

Leaders urge lawmakers to offer targeted COVID-19 relief for healthcare practices

May 21 2020



Credit: CC0 Public Domain

In virtual meetings with lawmakers and on Twitter tomorrow, physician and health professional leaders from the American College of Rheumatology (ACR) are sounding the alarm about the economic impact of COVID-19 on rheumatology practices and the urgent need for more targeted relief that will help specialty practices remain solvent and

continue to serve patients.

"During the COVID-19 pandemic when we are relying on our healthcare systems, practices and providers more than ever, we must ensure that rheumatologists and rheumatology professionals—who are already experiencing a severe workforce shortage—can keep their doors open to serve patients," said Ellen Gravallesse, MD, President of the ACR.

Many rheumatology practices face serious financial challenges resulting from efforts to stem the spread of COVID-19 and decrease patient exposure to the SARS-CoV-2 virus. Some practices have been forced to temporarily close, while others have had to defer patient visits and rapidly adopt telehealth for lab review, [phone calls](#), prior authorizations, and medication refills that require staff and physician resources. Other practices have had to increase staffing or extend work hours to treat the same volume of patients that have historically been treated in a normal day due to limits on the number of patients in the clinic at any one time.

Large hospital systems have announced losses in the billions as routine health services are cut, while many small practices find themselves struggling to make payroll and pay rent. Even as non-COVID-19 cases return, infection control will increase overall costs for all rheumatologists, placing even more economic strain on an already stressed sector.

"Providers are thankful for the initial funding support received from the CARES Act, however it is clear from talking with my colleagues across the country that these funds will not be adequate to maintain patient access to care and ensure provider solvency over the longer term of this pandemic," said Blair Solow, MD, chair of the American College of Rheumatology's Government Affairs Committee. "CARES Act funding is not required to support staffing or the maintenance of staff salaries, so funds received by larger healthcare systems and organizations may not

prevent job loss, furloughed positions, or salary cuts. To protect [patient access](#), we're calling on Congress to go even further in the next emergency relief legislative package. We're also encouraging rheumatology professionals to contact their legislators directly through the ACR's Legislative Action Center or on social media to let them know about the impact in their state."

As Congress moves forward with the next phase of COVID-19 relief legislation, the ACR urges lawmakers to consider the following additional measures to ensure provider solvency:

- Authorize direct financial support to preserve vulnerable specialty practices. To this end, the ACR supports the American Medical Association's request for an emergency, one-time grant for providers equal to their total payroll and overhead costs from January 1-April 1, 2019;
- Include grants and forgivable loan programs tailored to the specific needs of healthcare providers with the goal of rectifying furloughs and salary reductions among healthcare providers and staff; and
- Stipulate that any additional funding for CARES Act programs first be used to protect the jobs and salaries of the providers and staff of the recipient medical practices and healthcare organizations that employ physicians.

The current crisis has also highlighted the important role of telehealth. The ACR appreciates the administration's decision to reimburse telephone visits at the same rate as audio-visual and in-person visits for Medicaid and Medicare, which will help to mitigate the financial difficulties faced by healthcare providers during the pandemic and improve access to care for patients. The ACR urges Congress to extend parity for audio-visual and audio-only telehealth visits to employer-provided coverage by supporting H.R. 6644, the Health Care at Home

Act. Such support for telehealth access and adequate reimbursement will improve access to care for those in rural and underserved areas and help providers deliver more efficient healthcare to patients in need even after this crisis has passed.

Noting the precarious financial state of cognitive care specialists who treat complex conditions, ACR leadership is also urging lawmakers to support the Centers for Medicare & Medicaid Services' important updates to the Physician Fee Schedule, established in concert with the American Medical Association and scheduled for January 2021. These updated reimbursements for complex office visits are critical to ensuring specialties on the front lines of treating chronic illness can continue serving patients in need of specialty care.

According to the latest federal estimates, as many as 54 million Americans have a doctor-diagnosed rheumatic disease. A recent academic study suggests that number that could be as high as 91 million when taking into account symptoms reported by undiagnosed individuals. Even though as many as one-quarter to one-third of U.S. adults may be living with a rheumatic disease, there is an average of only one practicing rheumatologist for every 40,000 people, while it is estimated that the U.S. will need thousands more adult rheumatologists by 2030 to meet the challenges caused by a rapidly aging population and a fast-retiring workforce.

Provided by American College of Rheumatology

Citation: Leaders urge lawmakers to offer targeted COVID-19 relief for healthcare practices (2020, May 21) retrieved 25 April 2024 from <https://medicalxpress.com/news/2020-05-leaders-urge-lawmakers-covid-relief.html>

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.