Grassroots Leadership Program

Orientation webinar
Grassroots Leadership Program Presenters:

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SIR Grassroots Leadership Program

Started in 2014; offers SIR members the opportunity to engage with Congressional members and staff to discuss issues impacting interventional radiologists.

Class of 2015 had 9 participants; Class of 2016 had 11 participants; Class of 2017 had 14 participants; Class of 2018 had 18 participants

The Class of 2019 has 14 participants from twelve different states.

Congratulations Class of 2019!

2019 program restructured to include more advocacy training through two webinars prior to the September 24-25 fly-in.

SIR Grassroots Leaders are encouraged to meet with lawmakers in their districts at home and to serve as a resource when called upon to make important policy decisions related to our specialty.
Three components of the U.S. government:

**LEGISLATIVE BRANCH:** Congress consists of the Senate and the House of Representatives to make our laws.

**EXECUTIVE BRANCH:** White House and all federal regulatory agencies to enforce our laws.

**JUDICIAL BRANCH:** Interprets our laws.
• The **legislative branch** is made up of the Senate and the House of Representatives. The most important duty of the legislative branch is to make new laws and provide oversight of existing laws & programs.

• Congress can override presidential vetoes with a 2/3 majority vote.

• Congress has the power to remove the president from office.
• **SENATE**—There are two elected senators per state, totaling 100 senators. A Senate term is six years and there is no limit to the number of terms an individual can serve.

• **HOUSE of REPRESENTATIVES**—There are 435 elected representatives, which are divided among the 50 states in proportion to their total population. There are additional non-voting delegates who represent the District of Columbia and the territories. Representatives serve a two-year term, and there is no limit to the number of terms an individual can serve.
LEGISLATIVE BRANCH

SENATE KEY COMMITTEES:
- Senate Finance Committee
- Senate Health, Education, Labor & Pensions (HELP) Committee
- Senate HHS Appropriation Committee

HOUSE KEY COMMITTEES:
- House Ways & Means Committee
- House Energy & Commerce Committee
- House HHS Appropriation Committee
- House Rules Committee
• Members of the Judicial Branch are appointed by the president and confirmed by the Senate.

• Judicial branch settles questions about interpretation and constitutionality of law, such as current questions in *Texas v. Azar* about the constitutionality of the Affordable Care Act.

• Congress has significant discretion to determine the shape and structure of the federal judiciary. Even the number of Supreme Court justices is left to Congress—at times there have been as few as six, while the current number (nine, with one chief justice and eight associate justices) has only been in place since 1869.

• Congress establishes the United States district courts, which try most federal cases, and 13 United States courts of appeals, which review appealed district court cases.
The executive branch consists of the president, vice president, the Cabinet and 430 federal agencies, departments and sub-agencies in the federal government.

**Key roles of the executive branch:**

- **President** - head of state, leader of the federal government, and commander-in-chief of the U.S. armed forces. The president serves a four-year term and can be elected no more than two times.

- **Vice President** - supports the president. If the president is unable to serve, the vice president becomes president. The vice president can be elected and serve an unlimited number of four-year terms as vice president, even under a different president.

- **Cabinet** - members are nominated by the president and must be approved by a simple majority of the Senate—51 votes if all 100 Senators vote.

- **Federal regulatory agencies**—The regulatory agencies implement laws passed by Congress and support and maintain numerous government programs and services.

**Federal agencies implement laws through the “rule-making” process.**
• Congress enacts legislation that mandates and authorizes federal regulatory agencies to issue regulations. A regulation is a statement issued by an agency, board or commission that has the force and effect of the law.

• Congress establishes the procedures that govern agency rulemaking. Sometimes Congress requires agencies to issue regulations; sometimes Congress grants agencies the discretion to do so.

• Federal regulations are created through a process known as “rulemaking,” which is governed by the Administrative Procedures Act (APA).

• Agencies develop and typically publish proposed rules in the Federal Register, soliciting comments from the public on the regulatory proposal.

