Health Reform Opportunities

The new health reform law is immense. Tucked inside are important opportunities that our specialty can engage in and benefit from.

The law creates a number of advisory panels tasked with putting the meat on the legislation’s bones. The law also creates a number of grant programs designed to foster and test health care innovation. Many of these advisory panels and grant opportunities have special relevance to ob-gyn, and we should look for every opportunity to get involved.

Attached to this issue of ACOG’s Legislative News and on ACOG’s Health Reform Center website, you’ll find two documents that describe these opportunities. I hope you’ll take a close look at both and think creatively about what you can do to participate.

For example, advisory panels will help determine the scope and context of maternity care as a key part of the essential benefits package; comparative effectiveness research and measures related to women’s health; and medical liability alternatives. New federal funding is available to state and local programs to help pregnant teens, test medical liability alternatives, diagnose and treat postpartum depression, and develop new practice models.

The more our specialty is involved, the better this new law will address the needs of our patients far into the future. Stay tuned to upcoming issues of ACOG’s Legislative News for information and announcements, and contact me at govrel@acog.org if there are specific areas that interest you.
Read Our Summaries of Important Opportunities for Ob-Gyns

1. Advisory Panel Opportunities under the Health Reform Law

The new health reform law, the Patient Protection and Affordable Care Act, brings with it a host of administrative, funding, and advisory panel changes, including opportunities for ob-gyns to shape the implementation of reform.

We’ve summarized the new Advisory Panel Opportunities [here](#), where these priority panels for ob-gyns are highlighted in red:

* **Maternal, Infant, and Early Childhood Home Visiting Programs**: An independent, expert advisory panel to the HHS Secretary will consider program evaluation and research, education, and issues in early childhood development.

* **Comparative Effectiveness Research**: Opportunities will include a range of advisory panels on clinical trials, outcomes research, methodology and more.

* **Young Women’s Breast Health Advisory Committee**: The HHS Secretary, acting through the CDC Director, establishes this committee to create and conduct education campaigns.

* **Medical Liability Reform Alternatives**: A review panel of up to 13 members, appointed by the Comptroller General, will advise on state grants to test alternatives to current medical liability litigation. Members will include providers, patient advocates, insurers, state officials and patient safety experts.

* **National Health Care Workforce Commission**: Appointed by the Comptroller General, members will include experts on workforce analysis, health care workforce education and training, and the provision of health services.

* **Development of Outcome Measures for Clinical Practice Guidelines**: The HHS Secretary will consult with professional societies and other organizations, to help HHS and the contracted Patient-Centered Outcomes Research Institute identify the best methods for development of existing and new clinical practice guidelines.

* **Policies Affecting All Medicaid Beneficiaries**: The Medicaid and CHIP Payment and Access Commission (MACPAC) will include physicians, as well as other health professionals, children’s advocates and pregnant women.
2. Grant Opportunities in the Implementation of Reform

Click on ACOG’s Summary of 10 Ob-Gyn Related Funding Opportunities, for a one-stop look at funding possibilities in a range of HHS programs and projects. Subjects include:

- Patient/Caregiver Collaboration Programs and Grants;
- Postpartum Depression;
- Cultural Competency;
- The Medically Underserved;
- Maternal, Infant, and Early Childhood Visitation;
- Alternatives to Current Medical Tort Litigation;
- Sex Education Programs;
- Bundled Payment Demonstration Projects;
- Accountable Care Organizations Under Medicare; and the
- Pregnancy Assistance Fund.

More News:

New Deadline for Tribal Home Visiting Grant Program

As we reported in our last edition, funding opportunities are available under the Affordable Care Act (ACA) Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program. Note that the funding opportunity announcement, HHS-2010-ACF-OFAT-0134, has been formally modified for technical reasons to change the original due date of July 26, 2010, to Wednesday, July 28, 2010.

Only the closing date was changed. All other requirements for a timely submission apply (see IV.3 in the funding opportunity announcement).

The modified announcement can be found here.
Join our First Session This Week: *Payment Issues*, Wednesday, July 14, Noon to 12:30 p.m. Eastern Time (9-9:30 a.m. Pacific Time)

ACOG is launching a free monthly Webinar series, with practical information on how implementation of the health reform law will impact you, your patients, and your practice.

Join ACOG Immediate Past President Gerald F. Joseph, Jr., MD, and ACOG Government Affairs Director Lucia DiVenere, for a 30-minute practical guide to the new law. Our concise format gives you the information you need quickly, on subjects likely to affect your practice in the years ahead.

