# November 2023 Advocacy Recap

December 11, 2024

**Alec Bose:**

Hello and welcome to the CAP Advocacy Recap, a monthly podcast dedicated to catching you up on the top news for pathologists. I'm Alec Bose here with your November 2023 recap.

This month we'll review the 2024 final Medicare Physician Fee Schedule and what it means to you as well as a grant for the CAP's work to promote effective communication in healthcare. We begin the day with a recap of the most recent a a meeting. We sat down with Dr. Mark Synovec to discuss what happened at the meeting and what it means going forward. So Dr. Synovec, thank you for joining us on a podcast. We really appreciate your time today.

**Dr. Mark Synovec:**

Thank you very much. I'm excited to be here.

**Alec Bose:**

Starting us off, what is the purpose of this a a meeting and why is it important that it takes place?

**Dr. Mark Synovec:**

No, that's actually a great question. So the AMA is really run by their house of delegates, which is the policymaking body of the AMA and that meets twice a year. We have an annual meeting in Chicago and then an interim meeting at different places throughout the country and that's where basically all the specialties and all the state societies get together and through a resolution process develop and fine tune I guess and hone an AMA policy. So we met in November 11th and 14th in National Harbor and did that for another time.

**Alec Bose:**

So what took place at this meeting and what issues were discussed and what, if anything came out of it?

**Dr. Mark Synovec:**

Certainly. Well, again, with that many people attending, I think we have around 600 delegates and 600 alternates. There's a lot of business that goes through that and we do that through reference committees and so we have multiple reference committees addressing essentially everything that you can imagine in medicine as well as more, we did have some top issues that I think are important for the CAP membership to be aware of and things that we really concentrated from the CAP as well as the pathology section council, which is a group of all the pathologists working for organized medicine within the realm of pathology to get those dealt with. First and foremost is Medicare payment reform. This is a top priority for AMA and we actually adopted a new policy that was called continue to prioritize reforming the Medicare payment system to ensure continued economic viability of medical practice.

And really the primary goal of that is to stop the 3.37% cuts that are proposed for next year in hopes of achieving a sustainable annual Medicare payment increase. So that's clearly one of the bigger issues that we had. Other things that are important for pathology is we continue to advocate for self-referral. One thing you do at the AMA is sometimes you sit at the table just to prevent bad things from happening and there was actually a proposal or resolution that was asking the AMA to push to throw out the stark law, which is the ban on physician self-referral and something that was growing in importance to many primary care physicians as they struggled through the COVID era.

But the CAP leaders, we met and we urged the AMA House of Delegates not to adopt the policy because a blanket reversal would be devastating, not only pathology, but it would really go back and get back into the mess we were with physician self-referral before the Stark Law came up. So that was something we spent a lot of time. We believe that CAP, because of our quality standards setting organizational position, really has a better idea and the knowledge to if we're ever going to go to reform, but in any case, we believe it should be addressed or really cautiously with appropriate, excuse me, guardrails to assure proper utilization and to protect patient care. So fortunately we got that accomplished. Another big area in the AMA is scope of practice.

The housing delegates did reaffirm our policy to maintain authority and oversight at the state medical board level for the regulation of non-physician healthcare professionals. And we also reaffirm to policy on truth and advertising, which was related to that. The delegates also referred a study to the AMA Council of Legislation on a proposed policy directing the AMA to propose draft legislation that was regarding all facilities that have emergency medical care should have a real-time onsite presence of a physician.

Although this doesn't directly affect pathology, obviously the dilution of physician services throughout healthcare is concerning to us as well as the house of medicine. And so we supported that concept as well. The other thing that happens at the a m House of Delegates meeting is a corollary meeting. That's the AMA scope of practice partnership. The CAP leaders met there. We heard the updates of what the AMA is doing in this area and that they're akin doubling down on vigorously defending the practice of medicine against the scope of practice expansion that threatened patient safety. A health system reform is also always a big issue at the AMA. We were actually again opposing some groups that continue to be concerned with the current state of affairs and are pushing a single payer healthcare reform system. The AMA has long time had an extensive policy to support a pluralistic system and continues to do that, although it keeps getting pushed by a minority fraction at this point.

