



E-Newsletter - December 2015

President's Corner



2015 was a watershed year for the U.S. healthcare system. From the U.S. Supreme Court ruling on the constitutionality of the Affordable Care Act (ACA) and launch of ICD-10-CM diagnostic codes, to the passage of the Medicare Access and CHIP Reauthorization Act (MACRA), 2016 will serve as a defining year of transition for physicians and patients.

While many of the developments that occurred in 2015 will continue to affect the U.S. healthcare system in 2016 and beyond, I believe there are four distinct areas the physician community, policy makers, media and other healthcare influencers need to closely monitor in the upcoming year.

These include:

- Evidence-based regulation
- Insurance consolidation
- Value-based care
- Physician leadership

Evidence-Based Regulation

There is an increasing emphasis on practicing evidence-based medicine today. However, this same rigorous approach is not applied to most policies regulating the practice of medicine. This represents a significant problem. The reality is physicians are rarely included in the development of policies regulating the very industry in which they operate. This leads to policies that do not enhance quality of care and instead generate unintended, harmful consequences to physicians and their patients. In 2016, we would like to see policy makers formulate healthcare policies that can clearly answer these two questions:

- How does this policy help doctors help patients?
- How is this regulation helping patients get healthier?

This type of common sense approach should be exercised in any discussion relative to healthcare regulation.

Health Insurance Market Consolidation

The recently approved mergers between Anthem and Cigna as well as Aetna and Humana present great upside for the insurance market: less competition, more price control and likely increased profitability. But what does this mean for America's patients?

Although the ACA has been effective at reducing the number of uninsured Americans, more often than not, Americans are facing rising premiums, narrower networks and greater out-of-pocket costs. This will only increase with the shrinking of insurer competition, with the likely end result of diminished leverage and negotiating power.

It is pretty obvious that the unfortunate losers in this tug-of-war between these giant insurance companies are patients and physicians. While the outcome is not yet clear, this is something that physicians, patients and stakeholders should continue to monitor in 2016.

Value-Based Care

Earlier this year, the U.S. Department of Health and Human Services (HHS) announced performance goals and timelines for the transition of Medicare payments from volume to value. This involves the expansion of programs that enable Medicare payments to shift from fee-for-service (FFS) to value-based payment models (e.g., bundled payments, Merit-Based Incentive Payment Systems) and value-based delivery models (e.g., ACOs).

In 2016, the push toward value will increasingly impact how physicians deliver care and how they are reimbursed. The problem is “value” is a loosely defined term, meaning different things to physicians, patients, insurance companies, policy makers, etc.

Without sufficient input from practicing physicians on how to shape these initiatives and clearly define what we mean by “value,” these legislative and regulatory policies will continue to have unintended consequences that will likely create further uncertainty, confusion and frustration – all of which diminish quality of care.

Physician Leadership

The heap of new regulatory and marketplace developments introduced in 2015 requires effective physician leadership more than ever before. According to a Physicians Foundation report, in collaboration with Brandeis University, more than 400 physicians across the country noted opportunities and challenges within the physician leadership space. Opportunities range from facilitating more collaboration and team-based care to helping to better manage change, particularly in the context of value-based medicine. Challenges include continued administrative burdens (e.g., quality reporting requirements, ICD-10-CM issues and prior authorization problems), financial pressures and overall health system changes.

We understand there are many challenges that need to be addressed in the upcoming year, but this time of change also presents opportunities to improve our healthcare system and ensure that physicians continue to play a central role. We know that for any change to be successful, physicians must be a leading voice in helping to formulate effective policy at the national, state and local levels.

In The News

The Physicians Foundation is a leading voice for physicians. Foundation Board members are often interviewed by reporters to provide the physician perspective on critical healthcare issues. Below are three recent articles featuring commentary from Foundation Board members.



[Forbes: Female Physicians and the Future of Healthcare Delivery \(October 26, 2015\)](#)

In a recent article on the [Physicians Foundation Forbes channel](#), Board member Jennifer Hanscom discussed the growing number of women in the physician workforce, optimism among female physicians today and their thoughts on the future of healthcare.



[HealthLeaders: ICD-10: Post-Implementation Challenges \(October 1, 2015\)](#)

In advance of the deadline for ICD-10 implementation, prominent members of the medical community weighed in on the potential challenges of the upcoming transition. Alan Plummer, MD, Vice President of the Physicians Foundation, offered advice to practicing physicians managing this transition.



[Medical Economics: Manage the Complexity of Practicing Medicine \(September 22, 2015\)](#)

Joseph Valenti, MD, Board member of the Physicians Foundation, shared his frustration regarding the regulatory and administrative burdens that reduce time spent with patients in today's medical practice environment.

Grant Spotlight

A significant aspect of the Physicians Foundation's mission is to award grants that support the development and advancement of practicing physicians throughout the United States. The Foundation has awarded nearly \$37 million in grants since the launch of its grantmaking program in 2005, supporting programs related to physician leadership, physician practice trends, physician shortage and health information technology (HIT).

To showcase the range of grants awarded by the Foundation, we created a new page on our website to highlight the great work of our grantees – [Grantee Perspective](#).

We invite you to visit the page, which includes Q&A articles featuring former and present Physicians Foundation grantees as well as other initiatives supported by our grants. This new section will be used to exhibit the impact of Foundation grants, and can be utilized as a guide for other physicians and organizations who may want to launch similar programs.

If you have received a grant from the Physicians Foundation and are interested in being featured on the new page, please email physfnd@cooperkatz.com.

If your organization is interested in applying for a grant, see the requirements below:

- Eligible organizations that are tax exempt under Section 501(c)(3) are encouraged to register at our website now to save time before the next open funding opportunity. Click [here](#) to register. This is a new online grant submission protocol created to streamline the application process.
- New Physician Leadership Grants
 - Organizations without a previous Physician Leadership grant, or with a new project not previously funded, will be eligible to apply
 - Our next RFP will be released mid-January 2016
 - Deadline is mid-February 2016
 - Awards will be up to \$75,000 per year for 2 years
- Renewal of Physician Leadership Grants
 - Current physician leadership grantees are eligible to apply for renewed funding every June or November, if they have completed their previous grant

For more information, including a portfolio of the grants the Foundation has previously awarded along with their results, visit Physiciansfoundation.org/healthcare-grants.

Focus On: Evidence-Based Regulation

Physicians' number one priority is to care for patients – to help them get better and live healthier lives. We work hard to practice evidence-based medicine (i.e., care founded on the current best evidence and research available) in order to make the most informed decisions about our patients' care.

Unfortunately, a large roadblock is continuously obstructing our way – growing regulatory changes and administrative burdens that hinder our foremost priority.

We believe now is the time to demand that legislators be held to the same standard as physicians in their professional practice. **We must mandate evidence-based regulation.** This means any proposed regulation must be able to answer these two questions:

- How does this help doctors help patients?
- How is this helping our patients get healthier?

It's time to recognize that legislators need physicians and other providers' input on new regulations to ensure the proposed changes will help America's patients and the healthcare system as a whole. New policies need to be based on evidence—proof that they will help physicians provide better quality care to our patients. After all, that's the purpose of the healthcare system, isn't it?

Read an [extended version of this article](#), written by Foundation Board member, Joseph Valenti, MD on the Physicians Foundation Forbes channel.