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Featured Alert

Urge your federal representatives to support the AAHPM-crafted Palliative Care and Hospice Education Training Act, a top legislative priority for the Academy. [Learn more](#) about the bill, then use AAHPM's [Legislative Action Center](#) to quickly and easily write your members of Congress.

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Quick Links



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Capitol Briefs

President Releases 2014 HHS Budget

Unveiled Apr. 10, President Barack Obama's 2014 [budget proposal for the U.S. Department of Health & Human Services](#) was seen by health care stakeholders as a mixed bag. Medicare proposals designed to save \$370 billion include cuts to some providers, drug companies, and teaching hospitals. Payment updates would be reduced for inpatient rehabilitation facilities, long term care hospitals, skilled nursing facilities, and home health agencies. At the same time, the budget assumes Congress will eliminate the scheduled 25% cut in CY 2014 Medicare physician payments and suggests the sustainable growth rate (SGR) formula should be replaced by an unspecified period of "stable payments" followed by a revised scheme under which physicians would be encouraged to partner with the Centers for Medicare and Medicaid Services in a scalable, accountable payment model that reflects risk adjustments for providing high quality and coordination of care. The President's budget serves as a starting point for negotiations with the House and Senate. Read more in [Medscape](#) (requires free registration) and [FierceHealthcare](#).

MedPAC Meeting Includes Review of Hospice Policy

The Medicare Payment Advisory Commission (MedPAC) met Apr. 4-5 and discussed a range of issues, including how to better recognize the contributions of advanced practice registered nurses and physician assistants, whether it would be feasible to accommodate Medicare/Medicaid dual-eligibles under a new Medicare system modeled along the lines of Medicare Part D, and how accountable care organizations under the Affordable Care Act will assign beneficiaries to providers and compete with Medicare Advantage plans. A session on Medicare hospice policy issues included discussion of initial steps in payment system reform, as well as analysis of hospice care provided in nursing facilities. The commissioners also discussed findings and concerns related to live discharges. Access [meeting materials](#) including session briefs, presentation slides, and a transcript of the meeting.

Legislation Aims to Address Physician Workforce Shortage

The Association of American Medical Colleges (AAMC) is urging support of two bills in Congress that would increase the number of Medicare-supported graduate medical education (GME) residency positions. Reps. Aaron Schock (R-IL-18) and Allyson Schwartz (D-PA-13) introduced the Training Tomorrow's Doctors Today Act ([H.R.1201](#)). The Resident Physician Shortage Reduction Act ([S.577/H.R.1180](#)) was introduced in the Senate by Sens. Bill Nelson (D-FL), Charles Schumer (D-NY), and Majority Leader Harry Reid (D-NV), while Reps. Joe Crowley (D-NY-14) and Michael Grimm (R-NY-11) introduced companion legislation in the House. The measures would phase in 15,000 Medicare-supported residency positions over five years, with the House bill reserving one-third of the new slots for teaching hospitals that are training over their Medicare cap. At least 50 percent of the available new



*Physicians caring
for patients
with serious illness*

positions each year must be used for shortage specialty residency programs. Learn more in this AAMC [release](#). AAHPM members can use the Academy's online [Legislative Action Center](#) to e-mail their lawmakers in Congress and ask for their support of the bills.

DEA Adds to Calls for Stricter Regulation of Opioids

In a Mar. 20 letter to the U.S. Food and Drug Administration, the head of the Drug Enforcement Administration's (DEA) Office of Diversion Control backed a citizen petition calling for opioid labeling changes. The DEA notes that "the potential public health risks resulting from abuse of opioid drug products" necessitate "additional regulatory measures" and calls for new restrictions on how pharmaceutical companies can market these pain medications to physicians. Read more in the [Los Angeles Times](#) and [FDA Law Blog](#).

The Academy Weighs In

AAHPM Joins CAPC to Suggest GME Policy Reforms to IOM

On Mar. 28, AAHPM joined the Center to Advance Palliative Care (CAPC) in submitting a [letter](#) to the Institute of Medicine's Committee on Governance and Financing of Graduate Medical Education (GME). This ad hoc group is working to develop recommendations for policies to improve the GME system so as to achieve a greater alignment of financing with the public's health care workforce needs. The CAPC/AAHPM letter defines the benefits of palliative medicine, describes the deleterious effects of current GME policy on the field, and suggests several ameliorative policy options for consideration by the committee. [Learn more](#) about the committee's membership and activity, and access audio recordings from a Dec. 2012 public meeting.

AAHPM Past President Speaks at Palliative Care Advocacy Meeting

On Apr. 3, representatives from more than 40 organizations gathered in Washington, D.C., to discuss specific avenues for federal action that could substantially advance palliative care policy for the coming decade. Participants -- who included AAHPM's Executive Director Steve Smith and lobbyist Sue Ramthun, principal and senior vice president at Hart Health Strategies -- represented organizations across the health care spectrum, including providers, advocacy groups, associations, researchers, and foundations. AAHPM Past President Timothy E. Quill, MD FACP FAAHPM, was among three speakers to provide opening remarks at the meeting hosted by the American Cancer Society Cancer Action Network. Dan Smith, former staff director of the Senate Health, Education, Labor, and Pensions Committee and current principal at The Sheridan Group, facilitated the discussion, helping attendees identify specific policy changes that will expand access to quality palliative care for every individual who needs it and across all health care settings. The AAHPM-crafted Palliative Care and Hospice Education and Training Act (PCHETA) received much attention during the discussion. Additional opportunities to meet by phone and in person are being planned to work on the options identified.

