**Alliance of Specialty Medicine Advocacy Conference**

**Report by Dr. Erin Gardner on behalf of Dr. Howard Rogers, Dr. Erin Gardner & Dr. Brent Moody**

Greetings to all. The ACMS is a member organization of the Alliance of Specialty Medicine (ASM). Each year, ACMS sends representatives to the ASM Annual Advocacy Conference to appeal to legislators on behalf of Mohs surgeons.

The ACMS representatives at the conference this year were: Dr. Howard Rogers, Dr. Erin Gardner and Dr. Brent Moody. ACMS member Dr. George Hruza was in attendance representing the ASDS.

As one of the Public Policy Committee members representing the Mohs College, I wanted to offer a summary of news and events from the Conference.

The Physicians Advisory Council Meeting convened on Monday evening, July 13, where Brent Moody and Becky Brandt represented the ACMS amongst the leadership from other member specialty societies.

Both Howard Rogers and I joined the rest of the group on July 14 for a morning of talks organized by our legislative advocacy firm Hart Health Strategies. Important legislative initiatives and ‘asks’ were discussed, that covered the following issues:

* + - MACRA Implementation: Quality Improvement and Health Information Technology
		- Medicare Program Integrity Initiatives
		- 21st Century Cures Act (HR 6)/Innovation for Healthier Americans
		- Access to Specialty Care/Physician Payment Reform
		- Implementation of ICD-10
		- Graduate Medical Education
		- Medical Liability Reform

We then enjoyed talks from four of our Washington representatives and senators who have a strong interest in health care policy. Below are summaries of their remarks/some select comments, with attention paid to potential impacts on ACMS.

* + - Senator Sherrod Brown (D-OH): offered some interesting perspectives on the Affordable Care Act, and discussed his role in sponsoring the Medicare Advantage Participant Bill of Rights, which restricts arbitrary terminations of physician providers.
		- Representative Andy Harris MD (R-MD): also spoke about ACA, and indicated that he expects the government to ‘run a zero sum game’ over the next few years, pitting one specialty against another (think RUC process), or one interest group (e.g. physicians) against other interest groups (hospitals, nursing homes, durable medical equipment providers, etc.)
		- Senator Bill Cassidy MD (R-LA): spoke about EHR and its impact on the house of medicine, and highlighted a recent study that showed residents spend four times more time documenting electronically than actually seeing/treating the patient (40% vs 10% of their time overall).
		- Senator Ben Sasse (R-NE): offered historical perspective not only on the ACA, but on the origin and now decline of employer-provided health insurance (as the ACA becomes entrenched); he also offered an alternative vision for the future that addresses one of the primary weaknesses of the ACA (continued substantial rise in health care costs): a premium-supported model that is less collectivized prepayment of mostly predictable expenses that are often behaviorally driven, and more a model that functions like traditional insurance (but which accounts for the uninsurable in society).

We were then treated to an iconoclastic presentation by Dr. Larry Van Horn, a healthcare economist from Vanderbilt University. Dr. Horn’s research suggests delivery of healthcare in the intermediate to long term future will be substantially different than it is today, which may have important implications for the ACMS. In short, because of demographic trends, as well as the current US fiscal debt burden, the growth of healthcare spending will come to a hard stop. However, the more immediate and shorter term effects will likely develop from the private insurance market, as employer-provided healthcare declines and ACA-provided healthcare increases. As many of us have witnessed, the ballooning of deductibles will have effects on patient visit volume and patient-determined treatment choice: thus, patients will become more cost-conscious.

Next, each ACMS representative then embarked on visits to Senators and Congressmen in the afternoon. Most of us were pleasantly surprised at the authentic attention our asks were accorded. It is fair to say that many of the concerns of the ACMS were directly communicated with either Congressional Members or legislative staff, who may have a direct impact on legislation that affects our futures.

Our second day in Washington began again with presentations from some of our legislators:

* + - Representative Raul Ruiz MD (D-CA): who related his experiences as an ER physician in caring for the uninsured/underinsured.
		- Representative Michael Burgess MD (R-TX): spoke about a template for successful healthcare legislation that is centered by physician-stakeholder input.
		- Representative Phil Roe MD (R-TN): (co-chairs the GOP Doctor’s Caucus) spoke about the threat from the IPAB to physicians particularly, who will be subject to decisions several years before hospitals and nursing homes are: he highlighted that the spending formula (read ‘cuts’) used by IPAB has many similarities to the recently repealed SGR.

We then proceeded to a discussion on EHR and interoperability, where Dr. Doug Fridsma, a physician who specializes in healthcare informatics, offered his suggestions on approaches to interoperability. Encouragingly, he suggested that physician-stakeholders be the primary ‘definers’ of useful EHR data, rather than have programmers posit what they deem to be important for inclusion in EHR systems. He also envisioned a common format that begins with granular structured data, but then very judiciously begins to incorporate non-structured data, all the while respecting the need for the innovation in EHR approaches that best facilitates use by individual specialties.

Our morning continued with presentations from CMS representatives on alternative payment models, as well as a Quality Programs panel. Some spirited commentary was offered by audience participants following these presentations.

Jonathan Turley, a law school professor, then delivered some interesting remarks on threats to our constitutional system from a power shift both to the executive branch, as well as to what he termed the ‘fourth branch of government’: the regulatory process. His convictions lie with the Madisonians, who believe that each branch of government in our constitutional system must be vibrant and must perform the duties ascribed to it under the Constitution. He believes the legislative branch must stop yielding authority to the executive branch/administrative apparatus, and re-assert its own authority to formulate policy and legislate action. Interestingly, though he is periodically termed a ‘liberal law professor’ in the press, he represents the House of Representatives in its lawsuit against the Obama administration regarding changes it implemented to the Affordable Care Act that were not passed by Congress. He termed this suit the last of the major legal challenges to the ACA to be decided.

In the afternoon, Howard Rogers and I met with staff from the Senate Finance Committee to convey the ACMS’s concerns about narrow networks, and to submit suggestions developed in concert with Hart Health Strategies to promote patient access to specialty care, including Mohs surgery.

Respectfully submitted,

Erin Gardner, MD