Statement Submitted in
Response to the U.S. Senate Finance Committee
Bipartisan Chronic Care Working Group's Policy Options Document
January 29, 2016
On Behalf of the American Academy of PAs

On behalf of the more than 108,000 nationally certified PAs (physician assistants) represented by the American Academy of PAs (AAPA), AAPA is pleased to provide comments on the Senate Finance Committee Bipartisan Chronic Care Working Group's Policy Options Document.

AAPA thanks the Bipartisan Chronic Care Working Group for its continued work to improve care for Americans with chronic illness and commends the working group's embrace of transparency throughout this important initiative. We applaud the working group for meeting with key stakeholders and establishing bipartisan goals to increase care coordination among providers across care settings and streamline Medicare payment systems to incentivize care for patients living with chronic diseases. These are important goals that we must continue to pursue together.

AAPA acknowledges the many challenges confronted by the working group, particularly in light of the requirement that any future legislation must result in budget savings or budget neutrality. We are concerned that this requirement has resulted in an over-reliance on the implementation of chronic care improvements through the capitated Medicare Advantage program. Although enrollment in Medicare Advantage has steadily increased, only 31% of Medicare's 55 million beneficiaries were enrolled in Medicare Advantage plans in 2015, according to the Kaiser Family Foundation. We hope the working group will use this opportunity to look for low-cost proposals beyond Medicare Advantage to streamline and improve coordination for all Medicare recipients. We provide comments on the draft and some suggestions to more effectively utilize primary care providers serving patients with chronic conditions.

Just this week, the Society of Thoracic Surgeons announced the result of a study illustrating the amount of money saved when PAs are used to make home visits to patients following cardiac surgery. A cost of $23,500 was invested in PA house calls to 363 patients, saving $977,500 in readmission costs, translating to $39 in healthcare savings for every $1 spent. Utilization of PAs in managing the care of cardiac patients and other patients with chronic conditions should be encouraged, not only through Medicare Advantage, but throughout the Medicare program.

<u>Increased Emphasis on Prevention, Use of Technology, Integration of Behavioral Healthcare, and Patient Engagement</u>

AAPA believes prevention is the ultimate intervention for chronic health conditions. We recognize that prevention is a particular challenge for the Medicare population because many beneficiaries present with chronic conditions at the time they enroll. Still, AAPA recommends greater patient education and engagement be promoted throughout Medicare policy to better manage current chronic conditions, as well as to deter additional, preventable chronic conditions. AAPA supports the working group's recommendation to expand pre-diabetes education for Medicare beneficiaries.

AAPA also supports the working group's recommendation to improve the integration of care for individuals with a chronic condition combined with a behavioral health disorder. Additionally, AAPA supports the working group's expansion of telehealth and remote patient monitoring. They are key to engaging patients and caregivers in better management of chronic conditions, enabling more patients to remain at home, and preventing unnecessary hospitalizations. Telehealth, remote patient monitoring, and patient engagement are essential tools in the management of medical and/or behavioral chronic conditions.

In rural and frontier communities, where a PA may be the sole healthcare provider available, special attention must be directed to the coordination and efficient utilization of all available resources, including primary medical care providers, specialists, rural health clinics and rural hospitals. Telemedicine and remote monitoring will be necessary in linking to other parts of the state with greater healthcare resources and for assisting the patient and caregiver to manage care at home. AAPA urges the working group to address expansion of the current geographic limitations in Medicare telehealth policy, as well as reassess the low reimbursement rate for the originating site for telehealth care provided throughout the Medicare program.

Need for a Greater Emphasis on Obesity

AAPA recommends obesity be a greater focus of the working group's efforts. Nearly two-thirds of all patients for whom PAs provide care are either overweight or obese. Obesity is one of the most pervasive issues in healthcare today, reaching epic proportions and directly contributing to multiple chronic conditions and increased healthcare spending. An estimated 40% of all Medicare beneficiaries are obese. AAPA is committed to working to reduce obesity rates and provide treatment to obese patients. The Academy devotes a significant amount of continuing medical education on obesity and is also involved in the development of a cross-cutting obesity certification for PAs. AAPA joins our colleagues at the Campaign to End Obesity in encouraging the working group to develop a comprehensive policy approach to combatting obesity that facilitates patient access to the full continuum of care of evidence-based obesity preventative and treatment modalities including behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions.

