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Political Action Committee Chair Report for BQSIMB 2014 Spring Meeting

1. Update from the Association of American Medical Colleges (AAMC):

1.1 AAMC remains concerned about shortage of residency positions despite successful Match Day, Washington, D.C., March 21, 2014

Excerpts from the statement of Darrel G. Kirch, MD, President and CEO. AAMC:
https://www.aamc.org/newsroom/newsreleases/374000/03212014.html

"… based on our preliminary analysis of this year's data, it appears that several hundred U.S. medical students did not match to a first-year residency training program. As a result, with a serious physician shortage looming closer, we remain concerned that the 17-year cap on federal support of new doctor training will impede the necessary growth in residency positions that must occur to ensure that our growing and aging population will receive the care it needs. …

With one-third of the nation's doctors expected to retire in the next decade, and 10,000 baby boomers turning 65 every day, our nation faces a shortage of more than 90,000 physicians by 2020, split nearly equally between primary care and other medical and surgical specialties. …

The nation's medical schools and teaching hospitals have stepped up to address these shortages by expanding their enrollments and voluntarily creating new residency training positions … the federal government must resume doing its part to ensure an adequate supply of physicians in the U.S. by lifting the cap on Medicare support for graduate medical education.

We urge Congress to act without delay to pass legislation, introduced in both the House and Senate, which would train an additional 4,000 doctors a year, as well as encourage the development of new health care delivery models and more team-based practice. It is going to take an act of Congress to make sure patients are able to see a doctor when they need one."

1.2. Members of Congress Urge Support for Title VII Health Professions Programs.

April 11, 2014 - Representatives Michael Burgess, M.D., (R-Texas) and Diana DeGette (D-Colo.) led a March 31 letter urging House Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) Appropriations Subcommittee Chair Jack Kingston (R-Ga.) and Ranking Member Rosa DeLauro (D-Conn.) **to provide $280**

million for the Health Resources and Services Administration (HRSA)'s Title VII health professions programs in FY 2015. A total of 96 members, including three Republicans, joined Reps. Burgess and DeGette on the letter.

Senator Jack Reed (D-R.I.) was joined by 24 colleagues on a similar April 4 letter urging Senate Labor-HHS Appropriations Subcommittee Chair Tom Harkin (D-Iowa) and Ranking Member Jerry Moran (R-Kan.) to provide $280 million for Title VII in FY 2015. Both highlight the unique role of Title VII programs in developing a workforce that reflects and is prepared to respond to the country's changing health care needs. The House letter discusses the "unprecedented provider shortages" and calls for a "strong commitment" to Title VII programs to ensure the distribution, quality, and diversity of the health professions workforce continues to improve. Similarly, the Senate letter says it is "critical" to demonstrate a strong commitment to Title VII. Meanwhile, the Health Professions and Nursing Education Coalition (HPNEC) March 28 submitted a written statement for the record to the House Labor-HHS Appropriations Subcommittee, recommending $520 million for HRSA's Title VII health professions and Title VIII nursing workforce programs in FY 2014.

Led by the AAMC, HPNEC is an informal alliance of more than 60 national organizations representing schools, programs, health professionals, and students dedicated to ensuring the health care workforce is trained to meet the needs of our diverse population.

2. Update from the Accreditation Council for Graduate Medical Education (ACGME):

2.1 Allopathic and Osteopathic Communities Commit to a Single Graduate Medical Education Accreditation System

CHICAGO, February 26, 2014 – The Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), and the American Association of Colleges of Osteopathic Medicine (AACOM) have agreed to a single accreditation system for graduate medical education (GME) programs in the U.S. After months of discussion, the allopathic and osteopathic medical communities have committed to work together to prepare future generations of physicians with the highest quality GME, ultimately helping to ensure the quality and safety of health care delivery.

The single accreditation system will allow graduates of allopathic and osteopathic medical schools to complete their residency and/or fellowship education in ACGME-accredited programs and demonstrate achievement of common Milestones and competencies. Currently, the ACGME and AOA maintain separate accreditation systems for allopathic and osteopathic educational programs.

Under the single accreditation system:

• AOA and AACOM will become ACGME member organizations and will nominate members to the ACGME Board of Directors.

• Two new osteopathic Review Committees will be created to evaluate and set standards for the osteopathic aspects of GME programs seeking osteopathic recognition.

• July 1, 2015 to June 30, 2020 is an extended transition period for AOA-accredited programs to apply for and receive ACGME recognition and accreditation.

• Opportunity is created for MD and DO graduates who have met the prerequisite competencies to access any GME program or transfer from one accredited program to another without being required to repeat education.

• Efficiencies are realized since there is no need for institutions to sponsor "dually accredited" or "parallel accredited" allopathic and osteopathic medical residency programs.