**Monthly Topics**

**Session 1: July 14 Wednesday Noon Eastern Time**  
*Payment Issues*

**Session 2: August 12 Thursday Noon ET**  
*Benefits and Insurance Reforms*

**Session 3: September 8 Wednesday Noon ET**  
*Practice Administration*

**Session 4: October 13 Wednesday Noon ET**  
*Compliance*

**Session 5: November 10 Wednesday Noon ET**  
*Opportunities*

**Session 6: December 8 Wednesday Noon ET**  
*Non-Physician Providers*

**Instructions:**

To join the Webinar this Wednesday, July 14 at noon (ET), just follow this link. Login with your User Name and Password for the Members-Only section of the ACOG website.

New to the Members-Only section or forgot your password? Go to [www.acog.org](http://www.acog.org) and click on the “ACOG Member Log-In” tab on the left side of the home page, and follow the instructions.

**Audio:**

Viewers are encouraged to listen to the Webinar through their computer speakers. If this is not possible, use the listen-only, back-up Conference Call telephone line for audio:

- The Conference Dial-In Number is (605) 477-3000
- Your Participant Access Code is 779986#
SGR Update


Surgical Physician Survey on Medicare Participation:
Two-Thirds Would Stop or Change Participation if Significant Pay Cuts Go into Effect

Last month, President Obama signed H.R. 3962 into law, which provides only a 6-month fix of Medicare physician payment. The legislation postpones the 21.3% Medicare physician pay cut that went into effect on June 1, and provides a 2.2% fee update through November 2010.

Because the SGR formula is left in place, physicians face a 23% Medicare cut in December, increasing to nearly 30 percent in January 2011, unless Congress takes further action.

Physicians in Congress and across the specialty spectrum are working to educate leaders and the public on the flawed formula that threatens patient access to care. On the floor of the House, ACOG Fellow and U.S. Representative Michael Burgess, MD (R-TX) called for a permanent fix to the physician payment formula. Watch his comments on this YouTube Video. As Chairman of the Congressional Health Care Caucus, Rep. Burgess is also coordinating a July 13 SGR panel. For more information and event coverage, visit http://health.burgess.house.gov/.

The results are in and available here, on the Surgical Physicians Survey on Medicare Participation.

An overwhelming majority, 97%, of the respondents currently participate in Medicare. But only 31.7% say they will remain participating physicians if the 21.3% cut or other significant pay cuts go into effect. Over a third, 34.5%, say they will change their status to non-participating physician, and another 31.2% will opt out of Medicare for 2 years and privately contract with Medicare patients. Of those continuing to participate, 71.8% would limit the number of Medicare patients.

On the SGR and a range of related issues, also see this summary and analysis filed by the American Medical Association, on the 2011 Medicare Physician Payment Proposed Rule. Note Table 73 on the last page, showing the estimated impact of various proposals by specialty, including ob-gyn. And this Health Policy Brief from the Robert Wood Johnson Foundation examines the options available to Congress in addressing a broken payment system and “a looming, major doctors’ fee cut in an election year.”
MLR in the News

Physician Survey on Defensive Medicine:
Most Believe Practice is Widespread, Call for Liability Reforms

According to a survey of 2,416 physicians, published in the June 28 issue of the Archives of Internal Medicine, 91% believe their colleagues practice defensive medicine by giving patients more tests and treatments as a means of protecting themselves from lawsuits. And 90.7% say that better protection against unwarranted medical liability claims is needed to reduce unnecessary testing and thus bring down health costs.

Researchers at Mount Sinai School of Medicine in New York City conducted the national survey that included U.S. physicians from a range of practices and specialties. The authors note that approximately $60 billion per year is spent on defensive medicine, and that many physicians believe they are vulnerable to lawsuits even when practicing well within the standard of care.

Read more survey details here on the website of the Archives of Internal Medicine, including a table of response results here.

What Your Patients Are Reading: Related Information from the AHRQ

The U.S. Agency for Healthcare Research and Quality has issued this outline of questions patients should ask about medical tests.

Ob-GynPAC: Your Dollars Hard at Work

Ob-GynPAC, ACOG’s Political Action Committee, works to elect ob-gyns and ob-gyn friends to Congress, and helps ACOG members develop important relationships with their U.S. Representatives and Senators. With Ob-GynPAC, our voice is heard on Capitol Hill and throughout the country.

Ob-GynPAC helps elects the right candidates through direct campaign contributions, independent expenditures, and supporting leadership PACs. Read more in the 2009 Annual Report. Click here to contribute.
2010 Second Quarter President’s Club Contributors

Our special thanks goes to the following individuals, for your generous contributions to Ob-GynPAC from April through June 2010, and to all Ob-GynPAC supporters.

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