American Academy of Hospice and Palliative Medicine

Palliative Medicine and Hospice Legislative and Regulatory Update

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- New 111th Congress
- Democrats Control House, Senate & White House
- Congressional Democrats and President Obama Make Health Care Top Priority
- President and Congress "Walk the Health Care Talk"
  - CHIP Reauthorized and Expanded
  - Ban on Use of Embryonic Stem Cells Lifted
  - White House Summit on Health Care
  - Economic Stimulus Health Provisions
  - Health Care Reform Push
- Budget Restraints: Recession, Financial Bailouts, etc.

“The American Recovery & Reinvestment Act”

- Health Information Technology (HIT)
  - $19 Billion over 5 years for Medicare & Medicaid Hospital & Physician HIT
  - HHS to Develop HIT Standards by 2010
  - Physicians Will Be Given $18,000 Incentive Payment in First Year Showing “Meaningful Use” of EHR 2011 or 2012. $15,000 in 2013 or 2014. No Payments After 2016. Maximum Amount A Physician Can Earn $44,000 Over 5 Years
  - Hospitals Will Be Given Incentive Payments of $2 Million Plus $200 Per Discharge. (Up to 23,000 Discharges.) Hospitals That Start EHR After 2015 Receive No Incentive Payments
- Comparative Effectiveness Research (CER)
  - $1.1 Billion for CER. $300 Million to AHRQ. $400 Million to NIH. $400 Million to HHS Secretary
  - Federal Coordinating Council for Comparative Effectiveness Research. 15 Federal Agency Representatives – 50% Must Be Physicians or Other Experts With Clinical Expertise
  - I.O.M. Must Report to Congress by June 30, 2009 With Recommendations on National CER Priorities

“The American Recovery & Reinvestment Act”

- N.I.H. - $10 Billion Increase. $1.3 Billion for National Center for Research Resources. $8.2 Billion NIH Director. (FY2008 Budget for NIH was $29.5 Billion)

- Medicare
  - Delays Repeal of Budget Neutrality Adjustment Factor (BNAF) In Hospice Wage Index Until October 1, 2009

- Workforce Training
  - $500 Million for Health Professional Training - $300 Million for National Health Service. $200 Million for Health Professions and Nurse Training

- Chronic Disease Prevention
  - $1 Billion to Create Prevention and Wellness Fund Including $650 Million for Health Outcomes for Chronic Disease and $50 Million to Reduce Hospital Associated Infections

Health Care Reform

- President Obama Urging Overhaul That Builds on Existing System
- Obama 2010 Budget Proposes a $634 Billion 10 Year Health Care Reserve Fund to Implement Reform
- $634 Billion Raised by Imposing $316 Billion in Payment Cuts to Home Health Providers, Medicare Part D Drug Program, Medicare Advantage Plans, and Pharmaceutical Companies
- Obama is Asking Congress to Raise an Additional $600 Billion to Fund Universal Coverage. Congress is Considering Tax Code Changes to Limit Deductibility of Employer Paid Health Premiums and Additional Cuts to Providers

- Obama Health Budget Proposals:
  - “Encourage” Hospitals to Reduce Readmission Rates
  - Create Quality Incentive Programs
  - Enabling Voluntary Accountable Care Organizations
  - Establish Competitive Bidding Programs for Medicare Advantage
  - Promote Efficient Use of Primary Care by Bundling Payments for Hospital Post-Acute Settings
  - Address Conflicts of Interest in Doctor-Owned Specialty Hospitals
  - Ensure Appropriate Payments Through the Use of Radiology Benefit Managers
  - Provide “Private Sector” Enhancements to Ensure Medicare Pays Accurately
  - Promote Cost-Effectiveness in Medicaid by Increasing Rebates, Extending Rebates to Medicaid Managed Care Plans, and Applying Rebates to New Formulations of Existing Drugs
  - Establish a Pathway for FDA Approval of Generic Biologics

- Expand Availability of Family Planning Under Medicaid
- Use the National Correct Coding Initiative Edits for Medicaid
- Align Home Health Payments With Cost
- Reallocate Medicare and Medicaid Improvement Funds
- Require Higher-Income Beneficiaries Enrolled in Part D to Pay Higher Premiums

- Congressional Democratic Leaders Have Embraced the Idea But Have Provided Few Details
- Senate Finance Chairman Baucus Released White Paper Last Year That Contains an “End of Life” Section

Health Care Reform

- Senate HELP Chairman Kennedy Formed Committee of Health Care Reform “Stakeholders” Last Year. Kennedy Asked Senator Harkin (IA) to Take the Lead on Prevention Provisions; Senator Mikulski (MD) to Lead on Quality Improvement; and Senator Bingaman (NM) to Draft Coverage Provisions
- Senator Kennedy Wants Universal Coverage But House Ways & Means Chairman Rangel is Opposed
- Senate Health Care Reform Bill to be Ready by Summer 2009
- House Energy & Commerce Chair Waxman (CA) Says His Reform Bill Will Be Ready August 2009

