American College of Physicians: Sharing Common Goals

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The American College of Physicians (ACP) is the nation's largest society of medical specialties. Its mission is to enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine. ACP has 120,000 members, including medical students. Members are physicians in general internal medicine

and related subspecialties, including medical oncology and hematology.

ACP is pleased to share common goals and collaborate with ASCO on a wide range of issues—from clinical to educational, public policy to practice management. However, I want to highlight a joint effort on the verge of improving our members' financial situation and, thus, enhancing their ability to care for their patients.

As of January 1, 2007, internists and oncologists have seen Medicare payments increase for most of the common evaluation and management (E&M) services. For example, payments are slated to rise by 12.8% for an intermediate office visit (Current Procedural Terminology [CPT] code 99213), 9% for a moderately complex office visit (CPT 99214), and 13.7% for a moderately complex hospital visit (CPT 99232).

These adjustments indicate that the Centers for Medicare & Medicaid Services (CMS), the federal agency that runs the Medicare program, recognizes that the work physicians put into furnishing E&M services has increased dramatically—in the 10 years since the agency last reviewed E&M service payments. ACP worked with ASCO and other organizations for nearly 2 years to develop the evidence to convince a committee of its physician peers, the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC), which is comprised of individuals appointed by physician specialty organizations, and CMS, that the work had increased and that the changes are warranted. ACP and ASCO surveyed their physician members to identify the work involved in providing E&M services, and they supplemented their analysis with additional data, such as comparisons with other physician services, statistics, other national survey data, and literature. The effort in this long, deliberative, data-driven process paid off, as the changes represent the largest revisions that CMS has ever made

to E&M payments. It was heartening that when proposing the changes, CMS stated it was time to increase payment rates for physicians to “spend time with their patients.”

At the time RUC and CMS made the decision, ACP President C. Anderson Hedberg, MD, MACP, described this accomplishment best, calling it a “monumental effort requiring great preparation, endurance, and diplomacy.” Working together on the endeavor was a big part of achieving the result.

The Sustainable Growth Rate system, a flawed statutory formula that determines the annual payment update, will make a cut in all Medicare payments for physician services, eroding much of the Medicare revenue gain in 2007. Still, the RUC and CMS changes serve as the basis for E&M service payments beyond 2007. We also expect the changes to increase E&M service payments from private health plans as many link to the Medicare rates.

Furthermore, ACP shares ASCO's goal of prevention and early detection of cancer. ACP encourages its members to ensure that their patients receive the Medicare-covered preventive services that screen beneficiaries and aim to prevent cancer (eg, colorectal, prostate, tobacco-use cessation counseling). The College provides its members specific information on how to bill Medicare, and it advocates for payment commensurate with work. Also, ACP encourages employers and private health plans to assure appropriate coverage of and payment for cancer-screening services.

Specifically, ACP succeeded in having the AMA revise the CPT codes for the fecal occult blood test by splitting the CPT code for one to three determinations into a code for reporting when a patient used three consecutive specimens, which is optimal for screening purposes, and a code for a single determination (eg, a convenience sample following a digital rectal exam). The change encourages appropriate use of the fecal occult blood test to screen for colorectal cancer.

Physicians inherently want to provide their patients with all necessary care, including preventive services, and these efforts aim to minimize the barriers that prevent beneficiaries from receiving these potentially life-saving services.

One of ACP's goals in support of its mission is to help unify the many voices of internal medicine and its subspecialties for the benefit of our patients and our profession. ACP's past work with ASCO promotes that unity and facilitates further collaborative efforts toward our mutual goals.

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