

IDSA FY 2017 Report Language Recommendation

Bill: Labor-HHS-Education Appropriations

Agency: Center for Medicare and Medicaid Services (CMS)

Requested Language:

“Promoting Appropriate Valuation of Evaluation and Management (E&M) Services – The Committee asks that CMS identify the resources necessary to move forward with research necessary to develop new E&M codes and accompanying documentation requirements that more precisely describe the cognitive work in these office visits. The Committee asks that the results of such research be made publicly available no later than two years after the passage of this Act.”

Justification:

Steep decline in pursuit of infectious diseases specialty: Data from the National Residency Match Program (NRMP) indicate a disturbing decline in the number of individuals applying for ID fellowship training with 342 applicants in the 2010-2011 academic year and only 254 in 2014-2015. For 2016-2017, **only 65% (or 218 out of 335) of available ID fellowship positions filled**. In many specialty areas, all, or nearly all, available fellowship positions are typically filled. These data indicate a broader problem—the undervaluation of ID.

Despite the significant and vital contributions ID physicians make to patient care, research and public health, their work continues to be undervalued. Over 90% of the care provided by ID physicians is considered evaluation and management (E&M). These face-to-face encounters continue to be undervalued by current payment systems that much more generously reward procedures. *This has created a significant compensation disparity between ID physicians and specialists who provide more procedure-based care, as well as primary care physicians who provide similar or identical E&M services but who have received payment increases simply because their specialty enrollment designations as “primary care physicians.”*

Value of E&M Services: ID physicians, as an example, provide life-saving care to patients with serious infections (such as HIV, hepatitis C, infections caused by antibiotic resistant bacteria, and many others); monitor and manage highly complex patients with or at risk of serious infections (including organ and bone marrow transplant patients, chemotherapy patients, and others); lead public health activities to prevent, control and respond to outbreaks; and conduct critical research leading to breakthroughs in the development of new urgently needed new antimicrobial drugs, diagnostic tests, and vaccines.

Saving lives, saving dollars: In 2014, the study, [“Infectious Diseases Specialty Intervention Is Associated with Decreased Mortality and Lower Healthcare Costs,”](#) reviewed Medicare data for over 270,000 hospital stays of patients with serious infections to compare stays that involved ID physician intervention with those that did not. Risk adjusted, **ID physician care was associated**

with significantly lower rates of mortality and 30-day readmission rates, shorter lengths of hospital stay, far fewer intensive care unit (ICU) days, and much lower Medicare charges and payments. Numerous other studies have found that ID consultation for patients with *S. aureus* bacteremia results in lower mortality rates, less antibiotic use, and lower healthcare costs.

Leading stewardship to combat antibiotic resistance: ID specialists are critical leaders of antibiotic stewardship programs, which optimize antibiotic use to improve patient care and reduce the unnecessary antibiotic use that leads to adverse events, antibiotic resistance, and excess health care costs. Public health experts have repeatedly called for stewardship programs as a necessary component of a broader effort to combat antibiotic resistance.

Research and clinical trials: Public health leaders, Congress, and the White House have all recognized the urgent need for new antibiotics to treat infections that have grown increasingly resistant to existing antibiotics. ID physicians are needed to run the clinical trials and conduct other research necessary for breakthroughs in this area, as well as to conduct research in other areas including diagnostics and vaccines.

Public health, prevention, preparedness and response: ID physicians are on the frontlines of public health responses to natural and manmade ID threats such as bioterrorism attacks, Middle East Respiratory Syndrome Coronavirus (MERS-CoV), Ebola virus disease, Zika virus, antibiotic resistance, foodborne illnesses, and other emerging threats. ID physicians also provide critical expertise and leadership for infection control programs and activities at healthcare facilities across the nation.