July 24, 2019

James L. Madara, MD
Chief Executive Officer & Executive Vice President
American Medical Association
AMA Plaza
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

Subject: Resolution 247, "Sensible Appropriate Use Criteria in Medicare"

Dear Dr. Madara:

The undersigned organizations write to urge you to adopt Resolution 247, "Sensible Appropriate Use Criteria in Medicare," which was referred to the AMA Board of Trustees for decision at the June 2019 meeting of the House of Delegates.[1] Resolution 247 recommended that AMA H-320.940, "Medicare's Appropriate Use Criteria Program," be amended by addition to read as follows:

> Our AMA will continue to advocate to delay the effective date of the Medicare AUC Program until the Centers for Medicare & Medicaid Services can adequately address technical and workflow challenges with its implementation and any interaction between the Quality Payment Program <u>(QPP)</u> and the use of advanced diagnostic imaging appropriate use criteria<u>, and support legislation that resolves technical and workflow challenges and/or removes barriers to modifying or aligning the AUC Program and the QPP</u>. (Modify HOD Policy)

Because the Centers for Medicare & Medicaid Services (CMS) is poised to launch the education and operations testing period for the Medicare Appropriate Use Criteria (AUC) Program for advanced diagnostic imaging on January 1, 2020, we ask the AMA to act swiftly to adopt Resolution 247 and undertake efforts to urge Congress to pass legislation that would align the AUC and QPP.

Our organizations support the consultation of AUC for diagnostic imaging. However, we lack confidence that the AUC Program can be implemented without imposing significant costs and administrative burdens on physician practices. The AUC Program, as written in the *Protecting Access to Medicare Act of 2014 (PAMA)*, takes away flexibility in the manner by which physicians can consult AUC. In fact, because clinicians will be required to only use Clinical Decision Support Mechanisms (CDSMs) qualified by CMS, many clinicians will be forced to abandon

[1] Resolution 245 was also referred to the Board for decision. While similar in nature to Resolution 247, it merely called on the AMA to ability to support "regulatory change" necessary to align the AUC and QPP. CMS has stated that it has no authority, absent legislation, to modify the AUC Program, including in such a manner that AUC consultation could be supported through the QPP. Therefore, we urge you to reject Resolution 245 and adopt Resolution 247.

long-standing methods of AUC consultation, as well as the consultation of specialty-specific AUC. We do not believe the rigidity of this program is in the spirit of the AMA's advocacy to afford physicians the flexibility to avail themselves of tools developed by specialty societies to deliver value-based care.

Current AMA policy (H-320.940) limits the AMA's ability to support legislation that addresses concerns with the AUC Program. Resolution 247 would provide the AMA with the policy directive that allows the AMA to "support legislation that resolves technical and workflow challenges and/or removes barriers to modifying or aligning the AUC Program and the QPP." This modification is important because CMS cannot adequately address through its administrative authority technical and workflow issues associated with the program.

Rulemaking for the AUC Program began with the CY 2016 Medicare Physician Fee Schedule final rule. After more than four years, CMS has yet to address all the technical aspects of implementation, including, but not limited to, the transfer of information from the ordering to the furnishing clinician, documentation of required information on Medicare Part B and facility claims, identification of outliers, and implementation of prior authorization. Furthermore, CMS has made clear it lacks the administrative authority to make any substantial changes to the program without action by Congress, including incorporating the consultation of AUC through the QPP rather than a stand-alone program that includes no measures of quality or patient outcomes.

As described by CMS, the impact of the AUC Program will be extensive. CMS officials have made clear that the agency lacks the resources necessary for adequate AUC Program provider outreach and education and will instead rely on specialty societies to educate their members about the program requirements. Implementation of the AUC Program will not only require medical societies to divert resources from QPP outreach and education, but its implementation is scheduled to occur at the same time physicians are struggling to assign adequate resources for IT infrastructure and QPP participation.

In addition to the aforementioned technical and workflow challenges, the AUC Program has yet to be implemented, and it is already outdated in an environment of evolving payment and delivery models in which providers are at financial risk. For example, CMS estimates one in four primary care providers will participate in Medicare direct contracting models scheduled for 2020 implementation.

Lastly, the Reference Committee heard testimony that AUC can improve quality, reduce unnecessary imaging and lower costs. We agree that AUC consultation can have a beneficial effect on cost and patient outcomes. However, we do not support AUC consultation in the manner prescribed in PAMA. By CMS' own admission, information on the benefits of physicians adopting qualified CDSMs or automating billing practices for specifically meeting the AUC requirements do not yet exist, and "information on benefits overall is limited."[2]

[2] Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019

Our organizations are united in the position that legislative reconsideration of the AUC Program is needed and seek the AMA's adoption of Resolution 247. Thank you for your consideration of our request.

Sincerely,

American Academy of Family Physicians
American Academy of Physical Medicine & Rehabilitation
American Alliance of Orthopaedic Executives
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Mohs Surgery
American College of Physicians
American Gastroenterological Association
American Osteopathic Association
American Society for Gastrointestinal Endoscopy
American Society of Nuclear Cardiology
American Society of Plastic Surgeons
American Urological Association
Congress of Neurological Surgeons
Heart Rhythm Society
Society for Cardiovascular Angiography and Interventions
Society of Cardiovascular Computed Tomography