AAHPM Reps Consider Health Care Quality Improvement

AAHPM was represented at the Apr. 4-5 meeting of the American Medical Association-convened Physician Consortium for Performance Improvement® (PCPI®). AAHPM is one of 190 member organizations that comprise the PCPI, a national, physician-led initiative dedicated to enhancing quality and patient safety by aligning patient-centered care, performance measurement and quality improvement. Attending on behalf of AAHPM were Ruth Lagman, MD MPH FACP, alternate representative to the PCPI; Katherine Ast, MSW LCSW, AAHPM's new Director of Quality & Research; and Dale Lupu, PhD MPH, the Academy's consultant for quality initiatives. The meeting -- one of two annual membership conferences -- considered the urgent need to move from process to outcome measures and included a panel presentation of unique initiatives to capture patient reported information. Access [more information](#) about the PCPI, and view

[presentations](#) from the meeting.

News From HHS

Chronic Conditions Dashboard Provides Key Data

The Centers for Medicare & Medicaid Services (CMS) has [announced](#) a new [Medicare Chronic Conditions Dashboard](#). This dashboard offers researchers, physicians, public health professionals, and policymakers an easy-to-use tool to get current data on where multiple chronic conditions occur, which services they require, and how much Medicare spending is associated with patients who have multiple chronic conditions. This new data instrument is part of a broader departmental initiative on multiple chronic conditions established in 2009.

Sunshine Act Website Launches

On April 12, CMS launched its Sunshine Act [website](#) -- the National Physician Payment Transparency Program: OPEN PAYMENTS. Access a CMS [fact sheet](#) to learn more about the program and how physicians can review, dispute and correct information reported about them. The American Medical Association also has [more information](#) about the requirements of the new law, key dates and answers to frequently asked questions.

HHS Will Allow Some Privatization of Medicaid Expansion

The U.S. Department of Health & Human Services has announced it will allow a "limited number" of states to use federal funds provided under the Affordable Care Act to privatize their Medicaid expansion programs, but they must first obtain a waiver from the agency and demonstrate that privatizing Medicaid doesn't cost the agency more than the traditional program. Arkansas first proposed the idea and has received approval to proceed with the plan. Read more in [FierceHealthPayer](#) and this CMS [blog post](#).

CMS Article on Physician Delegation of Tasks in SNFs and NFs

New from the Medicare Learning Network, [MLN Matters@ Special Edition Article #SE1308](#), "Physician Delegation of Tasks in Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs)," is available for download. This article is designed to provide education on Section 3108 of the Affordable Care Act, related to physician delegation of certain tasks in SNFs and NFs to NPPs (formerly "physician extenders"), physician assistants or clinical nurse specialists. It includes information and specific requirements about which tasks may be delegated in a SNF or NF setting ML.

In the States

California Task Force Sees Palliative Care as Key to Controlling Costs

On Feb. 25, The Berkeley Forum -- a task force of public and private sector health care experts -- released a [report](#) focused on the potential that integrated care holds for improving California's health care system while lowering costs. The task force suggests seven initiatives that can contribute to reducing California's spending on health care by more than \$100 billion over the next decade. Expanded access to palliative care is featured as a key recommendation, with the Forum calling for a 50-percent increase in the proportion of seriously ill Californians receiving palliative care over the next 10 years. The report highlights the current work of three California systems -- Partnership Health Plan of California, Sutter Health, and University of California-San Francisco -- as examples of successful and growing palliative care integration. Read more in [CaliforniaHealthline.org](#).

Bills Targeting Prescribing Advance in California General Assembly

Four bills seeking to reduce drug abuse in California cleared a crucial hurdle on Apr. 25, when they were passed by the California State Senate's Business and Professions Committee. The bills would, respectively, (1) initiate mandatory reporting by coroners to the Medical Board of California in all deaths involving a prescription drug, (2) make it easier for the Board to investigate and suspend physicians who overprescribe, (3) prohibit pharmacy advertising of commonly abused narcotics, and (4) upgrade the California Substance Utilization, Review and Evaluation System (CURES), the state's prescription monitoring program. The latter, which has the strong support of California's law enforcement community and Attorney General Kamala Harris, is the most contentious of the bills. The pharmaceutical and biotech industries oppose the bill, as it contains provisions imposing a tax that would be used to fund new drug enforcement squads. Read more in the [Los Angeles Times](#).

