

CAFM



**LAST YEAR AND THIS:
SOME GOOD NEWS – MUCH ACTION
NEEDED AHEAD**

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Director
Government Relations
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How Does Organized Family Medicine Work Together?

North American Primary Care Research Group
Society of Teachers of Family Medicine
Association of Family Medicine Residency Directors
Association of Departments of Family Medicine

CAFM

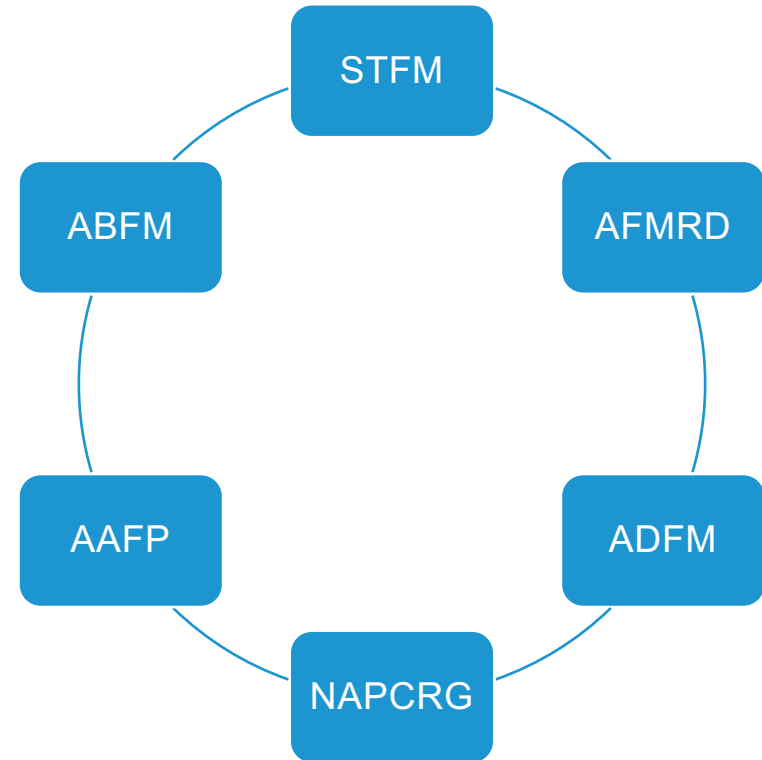
American Academy of Family Physicians
American Board of Family Medicine

CAFM + AAFP + ABFM = AFMAC



Council of Academic Family Medicine

Academic Family Medicine Advocacy Committee - AFMAC



Driving Forces in Health Legislation in 2019

Health Status



CDC – 90% of US
\$3.5 Trillion in
annual health care
costs due to chronic
and mental health
conditions

Cost of Coverage



- Avg employee contribution to health insurance for family up 71% since 2009
- Out of pocket costs up 56%
- Wages up 26%

Ability to Pay



- 78% of workers live paycheck to paycheck
- 25% report not being able to make ends meet
- 65 Million Americans had a health issue during past 12 months didn't seek care due to debt

Major Health Care Legislation: 116th Congress – 1st session

Surprise Billing

Drug Pricing

Neither have crossed the finish line!

PRESIDENTIAL

2020

ELECTION



Council of Academic Family Medicine



Administration Health Priorities



Rural Health Care



Maternal Morbidity and
Mortality



Opioid/Substance Abuse

GME and Other Workforce Issues

2019 Wins

- Appropriations: Title VII; AHRQ
 - Report Language re: AHRQ Center
- PCORI Reauthorization
- CMS Changes re: Student Documentation/Final Rule
 - adding Advanced Practice Nurses and Physician Assistants
- ACGME Milestones

In Progress

- Teaching Health Center Reauthorization
 - Title VII – HRSA Funding Opportunities
 - Title VII Reauthorization
 - Rotator Bill Action
 - Discussions with AAMC re: Rural GME bill; Reintroduction
 - Ways and Means Efforts re: Rural GME reintroduction
 - Rosen CME Legislation
 - O'Halleran amendment
 - Other

