stringent evidence requirements for new performance measures, and the lack of a defined mechanism that ensures timely review of the measures by NQF have all contributed to grid lock in the new measures approval process.

The CAP believes Congress should require CMS to further define the measures review process and allow for quality measure alternatives. Moreover, given the near impossible process to gain approval of pathology measures, we believe specialties such as pathology should be exempt from any penalties if they are unable to meet any new program participation requirements.

With regard to the Maintenance of Certification (MOC) alternative to PQRI participation, we do not believe this approach is currently viable because the MOC requirement applies only to the subset of pathologists who passed their boards in 2006 or later; also because most MOC programs are not currently administered every two years.

Self-Referral – Transparency

Policymakers Proposal: Lawmakers have proposed amending the in-office ancillary services (IOAS) exception under the 'Stark' self-referral law to require physicians to disclose financial interest in certain imaging services such as MRI, CT, PET and other radiology "designated health services" that the Secretary deems appropriate.

CAP Position: The CAP would urge Congress to address these types of abusive practices by removing anatomic pathology from the IOAS exception under the Stark law. However, if Congress declines to remove pathology from the IOAS exception, the CAP urges that the disclosure requirement be extended to laboratory testing, including anatomic pathology services. In addition, CAP stresses at a minimum that in office histology laboratories must be required to secure CLIA certification, similar to the requirement under MIPAA whereby imaging providers must be accredited.

Role of Pathologist in a Coordinated Care Model

Policymakers Proposal: Policymakers have indicated their intention to move to a coordinated care, team approach to health care delivery, which places primary care physicians at the center of patient care management. CMS and others have supported demonstration projects of this delivery model, but none to far have examined the optimum role of pathology.

CAP Position: The CAP supports moving toward a coordinated care model based upon the medical home concept outlined by the Committee and reflected in the current Center for Medicare and Medicaid Services (CMS) demonstration project. However, the CAP believes that to facilitate the success of the medical home, Congress should enable two-way collaboration between medical home providers and pathologists to ensure appropriate test selection and optimal therapy options for the patient in the coming age of personalized health care.

Furthermore, CAP urges Congress to require CMS to conduct a demonstration project that would evaluate the role of pathologist-initiated consultations on test selection and assisting in therapy management as a method to improve patient care and control costs. The project would assess whether this model provides for cost-effective utilization of tests, increased quality and reduced costs. Such a demonstration would focus on complex and costly genetic and other diagnostic tests that not only assist in the management of and diagnosis of disease, but also delineate an individual's unique responsiveness to preventive and therapeutic interventions.

Access to Electronic Health Records and Health IT Infrastructure

Policymakers Proposal: The American Recovery and Reinvestment Act (ARRA) included funding incentives to physicians and hospitals to encourage the adoption of electronic health records (EHR). However, hospital-based physicians, including pathologists were excluded from the incentives, under the assumption that the hospital would provide the necessary health information technology (health IT) support for these physicians.

CAP Position: The CAP urges Congress to ensure that all pathologists, including those whose practices are located in the hospital, are eligible to receive funding to modernize laboratory information systems and the necessary connectivity software and electronic infrastructure which are essential to coordinating care with primary care and other clinicians both inside and outside the hospital setting. Pathologists, regardless of where their practice is located, utilize laboratory information systems (LIS) and anatomic pathology systems (APIS) that enable them to order and track tests as well as monitor a patient's disease state. However, these systems generally do not have access to the patient's health record, including EHR's and personal health records (PHR), hampering the ability of the pathologist to get all the clinical information necessary to determine appropriate testing, test interpretation and follow-up. Robust LIS and APIS systems with access to the patient's complete EHR are essential to avoid duplicative testing and to coordinate consultation on appropriate testing and therapy options with a patient's treating physician(s).

Comparative Effectiveness Research

Policymakers Proposal: The proposal highlights two options to support comparative effectiveness research, including establishment of a private, non-profit corporation, governed by a

multi-stakeholder board that would generate and synthesize evidence on clinical effectiveness. Pathologists provide a significant contribution to scientific and medical research, particularly in the areas of disease diagnosis and management.

CAP Position: The CAP recommends that pathology and laboratory medicine be specifically designated for representation on the governing board. The CAP also urges lawmakers make clear that comparative effectiveness research would not be used to make reimbursement and coverage decisions.

Workforce – Preserve Pathology Resident Positions & Education Programs

Policymakers Proposal: Policymakers are now considering a re-distribution of currently unused residency training slots to promote primary care and general surgery, and in addition, they are considering altering incentives to create payments for physicians in residency training in outpatient care settings and support resident participation in non-care activities, such as research.

CAP Position: While we understand the need to support more residencies in primary care and generalist physicians, the CAP is concerned that this option creates disincentives for training and education programs in specialty care. Similarly, while incentives for training in outpatient settings could provide greater latitude in terms of developing rotations to educate physicians, including pathologists, in ambulatory care settings and better account for resident resource utilization, the CAP remains concerned that any cuts in GME funding as a result could weaken the financial condition of teaching hospitals and adversely impact hospital-based physicians.

The CAP advocates full funding of Graduate Medical Education (GME) positions and removal of the limit on Medicare-supported GME slots to address reductions in resident physician duty hour shifts to ensure patient safety and meet the needs of anticipated workforce shortages in the future. Federal GME programs do not currently support residents participating in non-patient care, non-hospital based activities. The CAP would support exploring ways to provide more flexibility in GME funding under the Medicare program.

Development of a National Workforce Strategy

Policymakers Proposal: Congress has proposed development of a national workforce strategy to address workforce shortages in health care.

CAP Position: The CAP urges Congress to direct that any National Workforce Strategy specifically address the laboratory workforce shortage with input from pathology and laboratory organizations. The CAP would welcome the opportunity to work with policymakers to develop and propose a workforce strategy to meet the growing needs of laboratory medicine. The CAP is strongly concerned about a growing shortage of laboratory professionals such as medical technologists, clinical laboratory scientists, cytotechnologists and histotechnicians. We are also aware of laboratory personnel training programs that have had to close due to lack of funding.