

Internists give Senate recommendations to improve care for patients with chronic diseases

19 June 2015

The American College of Physicians (ACP) letter in response to a May 22 Senate Finance Committee letter requesting recommendations and policies that will improve care for patients with chronic diseases.

In a 19-page letter ACP President Wayne J. Riley, MD, MBA, MPH, MACP, to Finance Committee Chairman Orrin Hatch; Finance Committee Ranking Member Ron Wyden; Co-chairman of the Chronic Care Working Group Johnny Isakson; and Co-chairman of the Chronic Care Working Group Mark Warner, provides 18 detailed recommendations to:

- Expand the flexibility of Medicare Advantage plans to tailor benefits;
- Make improvements to the Medicare Shared Savings Program;
- Consider expanding the Comprehensive Primary Care Initiative nationally;
- Reauthorize the Medicare Primary Care Incentive Payment program;
- Extend the Medicaid pay parity program;
- Improve the functionality of electronic health records;
- Eliminate the copayment requirement for chronic care management and create codes to provide reimbursement for diabetic care management and e-consultations;
- Create Medicare reimbursement for advance care planning discussions;
- Achieve neutrality in payment rates based on site of service;
- Ensure that quality measurement targets remain patient-centered and reflect potential differences in benefits/harms for specific populations;
- Consider ways to significantly reduce or remove the cost-sharing requirement for a

defined set of evidence-based common chronic condition/medication pairings;

- Engage representatives of the pharmaceutical industry, health plans, patients, physicians, and other stakeholders in ongoing discussions about the increasing prices and costs associated with prescription drugs;
- Support the ongoing commitment of federal funds into research on the safety, efficacy, and cost-effectiveness of telehealth activities;
- Require a study on the impact that flat or reduced payment rates to rural health centers has on [health care access](#) for Medicare beneficiaries, in particular those with chronic conditions;
- Support and expand upon the current efforts of CMS to make transparent the quality and cost of services provided within the Medicare program;
- Encourage Medicare to support approaches that allow for true shared-decision making and patient self-management;
- Support studying the effectiveness of reimbursement for Patient-Centered Specialty Practices that actively engage in collaboration and coordination with the referring clinicians; and
- Integrate care for behavioral health conditions into the [primary care](#) setting.

The recommendations are offered for consideration in response to the specific policy categories outlined by the Senate Finance Committee, in the context of the recently enacted Medicare Access and Chip Reauthorization Act of 2015 (MACRA), which creates incentive and payment structures that will lead overall to improvements in care for patients with [chronic diseases](#). This will be particularly true with the Patient-Centered Medical

Home (PCMH) provisions under the newly established Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) pathways.

Provided by American College of Physicians

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