Appropriations

- FY 2020 Labor/HHS Spending Bill signed by President, Dec 20 2019
 - \$48.925 million for Title VII's primary care training and enhancement (current levels)
 - \$338 million for the Agency for Healthcare Research and Quality (AHRQ), (current levels)
 - \$1 to study states' actions regarding improvement of primary care delivery
 - Report Language: Primary Care Clinical Research Core function of AHRQ
 - Need Champions this year to make it a top priority
 - \$2 million increase for AHECs (\$41.25 m)
 - \$10 million for rural residency training grants (current levels.)
 - GME – cap flexibility; instructions to CMS to extend cap-setting time for new residency programs (physician shortage areas)
 - PCORI Reauthorization (more on next slide)

Upcoming AHRQ Advocacy

- Identify Congressional champions for AHRQ's Center for Primary Care Research funding
 - Grassroots effort for Key states/districts in appropriations committees
- Involvement with AHRQ's upcoming primary care summit
 - Identify priority primary care research topics – (also for PCORI)
- Waiting to hear about nominations to Advisory Committee
- Katrina Donahue, MD, MPH selected for USPSTF

PCORI Reauthorization

- Reauthorized as part of Labor/HHS approps bill/extenders
- Full 10 year reauth
- Health insurers fees still include – Medicare transfers dropped; made up for with appropriations
- Priority areas added to the bill – Intellectual and developmental disabilities; maternal mortality
- Cost and economic impact now allowed
- 2 more seats on Board of Governors for payers/purchasers
- Methodology Committee now appointed by the Board of Governors, rather than GAO

Working with PCORI

- Transition to new CEO
- Identify potential BoG names for nomination in advance – all spots, not just physician
- Re-invigorate Methodology Committee with new FM-research friendly candidates
- Identify potential research funding questions related to primary care/family medicine
- Work with Chief Science Officer, once appointed

CMS Student Documentation Changes

- Transmittal in April, 2019 Implements CY 2019 Fee Schedule Final Rule
 - Allows residents and nurses in addition to physicians to document presence of teaching physician
 - Stipulates that student can be plural
- CY 2020 Final Rule for Physicians fee schedule includes several changes
 - Allows all members of the care team to document in medical record
 - Includes PAs and APRNs as able to review and verify students' work;

Milestones 2.0: Advocacy

Systems-Based Practice 4: Advocacy	
Overall Intent: To ensure that family physicians are able to use their voice to speak to the concerns of patient populations and for family medicine as a discipline	
Milestones	Examples
Level 1 Identifies that advocating for patient populations is a professional responsibility	<ul style="list-style-type: none"> Accepts role in helping patients access resources Recognizes the impact of the physician voice
Level 2 Identifies that advocating for Family Medicine is a professional responsibility	<ul style="list-style-type: none"> Actively recruits medical students for family medicine Endorses the importance of family medicine's role in health care system
Level 3 Describes how stakeholders influence and patients are affected by health policy at the local, state, and federal level	<ul style="list-style-type: none"> Discusses impact of legislative action on patient health and health care delivery Identifies stakeholders around a legislative topic
Level 4 Access advocacy tools and other resources needed to achieve (or prevent a deleterious) policy change	<ul style="list-style-type: none"> Complete online advocacy modules Responds to advocacy email alerts
Level 5 Develops an ongoing relationship with stakeholders that advances or prevents a policy change that improves individual or community health	<ul style="list-style-type: none"> Contacts legislators on matters important to family medicine Serves as the resident delegate to a professional organization Attends advocacy days at the state capitol to speak with legislators Develops grant proposals along with implementation to assist in community initiatives (for example, grants to help those with food or financial insecurity that impacts their health)
Assessment Models or Tools	<ul style="list-style-type: none"> Completion of e-modules Direct observation Multisource feedback Portfolio
Curriculum Mapping	<ul style="list-style-type: none">
Notes or Resources	<ul style="list-style-type: none"> American Osteopathic Association. Advocacy. https://osteopathic.org/about/advocacy/, 2019. American College of Osteopathic Family Physicians. Advocacy. https://www.acofp.org/acofpimis/Acofporg/Default.aspx?hkey=19ca3704-4183-4ca8-8532-d6156c7820c4&WebsiteKey=fc4f41d1-af75-443c-a928-3d7d67bac6a7, 2019. American Academy of Family Physicians. Advocacy. https://www.aafp.org/advocacy.html, 2019. American Medical Association. Advocacy. https://www.ama-assn.org/advocacy, 2019. Robert Graham Center. http://www.graham-center.org/rgc/home.html, 2019. Society of Teachers of Family Medicine (STFM). Online courses: advocacy modules. https://www.stfm.org/facultydevelopment/onlinecourses/advocacycourse/overview/, Accessed 2019. STFM. Advocacy: advocacy resources and key issues. https://www.stfm.org/about/advocacy/resourcesandissues/, Accessed 2019.



