

American Society of Plastic Surgeons Responds to the Enactment of H.R.2

The American Society of Plastic Surgeons (ASPS) is disappointed that H.R.2, the Medicare Access and CHIP Reauthorization Act, passed the Senate on April 15, 2015 and is expected to quickly be signed into law. ASPS is greatly concerned about the impact H.R.2 will have on patient care and maintains its conviction that the Act is not in the best interest of patients, access to care, nor the quality of patient care delivered by all medical specialties.

H.R.2, which was advanced as the solution to the sustainable growth-rate formula, contains a new payment system that will eventually result in lower Medicare payments to physicians compared to keeping the SGR formula in place, according to a [CMS report](#) released Thursday, April 9, 2015, by the Office of the Actuary.

Additionally, the Act

- Provides statutory updates that do not keep pace with rising medical practice costs;
- Creates a flawed quality and performance improvement system;
- Mandates overly-broad utilization and physician payment disclosure without appropriate context; and
- Requires physicians to choose quality and performance improvement methods that are often not applicable to their specialty.

On behalf of its members and the specialty, ASPS is committed to working to improve this new system as much as possible during the coming implementation process. We will work to ensure that plastic surgery practices remain open and viable for the communities they serve.

ASPS made public its opposition to Congress's plan to replace the SGR through media coverage and the press release distributed March 18, 2015 (embedded below.)

American Society of Plastic Surgeons Publicly Opposes Congress's Plan to Replace the Sustainable Growth Rate (SGR)

With a vote on a replacement proposal as early as next week, the American Society of Plastic Surgeons is making it known that in the best interest of patients and the quality of patient care delivered by all medical specialties - it does not support the legislation introduced in the 113th Congress as the final legislative solution to the SGR.

Arlington Heights, Ill. – March 18, 2015 – The American Society of Plastic Surgeons announced today that, while it strongly supports repeal and replacement of the flawed sustainable growth rate (SGR) formula that was enacted in 1997 in an effort to control federal expenditures on healthcare, it opposes

policy that is likely to come to a vote in Congress next week, stating that the new proposal is not in the best interest of patients and providers and should be substantially improved before it is advanced.

“We are one specialty among many but we have chosen to draw much-needed attention to the shortcomings of this proposal. It only perpetuates a broken system,” said Scot Glasberg, MD, president of the American Society of Plastic Surgeons. “As physicians, our first priority is delivering **quality patient care** – but to maintain quality we must maintain a system that is fair to all specialties and ensures that **reimbursement is structured to allow specialty practices to remain viable**. This legislation jeopardizes both.”

ASPS did not support the Medicare Provider Payment Modernization Act (MPPMA) when it was advanced last year, stating that the Act provides statutory updates that do not keep pace with rising medical practice costs, creates a flawed quality and performance improvement system, mandates overly-broad utilization and physician payment disclosure without appropriate context and requires physicians to choose quality and performance improvement methods that are often not applicable to their specialty.

ASPS is the largest organization of board-certified plastic surgeons in the world, and represents the entire spectrum of the specialty of plastic and reconstructive surgery. Plastic surgeons perform a broad scope of reconstructive procedures reimbursable by Medicare including breast reconstruction, limb reattachment, chronic wound management, hand surgeries, acute trauma, cancer reconstruction and burns. Like most specialties, the ASPS has long supported repeal and replacement of the SGR and opposes continued short-term “patches” to the system that create continuing uncertainty for physicians and patients alike.

“Patients and care providers deserve a permanent fix for the SGR that represents more than simply something different,” Glasberg continued. “They need a solution that will actually represent an improvement. Like most specialties, plastic surgeons provide life-saving and life-restoring treatment to children, seniors, members of the military and all other patients. This system, in a relatively short time, will jeopardize those patients’ access to care.”

ASPS does not believe the structures created by MPPMA and sustained through the SGR repeal will achieve a system that works for all providers. Following are the major concerns:

1) Insufficient Statutory Updates – Over the past 13 years, updates to physician payments have only twice been higher than the Medicare Economic Index (MEI), a measure of physician practice cost expense. Additionally, The MPPMA’s fee updates – 0.5% annual updates for the first five years, followed by 0% updates for the next five years– will not cover the cost of medical price inflation. In combination with penalties of up to 9 percent under the Merit-Based Incentive Payment System (MIPS), these updates will force many specialty practices out of business.

2) Flawed Quality And Performance Improvement Program –MIPS, as proposed by the MPPMA, simply combines existing programs—the Physician Quality Reporting System (PQRS), the Value-Based Modifier (VBM), and meaningful use of Electronic Health Records (EHRs)—under a single title and adds a performance improvement metric. There are numerous problems with this new system. **The following** are some of its shortcomings:

- The legislative language is broad and lacks clarity on the intended structure and impact of key components. Little detail is provided on what weighting and methodologies will be used to calculate the system’s composite scores. These scores will determine who is penalized and who is rewarded under the system, and as such they should be explicitly legislated.
- It increases the regulatory burden that physicians now face by holding them accountable to existing program requirements, while adding clinical practice improvement activities. Physicians should be given the opportunity to demonstrate engagement in innovative clinical practice improvement activities as a surrogate for satisfying existing program requirements, not *in addition to* satisfying these requirements.
- Initially MIPS will rely heavily on existing quality measures. It’s widely known that many specialty providers struggle to find measures that are relevant to their practice. While the mechanisms proposed to allow for the introduction of new quality measures through specialty society qualified clinical data registries (QCDRs) are a good start, the proposal as structured in MPPMA places small specialties at a disadvantage, as many of these still may not have the resources to develop and maintain a registry.
- MIPS’s approach of basing the distribution of penalties and payments on an arbitrary mid-point will penalize providers who are producing objectively good care.

3) Inappropriate Use of Utilization and Payment Data – Utilization and payment data, are not indicative of the quality or efficiency of health care professionals. Including utilization and payment data on the Physician Compare website will be misleading, and could cause consumers to reach inaccurate conclusions about physicians.

“We hope that leaders in Congress and of the committees of jurisdiction take time to perfect SGR replacement policy before advancing it, and we look forward to assisting in that effort,” continued Dr. Glasberg. “It is not enough to simply replace the flawed system with a new system. We need a new system that works for all providers. And opposing poor legislation in this case should be the responsibility of all medical specialties.”

About ASPS

The [American Society of Plastic Surgeons](#) is the largest organization of board-certified plastic surgeons in the world. Representing more than 7,000 physician members, the Society is recognized as a leading authority and information source on cosmetic and reconstructive plastic surgery. ASPS comprises more

than 94 percent of all board-certified plastic surgeons in the United States. Founded in 1931, the Society represents physicians certified by The American Board of Plastic Surgery or The Royal College of Physicians and Surgeons of Canada.