

Advocacy Participation and the CSRO

CSRO Fellows Conference
February 17, 2018

Sarah Doaty, MD
CSRO Board of Directors

Coalition of State Rheumatology Organizations (CSRO)

- Coalition of over 40 state and regional professional rheumatology societies
- Our mission:
 - *To advocate for excellence in the field of rheumatology, ensuring access to the highest quality care for the management of rheumatologic and musculoskeletal disease.*

Board of Directors

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History of the CSRO

- **2001**
 - The initial development for this new organization began when several state society presidents met and discussed common concerns over issues that were impacting practicing rheumatologists around the country.
- **2002**
 - Formal planning started after a second larger informal gathering of state society presidents
- **June 9, 2003**
 - Formal foundation of the CSRO

Activities and Accomplishments:

- Host State Society Network Conference and Fellows Conference
- Attend state meetings and specialty conferences
- Helped to establish multiple state and regional societies
- Established NORM, the National Organization of Rheumatology Managers
- Founded ATAP, the Alliance for Transparent and Affordable Prescriptions

Advocacy Participation

- State Society Advocacy Conference
- Fellows Conference
- State Society Members Annual Conferences
- Congress of Clinical Rheumatology
- National Conference of State Legislatures



CSRO State Society Advocacy Conference – Chicago, IL

Why is Advocacy Important to Physicians?

Advocacy: supporting a cause or policy

- Legislation is affecting the way rheumatologists manage our practices
- Declining reimbursements for physicians
- Interfering with patient access and care
- Must be engaged to protect our patients and our livelihood

The Issues

Federal

- Part B Drug Reimbursement
- MACRA
- Biosimilars
- PBMs

State

- Step Therapy
- Prior Authorization
- Interchange of Biologics
- Non-Medical Switching

Part B Drug Reimbursement

- 2017 CMS proposed Medicare Part B Drug Model
 - Would cut physician reimbursement from ASP plus 6% to ASP plus 2.5% and a nominal fee
- MedPAC has released several policy proposals to cut reimbursement for Part B Drugs
- Any further cuts would jeopardize ability of physician to offer infusions in our offices

PBMs

- Hired by insurers to manage drug benefit programs and provide other services pursuant to a negotiated contract
- Act as intermediaries between Insurers, Manufacturers, and Pharmacies
- Negotiate prices with Manufacturers, create pharmacy networks and determine which drugs are covered by which plans.
- PBMs claim to drive down drug costs
- Use position to negotiate contracts with Manufacturers/Insurers/Pharmacies that maximize profits at expense of patients

Step Therapy

- Requiring patients to try and fail first on medication on the formulary before providing coverage for the originally prescribed non-formulary medication
- Treatment is based on cost rather than clinical considerations
- Causes patients to suffer unnecessarily
- Inhibits physicians from being able to provide individualized care
- Physicians should have the authority to override

Prior Authorization

- Insurers require physicians to obtain “prior authorization” before prescribing certain medications
- Each insurance company has its own approval process
- Each test, medication, and procedure has its own form
- Puts unnecessary administrative burden on physicians and staff
- A **uniform** prior authorization for all insurers and medications is needed

Interchange of Biologics

- Created biosimilars with varying degrees of similarity to biologics
- FDA created pathway for approval of biosimilars
- Highest tier is “interchangeable”
- States allow pharmacists to switch less expensive drugs for brand name
- Pharmacists should only be allowed to switch if FDA says they are interchangeable and physician does not indicate do not substitute

Non-Medical Switching

- Insurers limit prescription coverage to less expensive medications
- Patients can be switched off effective medication because of their coverage plan
- Medication change is determined by the plan formulary and not physicians
- Place patients at risk and raises healthcare costs
- Patients who are stable should be allowed to continue their treatment

Feeling overwhelmed?

- Physicians are busy in their practice and private lives
- Advocacy doesn't need to be time consuming
- Your participation level can vary

CSRO can help you get involved!

