TRANSITION INTO PRACTICE- WHY ADVOCACY IS IMPORTANT AND HOW TO GET INVOLVED

Aaron W. Broadwell, MD
Rheumatology and Osteoporosis Specialists
February 20, 2016
abroadwell@rosdrs.com

My Background

- Residency: Mayo Clinic, Jacksonville
- Fellowship: Scripps Clinic, San Diego
- Current practice:
  - Rheumatology and Osteoporosis Specialists, Shreveport, LA
    - (partnered with father since 2012)
    - 4 physicians, 3 advanced practice clinicians
- Vice President- Rheumatology Alliance of Louisiana
- Board Member- CSRO

What is your goal as a physician?

- Provide care for patients
- Add quality to patient's lives
- Career stability
- Stable income

What is 1st year of practice like?

- Medicine-wise, very similar to fellowship
  - You have been trained to take care of patients
  - You have likely encountered most types of patients you will encounter
  - Always have some people you can call just in case
  - It will likely be more “mundane” than training
- You are likely very underprepared for the “business aspect” of medicine
- You know what medication the patient needs, but how do they get it?

Why Advocacy?

- We are in a rapidly changing political landscape
  - Declining reimbursements
    - Requires seeing more patients to keep up revenue
  - Tightening control over what treatments your patients can receive
    - Insurers are trying to save money somewhere!
  - Healthcare is #1 priority for saving money in many circles.
- The vast majority of young Rheumatologists and other specialists are not an active part of advocacy in their fields

Why now?

- What is your goal in becoming a physician?
  - Taking care of patients!
- Every year/every piece of legislation is another potential restriction, providing barriers to patient care
- Who has the most to gain/lose?
  - YOU AND YOUR PATIENTS!!

How do I become active?

- Join your national organizations (AMA, ACR, CSRO)
  - Become active in them
  - Help them to make your voice heard

Current National Hot Topics

- ICD-10
  - Rolled out in October 2015
  - Previous estimates up to $220,000 for larger practices to implement successfully.
- SGR fix → MACRA
- ACA future

How do I become active locally?

- Join or start a local advocacy group
  - CSRO
  - State Policy Decisions
  - Direct connections
    - Insurance commissioners
    - Medical directors of insurance companies

State Rheumatology Associations

- Provide an increasingly powerful force to help enact change in your local legislature
- Many of the laws are state specific and require changes at the state level
- Meetings are easier to attend
- Networking

Rheumatology Alliance of Louisiana

- Led by President Stephen Lindsay and Past President Madeleine Feldman (also on board of CSRO)
- First annual meeting in September 2013 with excellent statewide attendance
- 4th annual meeting August 2016 with two day educational content
- Growing members have given us power and organization to lobby for new state legislation

Louisiana

- I joined private practice in the summer of 2012
  - Ultrasound “guru” for the practice. RhMSUS certified
- ~80% of our commercial insurance is BCBS.
- When I started, BCBS “bundled” all U/S guided procedures (CPT-76942). This resulted in nonpayment of all claims.
- BCBS Coding board/Rheumatologist discussions led to reversal of decision
- Resulted in revenue which allowed me to invest in more ultrasound equipment and provide more advanced diagnostic services for patients.
- Full time diagnostic ultrasound open for the 7 practitioners in our clinic

Louisiana

- Louisiana “Sick Tax”
  - Providers must pay a tax on the infusible that they purchase to then infuse in their practice
  - Reimbursement is based on the cost (without tax)
  - Tax comes out of the ~4% cushion that is afforded
  - The majority of practitioners cannot afford to infuse and either
    - 1) Their patients do not receive infusions
    - 2) They must have infusions performed at hospital facility, a process that is more expensive and more laborious for the patient

State/Regional Level

- "SAD" lists
  - Drugs that have a self-administered option have been targeted in various Medicare carrier territories.
  - IV Orencia, IV Actemra, and other biologics became non-covered benefits in many states
    - This led to any "dual administration" drug to be unaffordable for many Medicare patients
  - Advocacy on the state and national level helped to "turn the tide" and stop/reverse decisions to restrict access to medications

State Level

- Biosimilar legislation
  - Several bills passed and in various stages of legislation regulating how biosimilars will be administered.
    - Can a pharmacist automatically substitute a biosimilar for a branded biologic?
    - Do they have to notify the physician?
      - If so, when? Before? After? How long after?
  - Very important legislation that will help physicians have better knowledge and/or control of what medications their patients are receiving
  - Only fought at the state level
  - Louisiana successfully passed HB 319 in 2015 limiting substitution of biosimilars.

State Level

- Fail First Legislation
  - Defining how insurers can force patients into different preferred medications
  - Some plans require up to 5 different medications tried prior to a non-formulary medication being used
  - Some trials are up to 130 days per medication
  - Some insurers do not consider a failure from when someone is under another insurance plan
  - Increasing burden on patients and offices alike

State Level

- Speciality Tiers/Copayments
  - Tier IV medications are covered often as poorly as 50% coverage, leaving $16,000+ for the patient to pay for a medication
  - Several states have enacted legislation to limit the copayment/coinsurance
  - This allows patients in those states to be able to afford biologics with current copay card systems

Why can't we seem to get together to advocate for our patients?

- Look at other industries
  - Oil/gas, utilities, technology
  - Pharmaceutical industry
- Look within medicine
  - Oncologists
  - Surgical specialties
- Popular belief that arthritis is "non life-threatening"
- Rheumatologists, especially at the beginning of their careers are focused on immediate tasks at hand

What's going to happen?

- Biologics may well become distant possibilities for many of our patients with autoimmune diseases, despite the fact that >70% would benefit from them
- With the ACA introducing more and more high deductible health plans, financial burden is shifting to practices and patients instead of to insurance companies
- Reimbursement will likely continue to fall as it has in the last decades, despite higher costs for practices
- Increasing reliance on less expensive resources such as advanced practice clinicians
- Increased loss of decision-making capacity by practitioners as insurers take control of the process of care of chronic diseases

Why again Advocacy?

- YOU are the people who will be most effected by the changes that happen today
- The group most involved include those who may be in the profession only 5-10 more years
- Without our voices as young rheumatologists, we are accepting a future where we cannot provide optimal care for patients and where reimbursement will continue to decline over time, making it more difficult to practice medicine.
- If we can come together as a united voice, we can work for our patients!

Questions?