Independence at Home Demonstration Programs

AAPA is particularly impressed with the outcomes and cost savings resulting from the Center for Medicare and Medicaid Innovation (CMMI) Independence at Home demonstration programs. We are concerned, however, that the CMMI demonstration project requires that the teams be led by a physician or nurse practitioner (NP). This is contrary to language contained in the statute, which says, "PARTICIPATION OF NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS.—Nothing in this section shall be construed to prevent a nurse practitioner or physician assistant from participating in, or leading, a home-based primary care team as part of an independence at home medical practice…" (Section 3024 (2), P.L. 111-148)

Accordingly, AAPA recommends that the working group acknowledge the role of PA-directed primary care teams and PA-led clinics in any expansion of the Independence at Home demonstration programs.

Current Role of PAs in Managing Chronic Care

As one of three healthcare providers, along with physicians and NPs, who provide primary medical care, PAs are uniquely flexible in adapting and responding to the evolving needs of the U.S. healthcare system by virtue of comprehensive educational programs that prepare PAs for a career in general medicine and a team-based approach to providing patient-centered medical care. PAs diagnose illness, develop and manage treatment plans for their patients, manage their own patient panels, and often serve as Medicare beneficiaries' principal healthcare professional. Because of the profession's team based approach, PAs are taking leadership roles and key coordinating roles in patient-centered medical homes, accountable care organizations and other integrated models of care management designed to better treat patients with chronic conditions.

Chronic care management is a key component of PA practice. Our 2015 AAPA Annual Survey revealed that for a typical PA, 95% of the PA's patients have two or more chronic conditions; 50% have four or more chronic conditions. Furthermore, PAs provide an important access point in medically underserved areas of the nation. Approximately, 37% of PAs work in medically underserved counties in the U.S.

Among the findings related to PAs and chronic disease management associated with the elderly population are:

- PAs contribute to lower severity of illness in critical care management. A 2014 study published by the American College of Chest Surgeons reported that intensive care units using PAs (and NPs) tended to have lower severity of illness and lower use of mechanical ventilation, supporting an increased use of PAs (and NPs) in critical care management, typically part of chronic care management.
- PAs play a critical role in patient education on chronic diseases. Published in 2014, a Centers for Disease Control and Prevention review of differences in the delivery of health education to patients with chronic disease by provider type found that PAs (and NPs) provided health education to patients with chronic illness more regularly than did physicians.

More Effective Utilization of PAs in Chronic Care Management through Updated Medicare Policy

PAs already play a key role in managing chronic care. However, the PA profession can be used to an even greater capacity by updating Medicare policy to enable them to practice to the top of their educational preparation, experience and license. Care coordination teams should reflect the healthcare needs of the patient. This means that teams may include, but need not be led by a physician. For example, a PA may be the most appropriate leader of care coordination teams for their patients. Likewise, if a patient's primary chronic disease is schizophrenia, it may be more appropriate that the team be led by a behavioral healthcare professional. A primary care provider should be an active participant in every team.

AAPA supports the working group's consideration of a new high-severity chronic care management code that clinicians could bill under the physician fee schedule. Before considering a new code, it would be beneficial to review the problems that have been reported in the implementation of the current chronic management code. It's our understanding that confusion exists among primary care clinicians and

specialists regarding who may bill for the code, since only one clinician may use the code for a shared patient each month. Additionally, we have been informed the code requires additional recordkeeping to document the amount of time spent with the patient, and electronic health record systems may not be capable of tracking this information. We do not currently have a recommendation regarding the number or types of chronic conditions that would qualify for the potential new code. PAs and other healthcare professionals who manage patients with complex chronic medical conditions, including mental illness, should be eligible to bill the new high severity chronic care code.

For PAs to contribute fully and effectively in chronic care management, Medicare must be updated to reflect the advancements of the PA profession. Laws and regulations must be updated to permit PAs to:

- Provide, manage and certify hospice care
- Order and certify home healthcare
- Supervise cardiac and pulmonary rehabilitation services
- Order diabetic shoes
- Participate in the PACE program.

A failure to update old statutes limits our ability to move towards a new integrated model for chronic care prevention, management and treatment. The utilization of PAs is a critical piece of our national prescription to ensuring better health outcomes and lowering the cost of care for Americans living with chronic conditions.

AAPA thanks you for the opportunity to submit comments to the Senate Finance Committee Bipartisan Chronic Care Working Group's Policy Options. We look forward to being a resource to the Bipartisan Chronic Care Working Group as it moves forward with this critically important policy initiative Should you have any questions or request additional information on AAPA's comments, please do not hesitate to contact Sandy Harding, AAPA senior director of federal advocacy, at 571-319-4338 or via email at sharding@aapa.org.