2.2 Duty Hours

CHICAGO, March 13, 2014 - The ACGME announces two national multicenter trials relating to resident duty hours in the learning and working environment.

Excerpts from "Letter to the Community from ACGME CEO Thomas J. Nasca, MD, MASP (to see full document please follow the link below):
http://www.acgme.org/acgmeweb/Portals/0/PDFs/NascaLetterCommunityMulticenterDutyHourTrialsMarch2014.pdf

"… While the vast majority of educators agree that some rational limits on resident duty hours are appropriate and salutary, we continue to have concerns that the specifics of our standards are not achieving the goals for which they were intended, namely the safety and quality of care of our patients and the effective education and inculcation of professional values and behaviors in our graduates. …

Furthermore, I do not believe that I am alone in the assertion that we need large multicenter trials to address key questions concerning the effects of duty hour standards on patient care and safety, and the development of the physician... The ACGME has agreed to waive certain duty hour standards (but not the core standards of 80 hours averaged over 4 weeks, 1 day off in seven averaged over four weeks, and call no more frequently than every third night) for two national, large multicenter trials.

*The first trial involves Internal Medicine residency programs, and is called **iCOMPARE**.*
*The second trial involves General Surgery residency programs, and is called **The FIRST Trial**.*

… The ACGME looks forward with great anticipation to the results of these important research projects. We encourage Internal Medicine and General Surgery Program Directors and Faculty to consider participation in the trials, and their Sponsoring Institutions to approve their participation. For more information on these trials, please see http://www.icomparestudy.com/ and https://surgapps.fsm.northwestern.edu/TheFirstTrial/Overview/Overview"

3. Update from the American Hospital Association (AHA):

3.1. Associations, Hospitals Challenge Two-Midnight Rule in Federal Court

WASHINGTON (April 14, 2014) – The American Hospital Association (AHA) today filed two related lawsuits against the U.S. Department of Health and Human Services (HHS) challenging the ill-advised "two-midnight" rule for inpatient admissions that imposes regulatory burdens that could compromise care for seniors . The AHA is joined by the Greater New York Hospital Association, the Healthcare Association of New York State, New Jersey Hospital Association and the Hospital & Healthcare Association of Pennsylvania. The hospital plaintiffs are Wake Forest University Baptist Medical Center,

North Carolina and The Mount Sinai Hospital, New York City, and hospitals that are part of Banner Health and Einstein Healthcare Network, Philadelphia.

The lawsuits contend that several provisions included in the Centers for Medicare & Medicaid Services' (CMS) final inpatient prospective payment rule for 2014 burden hospitals with unlawful arbitrary standards and documentation requirements and deprive hospitals of proper Medicare reimbursement for caring for patients.

The hospitals take issue with the wholly arbitrary requirement that a physician must certify at the time of admission that a Medicare patient is expected to need care in the hospital for a period spanning two midnights to be considered an inpatient.

"The two-midnight rule undermines medical judgment and disregards the level of care needed to safely treat patients," said Rich Umbdenstock, president and CEO of the AHA. "Hospitals stand by a physician's decision on what care is appropriate for each patient. The two-midnight rule is misguided and we feel confident the court will agree."

The lawsuits also contend that the 0.2 percent cut in payment for 2014 the agency implemented to off-set the increased costs to the Medicare program the agency says are likely to result from the two-midnight rule is arbitrary and should be revoked.

The AHA filed suit in the U.S. District Court for the District of Columbia. For a copy of the complaints, visit http://www.aha.org/advocacy-issues/legal/legal-amicus-briefs.shtml

3.2 Groups issue geriatric ED guidelines

February 25, 2014 - The American College of Emergency Physicians, American Geriatrics Society, Emergency Nurses Association and Society for Academic Emergency Medicine yesterday issued guidelines for treating older emergency department patients, noting that geriatric patients on average stay longer in the ED, use more resources and are significantly more likely to require social services. "It is important that the special needs of these vulnerable patients are met appropriately in the emergency setting," said ACEP President Alex Rosenau. "As of 2010, there were 40 million people in this age group, and many of them will be emergency patients at some point."

The guidelines cover staffing; follow-up care; education; quality improvement; equipment and supplies; policies, procedures and protocols; the use of urinary catheters; medication management; fall assessment; delirium and dementia; and palliative care.

The groups said similar programs designed for other age groups (pediatrics) and specific diseases (heart attack, stroke and trauma) have resulted in better, more cost-effective care and better patient outcomes.

For a full document, please follow this link: http://www.acep.org/geriEDguidelines/

Respectfully submitted via email on April 16, 2014 by Rimma Perelman, Chair of Political Action Committee, BQSIMB.