



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*®

February 4, 2014

The Honorable Max Baucus
Chairman
Senate Finance Committee
United States Senate
Washington, DC 20510

The Honorable Orrin G. Hatch
Ranking Member
Senate Finance Committee
United States Senate
Washington, DC 20510

The Honorable Dave Camp
Chairman
House Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Sandy M. Levin
Ranking Member
House Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Fred Upton
Chairman
House Energy & Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Henry Waxman
Ranking Member
House Energy & Commerce Committee
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairmen and Ranking Members:

On behalf of the American College of Physicians, representing 137,000 internal medicine physician specialist and medical student members, I am writing to reaffirm our support for fundamental reform of the Medicare physician payment system. We are encouraged by the reports that there may soon be agreement on a framework, based on the bills previously reported out of your committees, to repeal Medicare's Sustainable Growth Rate (SGR) and start the transition to value-based payments and alternative delivery models.

Please ensure that the strongest possible incentives for Patient-Centered Medical Homes (PCMHs) and Patient-Centered Medical Home Specialty Practices are included in any final framework supported by all three of your committees. A recent comprehensive review of the evidence by the Patient-Centered Primary Care Collaborative shows that the PCMH model has been shown to improve quality and lower costs for the growing numbers of Americans that have access to primary care and specialty practices across the country that have committed to delivering high quality, coordinated, team-based and patient-centered care through the medical home model. PCMHs can do the same for Medicare patients, if Congress creates the right payment incentives by making them a centerpiece of payment reform.

Specifically:

- Certified PCMH and PCMH-specialty practices should qualify for the highest clinical practice improvement scores under a new Value-Based Payment Program, as included in the Senate Finance and Ways and Means bills.
- Advanced PCMHs that have been shown to improve outcomes without increasing costs, or decreasing costs without hurting outcomes, should qualify as an alternative payment model, making them eligible to receive annual 5 percent bonus payments for at least six years, as included in the bills reported out of the Ways and Means and Senate Finance Committees.
- Certified PCMHs should be eligible to bill and be reimbursed for chronic care management services, as included in the bills reported out of the Energy and Commerce, Ways and Means, and Senate Finance Committees.

We thank and applaud you for your continued leadership to bring about enactment of legislation that repeals the SGR and includes these and other necessary reforms to bring greater value to Medicare.

Sincerely,

Charles Cutler MD FACP

Charles Cutler, MD, FACP, Chair, Board of Regents