2009 Hospice and Palliative Medicine Issues

- Congress Must Act to Implement Medicare Payment Advisory Commission Recommendations Before They Become Law:
  - Medicare Payments for Hospice be Changed to Provide Higher Payments at Beginning and End of Hospice Episode and Lower Payments Per Day as the Length of the Episode Increases
  - Hospice Physician or Advanced Nurse Practitioner Must Visit the Patient to Verify Continuing Eligibility for the 180th Recertification and Each Subsequent Certification
  - Recertification Will Require a Narrative Prescription Detailing Clinical Need Necessitating Continued Hospice Care
  - HHS Office of Inspector General to Investigate Financial Relationships Between Skilled Nursing Facilities and Hospices that may Present Conflicts of Interest
  - Asks HHS to Collect Additional Data from Hospice Claims
  - These Changes Will Take Place in 2013 With a Brief Transition Period

2009 Hospice and Palliative Medicine Issues

- Medicare Payment Issues
  - Permanent BNAF Fix
  - Hospice CAP Issue
  - Medicare GME Restructuring to Allow Payment For Community Training of Residents
  - SGR – Fix for Medicare Payment to Physicians

- FDA
  - February 6, 2009, FDA Sent Letters to Manufacturers of Certain Opioid Drugs Indicating These Drugs Will be Required to Have a Risk Evaluation and Mitigation Strategy (REMS) to Ensure Benefits Outweigh Risks
  - Affected Drugs Include Brand and Generic Products Formulated With Fentanyl, Hydromorphone, Methadone, Morphine, Oxycodone and Oxymorphome
  - Stakeholders are Meeting with FDA and Each Other to React to this Plan

2009 Hospice and Palliative Medicine Issues

- DEA
  - January 21, 2009, Drug Enforcement Agency Issued an Advanced Notice of Proposed Rulemaking Seeking input for Safe and Responsible Disposal of Controlled Substances Dispensed to Patients, Long-Term Care Facilities and Hospices. Comments were due March 23, 2009
- Workforce Issues
  - Senate Finance Committee Held a Hearing on 3/12/2009 to Debate Issue of Supply of Adult Primary Care Physicians
  - AAHPM Would Like to See Debate Expanded to Address Supply of HPM Specialists

I.) Goal: Enhancing Graduate Medical Education and Faculty Development in Hospice and Palliative Medicine (HPM)

The Academy of Hospice and Palliative Medicine (AAHPM) will promote efforts to increase the number of faculty positions and residency training opportunities in HPM

- Advocate for increased GME payments for HPM fellows: pay for full FTE for palliative medicine fellowship training programs similar to geriatrics and pediatric neurology
- Support extension of GME to allow payments to community-based training programs and sites of service
- Support funding for existing faculty to train in HPM and promote clinical care and research (similar to Geriatric Career Awards)
- Advocate for change to residency “cap” rules so that institutions whose caps are full can get slots to fund HPM fellows
- Advocate for re-introduction of the Palliative Care Training Act and promote Palliative Care Education Centers through the Health Resources and Services Administration (HRSA)

II.) Increase Funding for Research in HPM

The AAHPM supports increased funding for palliative care research to strengthen the evidence-base for clinical practice and to improve the delivery of health care patients with serious illness and their families

- Advocate for the National Institutes of Health (NIH) to conduct research on relief and prevention of symptoms in advanced illness
- Advocate for an NIH Career Development Award in HPM
- Advocate for Centers of Excellence in Hospice and Palliative Medicine
- Advocate for the Centers for Disease Control and Prevention and the National Institute on Aging to develop an epidemiology of health, health care utilization and quality in the last stages of life
- Advocate for AHRQ and HHS funding to study the comparative effectiveness of palliative care delivery and symptom management for seriously ill patient populations
- Advocate for Medicare and Medicaid demonstration projects to evaluate hospital-based and community-based HPM care models for patients in the last 1-2 years of life
- Advocate for funding of an Institute of Medicine Roundtable/Study on care delivery reform in the last years of life

III.) AAHPM will advocate for policies that strengthen access to and reimbursement for HPM services in all clinical settings

AAHPM will advocate for policies that strengthen access and reimbursement for HPM services in all clinical settings

- Advocate for payment reforms to the Medicare Hospice Benefit that encourage admission to hospice care earlier in the course of illness (via case mix adjustment, outlier payments or payment reforms)
- Advocate for policies that ensure access to Medicare hospice services for all appropriate patients in all settings
- Advocate for inclusion of advanced care planning and access to palliative care into the patient-centered medical home model
- Advocate for comprehensive/bundled payments for the new CMS palliative care billing code in CMS
- Advocate for development and testing of hospice and palliative care quality measures
- AAHPM will further develop its collaborative relationships with other organizations to promote the development and integration of palliative care services into all settings
- Advocate for measures to support care-givers of patients with serious illness