AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 211
(A-22)

Introduced by: American Academy of Neurology, American Academy of Orthopaedic Surgeons, American Academy of Otolaryngology-Head and Neck Surgery, American Academy of Physical Medicine and Rehabilitation, American Association of Neurological Surgeons, American College of Cardiology, American College of Emergency Physicians, American College of Physicians, American College of Surgeons, American Gastroenterological Association, American Society for Gastrointestinal Endoscopy, American Society for Surgery of the Hand, American Society of Echocardiography, American Society of Nuclear Cardiology, American Urological Association, California, Congress of Neurological Surgeons, North American Spine Society, Society for Cardiovascular Angiography & Interventions, Society of Cardiovascular Computed Tomography, Washington

Subject: Repeal or Modification of the Medicare Appropriate Use Criteria (AUC) Program

Referred to: Reference Committee B

Whereas, In 2014, Congress passed the Protecting Access to Medicare Act (PAMA) [Public Law 113-93], establishing the Medicare Appropriate Use Criteria (AUC) Program for advanced diagnostic imaging; and

Whereas, Eight years after PAMA's enactment, the Centers for Medicare & Medicaid Services (CMS) continues to face challenges in completing the rulemaking and implementation of the AUC program, fueling existing concerns about the complexity of the law, associated costs, and regulatory burden sustained by physicians and other health care providers to meet the program requirements; and

Whereas, The AUC program, if ever fully implemented, would impact a substantial number of clinicians, as it would apply to every clinician who orders or furnishes an advanced diagnostic imaging test, unless a statutory or hardship exemption applies; and

Whereas, Practitioners whose ordering patterns are considered outliers will be subject to prior authorization--at a time when physicians are working to advance policies that reduce the administrative burdens associated with prior authorization; and

Whereas, The program will be a financial burden for many practices, as it is estimated to cost $75,000 or more for a practice to implement a Clinical Decision Support Mechanism (CDSM) that complies with the AUC Program rules[1]; and

Whereas, The law is prescriptive, requiring clinicians to use only CDSMs qualified by CMS and only AUC developed by certain qualified entities--preventing the use of other clinical decision support tools and evidenced-based guidelines for advanced diagnostic imaging developed by medical societies and other health care institutions; and

[1] Association for Medical Imaging Management; 2017 https://ahralink.files.wordpress.com/2017/03/cds-survey- 2017.pdf

Whereas, The AUC program creates a complex exchange of information between clinicians that is not yet supported by interoperable electronic health record systems and relies on claims-based reporting at a time when CMS is migrating from claims reporting for quality data; and

Whereas, Since PAMA's enactment, the AUC program has become obsolete given the subsequent enactment of the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 and the rise of new health care payment and delivery models via the Quality Payment Program (QPP) (alternative payment models and Merit-based Incentive Payment System) designed to hold clinicians responsible for health care resource use; and

Whereas, Five years after the program's intended start date, technical challenges, including the need for claims processing edits to prevent claim denials, have further eroded physician confidence in and support for the program; and

Whereas, Awareness of the program among physicians and other health care professionals remains low, which is supported by CMS' estimate--based on CY2020 Medicare claims during the program's education and operations testing phase--that between 9-10 percent of all claims subject to the AUC program reported information sufficient to be considered compliant with the program; and

Whereas, In the CY 2022 Medicare Physician Fee Schedule final rule, CMS finalized its proposal to begin the payment penalty phase of the AUC program until the later of January 1, 2023, or the January 1 of the year following the end of the COVID-19 public health emergency; and

Whereas, Congress and CMS must seriously consider the degree to which the AUC program and QPP requirements overlap and create duplicative reporting burdens for physicians already overwhelmed by the variety of other administrative burdens associated with care delivery; and

Whereas, There is widespread agreement in the medical community that the program cannot be implemented as originally envisioned without imposing undue burden and cost on physician practices; therefore be it

RESOLVED, That our American Medical Association Policy H-320.940, "Medicare's Appropriate Use Criteria Program," be amended by addition and deletion to read as follows:

> Our AMA will ~~continue to~~ advocate to Congress for ~~delay the effective date~~ either the full repeal of the Medicare Appropriate Use Criteria (AUC) Program or legislative modifications to the program in such a manner that ~~until the Centers for Medicare & Medicaid Services (CMS) can~~ adequately addresses technical and workflow challenges~~, with its implementation and any interaction between~~ maximizes alignment with the Quality Payment Program (QPP), and ~~the use of advanced diagnostic imaging appropriate use criteria.~~ creates provider flexibility for the consultation of AUC or advanced diagnostic imaging guidelines using a mechanism best suited for their practice, specialty and workflow. (Modify Current HOD Policy)

Fiscal Note: Modest - between $1,000 - $5,000

Received: 04/08/22

RELEVANT AMA POLICY

Medicare's Appropriate Use Criteria Program H-320.940
Our AMA will continue to advocate to delay the effective date of the Medicare Appropriate Use Criteria (AUC) Program until the Centers for Medicare & Medicaid Services (CMS) can adequately address technical and workflow challenges with its implementation and any interaction between the Quality Payment Program (QPP) and the use of advanced diagnostic imaging appropriate use criteria.
Citation: Res. 229, A-17; Reaffirmed - BOT Action in response to referred for decision: Res. 245, A-19 and Res. 247, A-19

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 212
(A-22)

Introduced by: Michigan

Subject: Medication for Opioid Use Disorder in Physician Health Programs

Referred to: Reference Committee B

Whereas, Physician Health Programs (PHPs) are designed to allow physicians with potentially impairing conditions who either come forward or are referred to be given the opportunity for evaluation, rehabilitation, treatment, and monitoring without disciplinary action in an anonymous, confidential, and respectful manner; and

Whereas, The PHP model is intended to ensure participants receive effective clinical care for mental, physical, and substance abuse disorders and access to a variety of clinical interventions and support; and

Whereas, Currently, physicians referred to PHPs who are diagnosed with opioid use disorder (OUD) involving monitoring or sanctions may be subjected to punitive action by their respective licensing boards; and

Whereas, The stigma associated with illness and impairment, particularly impairment resulting from mental illness, including substance use disorders, can be a powerful obstacle to seeking treatment, especially in the medical community where the presence of this stigma has been described in the literature; and

Whereas, The US Food and Drug Administration recommends approved medications for the treatment of opioid use disorder (MOUD) including methadone, buprenorphine, and naltrexone be available to all patients; and

Whereas, MOUD has been proven to help maintain recovery and prevent death in patients with opioid use disorder (OUD); and

Whereas, It is reported that patients who use MOUD remain in therapy longer than those who do not, and are less likely to use illicit opioids; and

Whereas, A 2019 report from the National Academies of Sciences, Engineering, and Medicine stated that “there is no scientific evidence that justifies withholding medications from OUD patients in any setting” and that such practices amount to “denying appropriate medical treatment,” and that such practices amount to “denying appropriate medical treatment”; and

Whereas, Clinicians should consider a patient’s preferences, past treatment history, current state of illness, and treatment setting when deciding between the use of methadone, buprenorphine, and naltrexone; and

Whereas, Additional considerations apply to health professionals who are actively engaged in, or planning to return to, safety sensitive work; and