AOA Physicians In the Spotlight on Capitol Hill
The osteopathic profession gained considerable visibility on Capitol Hill in January, with a DO testifying before a key Congressional committee on Medicare payment reform, and another speaking at a Congressional briefing on the improvements to quality the medical home can bring.

AOA Trustee Geraldine O’Shea, DO, testified on January 22 before the U.S. House Energy and Commerce Subcommittee on Health, talking about the vital need for permanent reform to the Medicare physician payment system, and the importance of coordinated, whole-person care in a reformed system. AOA member Katherine Clark, DO spoke last week at a Capitol Hill briefing “The Patient-Centered Medical Home’s Impact on Cost and Quality.” She highlighted her education and training as an osteopathic family physician, and its perfect alignment with the patient-centered medical home model of care and her practice’s participation in the State of Ohio PCMH Medical Education Pilot program.

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AOA Recommends GME Reform to Congressional Committee
Last month, the AOA weighed in with key leaders of the House Energy & Commerce Committee in on ways that Congress can improve Graduate Medical Education. Bipartisan leaders of the committee released a request for comments from the public at the end of last year on “GME financing, federal program governance and structure, and how it might be improved or restructured to better meet the country’s health professional needs in both the short and long terms.”

The AOA’s letter emphasized the need for financing additional residency positions, especially in areas of the country with new colleges of osteopathic medicine, and in areas with shortages of primary care and other specialties. The letter also reiterated the AOA’s support for community-based training for residents, such as through the Teaching Health Center GME Program. Finally, it provided specific recommendations on how to improve the current Medicare financing structure for GME, such as a gradual transition from the current methodology of indirect and direct payments into one performance-based payment.

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HHS Announces Payment Shift from Quantity to Quality
Health and Human Services Secretary Sylvia Burwell announced last week an expedited timeline to move Medicare reimbursement away from fee-for-service towards value-based payments. This is the first time HHS has set goals for alternate payment models and value-based payments for Medicare. Specifically, by 2016 HHS plans to tie 30 percent of traditional Medicare payments to value-based payments through alternative payment models such as Patient-Centered Medical Homes (PCMHs), Accountable Care Organizations (ACOs), or bundled payments. By 2018, the agency plans to then tie 50 percent of all Medicare payments (close to $213 billion) to value-based payments.

Secretary Burwell also said that her agency will test new pay models for specialty care, beginning with oncology, and will institute a system where providers get paid for coordinating the care of patients with chronic conditions. HHS announced it is creating a Health Care Payment Learning and Action Network to allow the administration to work with employers, private payers, and state Medicaid programs.

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CMS Announces Primary Care Initiatives Improve Quality and Save Money
The Centers for Medicare and Medicaid Services (CMS) announced last week that two of its primary care programs are showing promising results. The Comprehensive Primary Care (CPC) initiative reduced hospital admissions by 2 percent and emergency department visits by 3 percent. The CPC is a multipayer collaboration between Medicare, primary care practices, and Medicaid managed care companies in four states (Arkansas, Colorado, New Jersey and Oregon) and three regions (the Cincinnati-Dayton region, Oklahoma’s Greater Tulsa region, and the Capital District and Hudson Valley in New York). In addition to reduced hospitalizations, the program also cut costs “nearly enough to offset care management fees paid by CMS.” 492 practices participated in the first year of the CPC initiative, serving about 345,000 Medicare beneficiaries. CMS said the program provides care management for those at greatest risk, and participating practices receive nonvisit-based care management fees from the participating payers and the opportunity to share in savings.

As well, the Multi-payer Advanced Primary Care Practice (MAPCP) Demonstration generated an estimated $4.2 million in savings through the use of advanced primary care initiatives. The MAPCP is a multipayer program under which private payers are participating with Medicare and Medicaid in advanced primary care initiatives in eight states.

Meaningful Use Relief on the Horizon
The Centers for Medicare and Medicaid Services (CMS) announced their intent last week to begin the rulemaking process that will allow for changes to the EHR Incentive program for 2015. Their announcement explained that these changes would modify aspects of the program to reduce complexity and lessen providers’ reporting burden under the program. The specific goals of HHS reflect the department’s commitment to developing an interoperable infrastructure which:

- Elevates patient-centered care
- Improves health outcomes
- Supports the providers who care for patients

The AOA will review the forthcoming rule and provide feedback to CMS on how to best assist the osteopathic profession in balancing meaningful use requirements with caring for our patients.

VA Secretary Robert McDonald to Keynote DO Day 2015
DO Day on Capitol Hill 2015 will take place on Thursday, March 5 at the Omni Shoreham Hotel in Washington, DC. There is still time to register, but don’t delay: event registration is closing this Thursday, February 5. The event has been approved for 1.5 AOA Category 1-A CME credits by the American Osteopathic Information Association (AOIA).

Please visit the registration page for more details.

This year, the AOA is honored to have Secretary of Veterans Affairs Robert A. McDonald speak to DO Day attendees about the role osteopathic physicians can play in caring for veterans in the community under the new law passed last year to expand access to health care for veterans.

What is DO Day?
DO Day on Capitol Hill is the preeminent opportunity for DOs and osteopathic medical students to come to Washington, D.C. and engage with members of Congress and their staff face-to-face. Prior to the event, participants will receive briefing materials and talking points on the key issues to be discussed. Once in Washington, attendees will participate in a morning legislative briefing, attend scheduled meetings with members of Congress and their staff, and have the opportunity to interact with other osteopathic advocates.

**New This Year!**
Attendees will enjoy a meaningful experience this year as the new format for the event will be tailored to participants’ designations as students or practicing physicians, as well as more opportunities to interact with their colleagues and Members of Congress.

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