If anyone's interested, I'd encourage them to go on the AMA website and read their a vision on healthcare system reform really is good. The other thing that we spent a fair amount of time is talking about strengthening network adequacy. I'm sure most pathologists are aware this is an important issue to the CAP as well. And so we discussed this at the pathology section council and the actually had a report on network adequacy and called the AMA to a report establishment and enforcement of a minimum network adequacy standard for healthcare insurances to make sure that there's sufficient numbers and types of physician and providers to take care of the patients that are under that health care system insured. Also, the AMA supports requiring health plans to report the number of physicians versus non-physicians in the healthcare network just to make sure that we deal with the scope of practice things as well.

But one of the issues that did come up at the pathology section council was the FDA proposed rule on their authority to regulate the laboratory developed tests for LDTs.

This came up at the pathology section council probably just because of it timeliness with the proposed rule coming out earlier this fall and having a limited time. There was a fair amount of discussion at this and although all organizations and representatives at the PSC raised concerns over the proposed rule, there were clearly differences in the opinions of the appropriate tactics to influence the FDA as they seem to fast track their establishment of a final rule. I would encourage all pathologists to stay abreast of this issue because most of these, the pathology and laboratory organizations are obviously providing input on this and I think all of us want to work to rightsize the regulation, to balance patient safety with laboratory quality and of course the efficient laboratory operations so we don't unduly encumber pathology practices. So those are kind of the high points of what we discussed at the AMA.

**Alec Bose:**

Thank you Dr. Synovec for going through all those important issues. I think pathologists really need to know about these issues. Finally, what are the next steps for the CAP and pathologists after this meeting? Where do we go from here?

**Dr. Mark Synovec:**

I mean, the AMA House of Delegates again meets twice a year, and even though we deal with the business at hand through the resolution process, a lot of these resolutions are modified, resurrected, or referred, and then they come back for further discussion. So your CAP delegation when those reports come out in preparation of the A24 meeting, will be reviewing those to make sure that the best interests of pathology are noted in those, and as new resolutions come through, we'll be following those as well. So there's a lot that we continue to do as far as you as a CAP member, I think that what we really need to do is remind you how important you are in this cog. I want to thank all the CAP members that are also AMA members, because really the way that the AMA is based, they provide representation on the number of AMA members we have. And since the AMA really does present the primary voice of the house of medicine in the US of the CAP strength and advocating that the AMA depends on the members also becoming AMA members. The other thing is this, AMA actually provides a great array of services for all physicians regardless of where you are in your career, your practice type especially. So I would encourage everyone to become a members as well, and sorry for that shameless plug at the end, but I just want to make sure we included that.

**Alec Bose:**

No problem. I think that's a perfect place to leave it off too. Thank you, Dr. Synovec, for joining us. We really appreciate you being here.

**Dr. Mark Synovec:**

Thank you. Until June, we'll just keep fighting the war.

**Alec Bose:**

Thank you. Oh, absolutely.

We turn now to important news on payment for pathology services. The CMS recently released the 2024 final physician fee schedule and quality payment program regulation. This comes as the CMS reacted favorably to the CAP's comments to increase pay to pathologists in 2024. The CAP successfully advocated for an increase to the cytotechnologist clinical labor rate used by the CMS in their practice expense methodology. This advocacy provides an increase to the technical component and global payments for some pathology services. The final fee schedule also includes a 12% increase to the clinical labor rates for cytotechnologists budget neutrality adjustments based on the new G2211 add-on code, the impact of the final rule and much more. Be sure to visit c.org for more info and to watch our full webinar on the fee schedule and we end the day with a win for the CAP. The Council of Medical Specialty Societies, a coalition representing more than 800,000 physicians across healthcare awarded the CAP and 10 other member specialty societies grants of $100,000 each to promote diagnostic excellence across the field of medicine. Last year, the CMS and the Gordon and Betty Moore Foundation awarded the CAP another $100,000 grant that focused on understanding patients' experience with their pathology report. This grant addresses the challenge of redesigning a pathology report that effectively communicates pathology test results to patients and all members of the care team.

While this will primarily focus on colorectal cancer pathology reports, it will also be used to gain insight from multiple stakeholders on the critical components of a pathology report. Recommend different ways to improve communication of test results through pathology reports, and disseminate best practices through education and engagement, including potential publications and podcasts. You can find more details about the grant on our website. That's all for this edition of the monthly recap. Thank you so much for listening. For more information, be sure to subscribe to our weekly newsletter and follow us on X at @CAPDCadvocacy. Once again, for advocacy communications, I'm Alec Bose and we'll see you next month.