

# Internists express support for new payment and delivery models as basis for replacing SGR

July 18 2012

---

"We know that the current Medicare payment system is not serving the needs of patients, physicians or taxpayers," David L. Bronson, MD, FACP, president of the American College of Physicians (ACP), today told the House Energy & Commerce Subcommittee on Health.

"Congress needs to do its part by repealing the SGR, once and for all. But the medical profession needs to do its part by leading the adoption of innovative models to align payment policies with the value of care provided to patients."

Dr. Bronson pointed to several promising payment and delivery system reforms that are being extensively implemented in the public and private sectors, and could soon be broadly adopted by Medicare.

Specifically, ACP recommended that the Patient-Centered [Medical Home](#) model be scaled up for broad Medicare adoption. Features of the medical home contribute to increasing the quality of care and reducing unnecessary costs to patients and the health care system in general. There is an extensive and growing body of evidence on the medical home's effectiveness in improving outcomes and lowering costs.

"This model, which is built on a strong, redesigned primary care infrastructure, has demonstrated significant cost savings," Dr. Bronson said. "Congress should accelerate Medicare adoption of the medical home model by providing higher payments to physician practices that

have achieved recognition. At a subsequent stage, medical home performance metrics could be added and incorporated into Medicare payment policies."

Both as part of his comments and in submitting ACP's statement for the record, Dr. Bronson also recommended that Congress should enact payment policies to accelerate adoption of the related Medical Home Neighborhood model.

"The concept of a 'medical neighborhood' is essential to the ultimate success of the medical home," he said. "It recognizes that specialty and subspecialty practices, hospitals, and other healthcare professionals and entities that provide treatment to the patient need to be recognized and provided with incentives—both non-financial and financial—for engaging in patient-centered practices that complement and support the efforts of the PCMH to provide high quality, efficient, coordinated care."

ACP proposes that Congress help increase non-primary care specialists' participation in the medical home neighborhood model by offering higher Medicare payments to practices that have achieved neighborhood recognition with standards to be developed by the Secretary of HHS.

"Congress should establish Medicare incentives for physicians to incorporate evidence-based guidelines from national medical specialty societies into shared decision-making with their patients," Dr. Bronson implored.

ACP's "High Value, Cost-Conscious Care Initiative," which includes clinical, public policy, and educational components, was designed to help physicians and patients understand the benefits, harms, and costs of an intervention and whether it provides good value, as well as to slow the unsustainable rate of health care cost increases while preserving high-

value, high-quality care.

Programs like this initiative could be incorporated into [Medicare payment](#) policies by:

- reimbursing physicians appropriately for spending time with patients to engage them in shared decision-making based on the recommendations from this initiative and similar efforts by other specialty societies, and
- developing a way to recognize, with higher payments, physicians who can demonstrate that they are incorporating such programs into their practices and engagement with their patients.

ACP also believes that additional steps could be taken now to help physicians move toward models aligned with value to patients, as well as rewarding those who have taken the leadership and risk of participating in new models like medical homes and ACOs.

Even as new models are being more thoroughly developed and pilot-tested, physicians in the meantime could get higher updates for demonstrating that they have successfully participated in an approved transitional value-based payment program.

"ACP believes that for the first time in many years," Dr. Bronson concluded, "we can begin to see a vision of a better future where the SGR no longer endangers access to care, Medicare recognizes and supports the value of primary and coordinated care, and where every person enrolled in Medicare has access to high-functioning primary care through certified medical homes, and other promising care coordination models, including value-based payment models.

"I hope that my testimony today demonstrates that enough progress is

being made to move forward on new payment and delivery models as the basis for replacing the SGR," Dr. Bronson concluded. "Getting from here to there, though, will require that Congress enact a legislative framework to eliminate the SGR, stabilize payments during a transition phase, evaluate and implement new models, and specify a pathway and timetable to such models. ACP specifically calls on Congress to work from the [Medicare](#) Physician Payment Innovation Act of 2012, H.R. 5707, introduced by Reps. Allyson Schwartz (D-Penn.) and Joe Heck (R-Nev.), the only bipartisan bill that we are aware of that would facilitate such a transition to a better [payment](#) system for patients and doctors alike."

Provided by American College of Physicians

Citation: Internists express support for new payment and delivery models as basis for replacing SGR (2012, July 18) retrieved 24 April 2024 from <https://medicalxpress.com/news/2012-07-internists-payment-delivery-basis-sgr.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--