How CSRO can help

- CSRO provides members with advocacy resources
 - Monitor federal and state legislation
 - Create talking points
 - Write comment letters and letters of support
 - Send out action alerts
 - Meet with state and federal legislators
 - FL, NY, IL

ADVOCACY

- Federal Advocacy
- State Advocacy
- Advocacy Campaigns
- Advocacy News
- Advocacy Resources
- Advocacy Correspondence

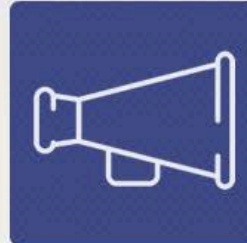
CSRO Advocacy Center

The challenging health care environment is affecting the way we as rheumatologists manage our practices, interfering with patient access to care and forcing us to make difficult decisions.

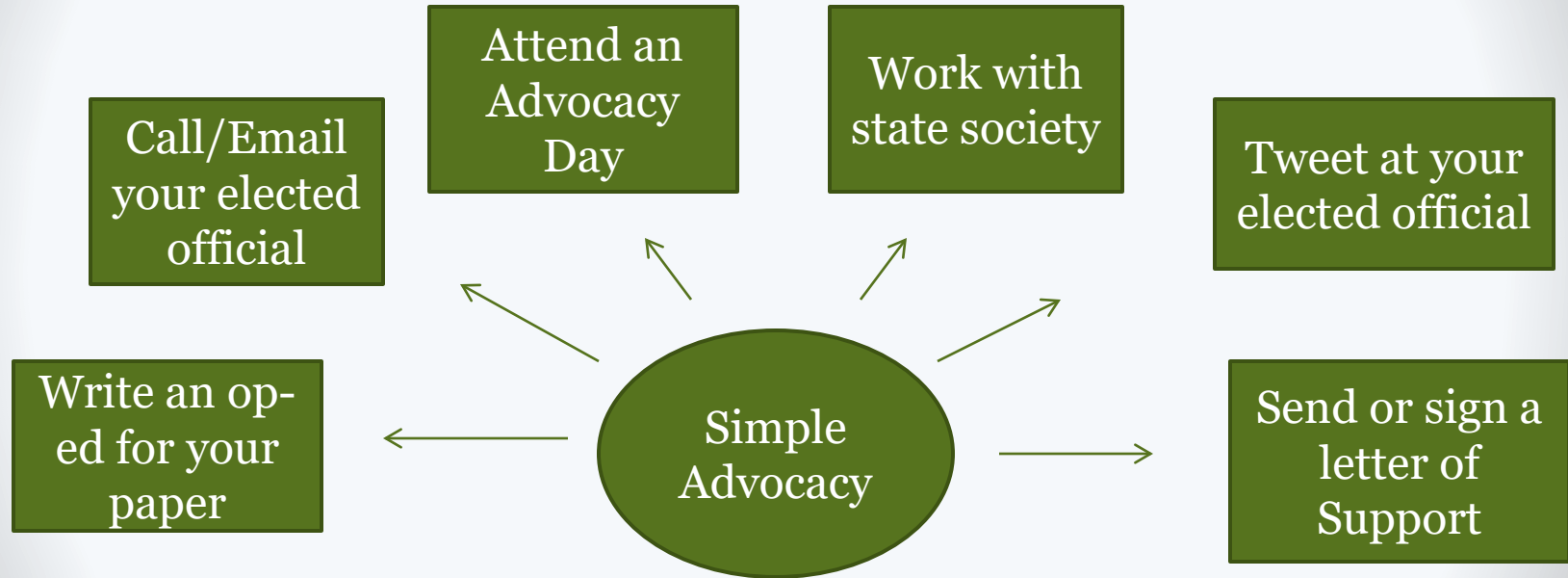
State legislatures are considering an increasing amount of legislation of impact to our community. In response, we must be engaged at both the state and federal levels to protect our patients and their livelihood.

To help empower you and your patients, the CSRO is providing practices with resources to proactively increase patient access to rheumatologic care and medication, and to improve the practice environment for those in private practice.

In this endeavor, the CSRO is pleased to offer a wide range of materials to your state and regional societies and its members.



How to Get Involved



Questions?

WWW.CSRO.INFO

@CSROadvocacy