Michigan, Texas Lawmakers Take up End-of-Life Decision-making

On Apr. 9, the Michigan Senate approved legislation ([S.B. 165](#)) requiring health care providers to inform patients and families of their policies for end-of-life treatment in instances of medical futility. (Read more in the [Lansing State Journal](#).) This comes at the same time Texas is considering altering its rules surrounding who leads medical decision-making for the seriously ill. Texas law currently allows medical professionals to discontinue treatment if they deem it futile, but families can find alternate caregivers within 10 days when such a decision contradicts advanced directives. A range of alterations to the law are under consideration, from giving families more time to identify other providers to an outright ban on physicians or providers making the final decision on end-of-life care. The Texas and New Mexico Hospice Organization provides an [overview](#) of the advance directives bills pending in Austin. Read more in [The Texas Tribune](#).

States Consider Legislating Right To Die

Lawmakers in a number of states are taking up the question of whether physicians should be allowed to prescribe terminally ill patients lethal doses of medication so that those patients may end their own lives. In New Jersey, residents are debating a "right-to-die" proposal moving forward in the state Legislature. Opponents and supporters of the New Jersey Death With Dignity Act ([A. 3328/S. 2259](#)), met at a Mar. 27 forum hosted by the Rutgers University School of Law, though local lawmakers indicate that the bill will probably not face a vote until after the fall elections. Read more from the [South Jersey Times](#) on NJ.com. and at [philly.com](#).

In Vermont, the House of Representatives is considering a "death with dignity" bill ([S. 77](#)) it received after a contentious path to passage in the Senate that only ended when Vermont Lt. Gov. Phil Scott cast a tiebreaking vote. Disagreement revolves around changes to the measure that removed what some supporters consider vital patient protections -- such as a requirement that patients be Vermonters, that they be screened for depression, and that they be offered palliative or hospice services -- in favor of a general immunity for family and caregivers of patients who choose to end their own lives. [Vermont Public Radio's](#) blog has coverage of the Senate bill's passage. Read more on the ongoing House debate at [VTDigger.org](#).

The Montana Senate on April 16 voted 27-23 to strike down a bill ([H.B. 505](#)) that would have contradicted a 2009 Montana Supreme Court ruling that physician-assisted death is legal under the state's constitution. The proposed legislation would have criminalized the act. Read more in the [Missoulian](#).)

Palliative Care Bill Advances in Rhode Island

On Mar. 21, the Palliative Care and Quality of Life Act ([H. 5204](#)), which aims to increase access to and utilization of palliative care whenever appropriate, came one step closer to becoming Rhode Island law when it was passed by the state's House of Representatives. The measure would develop education and outreach on palliative care, create a system for identifying patients who would benefit from

palliative care, and facilitate those patients' access to palliative care. You can track the bill's progress on the Rhode Island General Assembly [webpage](#).

AAHPM Member's Legislative Proposal to Become Law in Maryland

A palliative care bill has passed in both the Maryland House and Senate and is awaiting the governor's signature. The measure, [H.B. 581](#), proposed by AAHPM member Amjad Riar, MD, requires the establishment of at least five palliative care pilot programs in hospitals with at least 50 beds across the state. Those programs must provide access to information and counseling regarding palliative care services appropriate to a patient with a serious illness or condition and facilitate access to appropriate palliative care consultations and services. The programs will be required to collaborate with palliative care or community providers to deliver care; to gather data on costs and savings to hospitals and providers, access to care, and patient choice; and to report to the Maryland Health Care Commission on best practices. Dr. Riar describes his experience in advocating for the bill in this [post](#) on [aahpmblog.org](#).

Reports & Resources

Report Shows More People Dying Outside of Hospital

A March report from the National Center for Health Statistics in the Centers for Disease Control and Prevention shows that the total number of hospital deaths in the United States declined by 8 percent from 2000 to 2010, from 776,000 to 715,000. This aggregate decrease comes in spite of an 11 percent increase in the number of hospitalizations, a development some observers attribute in part to increased utilization of hospice services and adherence to patient preferences. Read more at [NBCNews.com](#) and [FierceHealthcare](#).

Study Finds Value-based Pay Increasing

Catalyst for Payment Reform (CPR), an independent, nonprofit corporation funded by the Commonwealth Fund and California HealthCare Foundation, released findings from a national study that show private health plans' use of payment reforms is on the rise. According to the CPR National Scorecard on Payment Reform, value-based payments accounted for 10.9% of all commercial, in-network payments to physicians and hospitals in 2012, up from an estimated 1% to 3% in 2010. The group also developed the National Compendium on Payment Reform, a searchable, sortable web-based database of private-sector payment reform initiatives across the country. Access [additional information](#) from CPR, and read more in [MedPage Today](#) (free registration required).

Economic Burden of Dementia Large, Growing

The monetary cost of dementia in the United States ranges from \$157 billion to \$215 billion annually, making the disease more costly to the nation than either heart disease or cancer, according to a new RAND Corporation [study](#). The greatest economic cost of dementia is associated with providing institutional and home-based long-term care rather than medical services, according to the [findings](#) published in the Apr. 4 edition of the *New England Journal of Medicine*. The study, funded by the National Institute on Aging, is the most-detailed examination done in recent decades on the costs of dementia. Read more in [MedPage Today](#) (free registration required).

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