Teaching Health Center GME Reauthorization

Can kicked down the road – Funded until May 22, 2020

- House Energy and Commerce Reported bill – Current Levels (\$125 m per year) for 4 years
- Senate HELP Committee Reported bill – Current Levels; 5 years

Major, renewed effort at completing the reauthorization as soon as possible

Title VII- HRSA funding opportunities

Prospect to influence HRSA re: Title VII, Section 747 funding opportunities:

- Approximately \$31 million coming available in FY2020 and FY2021
 - \$10 m already set aside for rural residency training (apps were due Jan 24)
- Another \$11 m available in FY 2023/24
- Administration Priorities: Rural, Maternal Morbidity and Mortality, Substance Abuse/Opioid

Title VII - Reauthorization

House-passed EMPOWER for Health Act

- Includes 5% increase in authorization level, from funding level for Section 747
- 7.2 % increase for AHECs
- Straight 5 year reauthorization

Senate-Committee reported S. 2997, to reauthorize

- No increase in authorization level from current funding level
- Priority for rural residency training (including Tribes/Tribal Orgs)
- Health Workforce Coordination – Strategic Planning

GME Rotator bill

- House Ways and Means Committee reports out revised version of HR 1358, Advancing Medical Resident Training in Community Hospitals Act
- No equivalent bill introduced yet in Senate
- Now part of larger bill: HR3417, the BETTER Act of 2019
- Change stipulated that re-building of CAP/PRA must begin within 5 years of enactment
 - Purpose is to save money
- Coalition working to ensure it's included in additional extenders package

Rural GME (Gardner Bill)

- Negotiations with AAMC over the last year
- Our position – must be entitlement funding; not approps
- AAMC position
 - Can't touch IME
 - Can't be budget neutral
- Changes made to bill to meet AAMC requests;
- AAMC will not support if funding comes from Medicare
- Working on a House companion – hopefully with Ways an Means leads

Other Workforce Legislation

- ❑ Opioid GME slots:
 - ❑ HR 3414/S. 2892
 - ❑ Rep. Brad Schneider (D-IL) and Rep Susan Brooks (R-IN)
 - ❑ Sen. Maggie Hassan (D- NY) and Sen Susan Collins (R-ME)
 - ❑ 1000 slots – 500 to existing programs; 500 to newly established programs
- ❑ Addiction Medicine, Addiction Psychiatry, Pain Medicine, and corresponding prerequisite programs (eg. Internal Medicine)
- ❑ Reported out of Ways and Means Committee
 - ❑ No action in Senate

On the Horizon

- Senator Jacky Rosen (D-NV); Sen. Lisa Murkowski (R-AK) S. 3194
 - CME bill – re: specialists providing training to primary care in CHCs through CME-type program - \$20 million authorization
 - Worked to allow family physicians provide such training, not solely sub-specialists
 - Still not great bill; enough changes to not oppose it
- Rep. Tom O’Halleran (D-AZ)
 - grant program for hospitals in rural and medically underserve areas, including CAHs
 - to cover start up costs of establishing a GME program or partner with hospital that has existing program
 - GAO report
 - Amendment to HR 3 (Lower Drug Costs Now Act)
- Raul Ruiz (D-CA)
 - Cap Flexibility – allow cap building period to be extended for hospitals starting new programs in rural and underserved areas in shortage specialties.

President's FY2021 Budget

Everything Old is New Again

- Zero our Title VII Primary Care and all other Health workforce programs except THC and Behavioral Health Workforce Development Programs
- Move parts of AHRQ to NIH
- Merge all GME except for THC into a grant program – savings of \$52 B over 10 years
- Improving Maternal Health in America Initiative – Maternal and Child Health Cut by \$25 m
- Transforming Rural Health in America – Cuts = to \$71 m
- Ending HIV Epidemic Initiative – Increase \$ 95 m

Advocacy Tools

- STFM.ORG/advocacy – one pagers, talking points, etc.
(Link from the ADFM website to these)
- ADFM/CAFM Government Relations Staff: hwittenberg@stfm.org
- Family Medicine Advocacy Summit (May 18-19, 2020)
- STFM On-Line Advocacy Course – Revised by end of March