



IDSAs

Infectious Diseases Society of America

2012-2013 BOARD OF DIRECTORS

President
David A. Relman, MD, FIDSA
STANFORD UNIVERSITY SCHOOL OF MEDICINE
PALO ALTO, CA

President-Elect
Barbara E. Murray, MD, FIDSA
THE UNIVERSITY OF TEXAS HEALTH
SCIENCE CENTER
HOUSTON, TX

Vice President
Stephen B. Calderwood, MD, FIDSA
MASSACHUSETTS GENERAL HOSPITAL
BOSTON, MA

Secretary
Kathryn M. Edwards, MD, FIDSA
VANDERBILT UNIVERSITY MEDICAL CENTER
NASHVILLE, TN

Treasurer
Cynthia L. Sears, MD, FIDSA
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
BALTIMORE, MD

Immediate Past President
Thomas G. Slama, MD, FIDSA
INDIANA UNIVERSITY SCHOOL OF MEDICINE
INDIANAPOLIS, IN

Upton D. Allen, MD, FIDSA
HOSPITAL FOR SICK CHILDREN
TORONTO, ONTARIO, CANADA

Paul G. Auwaerter, MD, FIDSA
JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
BALTIMORE, MD

Helen W. Boucher, MD, FIDSA
TUFTS MEDICAL CENTER
BOSTON, MA

R. Michael Buckley, MD, FIDSA
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM
PHILADELPHIA, PA

Michael L. Butera, MD, FIDSA
PULMONARY MEDICINE AND INFECTIOUS DISEASES
MEDICAL GROUP
SAN DIEGO, CA

Deborah Cotton, MD, MPH, FIDSA
BOSTON UNIVERSITY SCHOOL OF MEDICINE
BOSTON, MA

Carlos del Rio, MD, FIDSA
EMORY UNIVERSITY
ATLANTA, GA

Stanley C. Deresinski, MD, FIDSA
STANFORD UNIVERSITY SCHOOL OF MEDICINE
PALO ALTO, CA

Louis B. Rice, MD
WARREN ALBERT MEDICAL SCHOOL
OF BROWN UNIVERSITY
PROVIDENCE, RI

Chief Executive Officer
Mark A. Leasure

IDSAs Headquarters
1300 Wilson Boulevard
Suite 300
Arlington, VA 22209
TEL: (703) 299-0200
FAX: (703) 299-0204
EMAIL ADDRESS:
info@idsociety.org
WEBSITE:
www.idsociety.org

February 21, 2013

The Honorable Allyson Schwartz
1227 Longworth House Office Building
Washington, DC 20515

The Honorable Joe Heck
132 Cannon House Office Building
Washington, DC 20515

Dear Representatives:

The Infectious Diseases Society of America (IDSAs) is pleased to support the Medicare Physician Payment Innovation Act (MPPIA) of 2013, H.R. 574. We applaud you for introducing this critically needed legislation that will take long overdue steps toward reforming the Medicare physician payment system.

IDSAs represents more than 10,000 physicians and scientists devoted to patient care, education, research, and public health in infectious diseases (ID). The Society's members focus on the epidemiology, diagnosis, investigation, prevention and treatment of infectious diseases in the United States and abroad. Our members care for patients of all ages with serious infections, including meningitis, pneumonia, hepatitis, HIV/AIDS, tuberculosis, surgical infections, those with cancer or transplants whose weakened immune systems makes them particularly susceptible to infections, and infections caused by unusual or drug-resistant microorganisms as well as new and emerging pathogens.

The current Medicare sustainable growth rate (SGR) formula bases physician reimbursement on the gross domestic product (GDP) instead of on actual health care practice costs. Further, under the SGR, physicians face periodic payment cuts, severely threatening our ability to provide high quality and stable care to our patients. IDSAs has long advocated for Congress to repeal the SGR and replace this failed payment system with one that accurately and appropriately values physician services, provides physician practices with predictability and fiscal stability, and ensures that patients will continue to have access to the care they need. MPPIA would repeal the fatally flawed SGR and provide regular payment updates during a transition period, while the Center for Medicare and Medicaid Services (CMS) would be required to aggressively develop and test new payment and delivery models.

The current Medicare fee schedule is flawed in large part due to inherent biases that favor procedures and imaging and laboratory services over cognitive services. These biases persist in spite of data showing the inequity to cognitive physician reimbursement and the rapid growth of procedures (in particular, minor procedures)

and imaging and laboratory services without a corresponding increase in medical need. IDSA is extremely pleased that MPPIA would appropriately value physicians who provide primarily Evaluation and Management (E&M) services, regardless of whether they are primary care physicians or cognitive subspecialists. Such specialists include ID physicians, endocrinologists, rheumatologists, and neurologists. Cognitive specialties are experiencing the same economic disadvantages as primary care, with the resulting difficulty in attracting graduating U.S. medical school students into these specialties. In fact, recent policy decisions have resulted in many cognitive specialists receiving lower reimbursements than primary care physicians for providing E&M services. IDSA applauds MPPIA's sponsors for seeking to level the playing field right away, while fostering the development of longer term payment and delivery models to incentivize high quality care.

IDSA strongly supports MPPIA's requirement that CMS engage in ongoing collaboration with state and national physician membership organizations on the development and evaluation of new payment and delivery models. IDSA has long cherished our role working on behalf of our members and as advocates for our patients. We are best positioned to assist CMS as it works to ensure Medicare patients receive the ID care that they need. We look forward to working closely with agency officials and fellow physicians to devise innovative models for providing on-going access to quality care.

As leaders in preventing, containing and treating serious infections, ID physicians have always been on the front lines of quality improvement efforts. As such, IDSA has long argued that physicians should be provided with gain-sharing opportunities as a reward for higher quality care. For example, ID physicians who serve as medical directors should be able to share in the savings for their role in reducing avoidable health care associated infections (HAIs) or curbing inappropriate antibiotic use by leading antimicrobial stewardship teams. IDSA supports MPPIA's provision to provide financial incentives for clinicians who deliver high quality, high value care, and we look forward to working with CMS on this aspect of implementation.

Most physicians and policymakers recognize that the SGR is a completely unsustainable payment and delivery model. Again, we applaud you for taking a critical step toward repealing this failed approach and replacing it with a system that fairly and appropriately values physician services, provides predictability and fiscal stability, and rewards high quality care. IDSA is proud to support MPPIA and looks forward to working with you on these critical issues. If you have any questions, please feel free to contact Robert Guidos, IDSA's Vice President for Public Policy & Government Relations at rguidos@idsociety.org or 703-299-0200.

Sincerely,

A handwritten signature in dark ink that reads "David A. Relman, MD". The signature is written in a cursive, slightly slanted style.

David A. Relman, MD, FIDSA
President

cc: The Honorable Fred Upton
Chairman
U.S. House of Representatives Energy and Commerce Committee
The Honorable Henry Waxman
Ranking Member
U.S. House of Representatives Energy and Commerce Committee
The Honorable Dave Camp
Chairman
U.S. House of Representatives Ways and Means Committee
The Honorable Sander Levin
Ranking Member
U.S. House of Representatives Ways and Means Committee
The Honorable Paul Ryan
Chairman
U.S. House of Representatives Budget Committee
The Honorable Chris Van Hollen
Ranking Member
U.S. House of Representatives Budget Committee