• After the agency considers public feedback and makes changes as appropriate, it publishes a final rule in the Federal Register with the specific date that the rule becomes effective and enforceable.

• Federal agencies are not permitted to speak with the public while engaged in active rulemaking but can take a meeting in “listen-only” mode to receive comments.

• There are roles that Congress can play to influence the rulemaking outcome.
EXECUTIVE BRANCH

KEY FEDERAL REGULATORY AGENCIES

- Department of Health & Human Services
  - Centers for Medicare and Medicaid Services (CMS)
  - Center for Medicare and Medicaid Innovation (CMMI)
  - Food and Drug Administration (FDA)
  - National Institutes of Health (NIH)
  - Agency for Healthcare Research & Quality
- Department of Defense
- Department of Veterans Affairs
Department of Health & Human Services

Centers for Medicare and Medicaid Services (CMS)

The Centers for Medicare & Medicaid Services, is a federal agency within the Department of HHS that administers the Medicare program and works in partnership with state governments to administer programs such as Medicaid and the Children’s Health Insurance Program (CHIP).

CMS implements physician reimbursement programs such as the Medicare Access and CHIP Reauthorization Act of 2015, which includes the Merit-based Incentive Payment System (MIPS) and the Quality Payment Program (QPP).

CMS plays a key role in establishing physician reimbursement rates by issuing the Medicare Physician Fee Schedule annually.
Department of Health & Human Services

The Center for Medicare and Medicaid Innovation (CMMI)

Created in 2010 to test innovative payment and delivery system models that show promise for improving the quality of care in the Medicare, Medicaid and the CHIP programs.

If a CMMI model is considered successful, the HHS Secretary has the authority to expand the model’s duration and scope. To be considered a successful test, a model must reduce spending without reducing the quality of care; or improve the quality of patient care without increasing spending.

CMMI has produced only two models that have been certified for expansion based on meeting the above criteria: the Pioneer Accountable Care Organization (ACO) Model and the Medicare Diabetes Prevention Program.

CMMI may now fund demonstrations that include Qualified Clinical Data Registries (QVDRs).
Too dense here. Don’t need to underline, and color in Blue.

Liu, Raymond W., M.D., Radiology, 7/30/2019
The American Medical Association convenes the Relative Value Scale Update Committee (the RUC). The RUC is comprised of representatives from all medical specialties, including Interventional Radiology. Its role is to assign value to all medical procedures.

Specialty societies distribute surveys about each procedure which evaluate elements including the amount of work involved, the complexity and the potential risks. These are then graded in relation to other procedures and a value is assigned.

CMS considers the recommendations from the RUC when creating the Medicare Physician Fee Schedule (PFS). In addition, the work the physician put in, the expenses incurred in providing care, the cost of malpractice insurance, and geographic differences in wages are all considered in calculating how much physicians should be paid for their service.
In 2015, Congress passed The Medicare Access and CHIP Reauthorization Act (MACRA), which made sweeping changes to how Medicare makes the calculations for the PFS and other provider fee schedules.

Under MACRA, participating providers are paid based on the quality and effectiveness of the care they provide. This new system, called the Quality Payment Program (QPP), is made up of two tracks in which providers will be placed based on the characteristics of their practice.

One track is called the Merit-based Incentive Payment System (MIPS). The MIPS combines parts of existing programs to form a new way of paying eligible clinicians (ECs) based on quality of care, resource use, clinical practice improvement activities, and use of certified electronic health record technology (CEHRT).
PHYSICIAN PAYMENT – CMS and Payment Reform

- CMS laid out the initial framework for how the QPP will operate in 2016 but will continue to add more regulations and rules around the program as time goes on.

- The other QPP track rewards clinicians who participate in advanced alternative payment models (APMs), which provide care for Medicare beneficiaries in new, value-based formats like accountable care organizations (ACOs).

- CMS is considered a high-priority advocacy target. SIR meets and communicates frequently with CMS and CMMI to secure favorable determinations related to reimbursement, coding, Quality Clinical Data Registry (QCDR) regulations, practice guidelines and other Medicare payment issues.
SIR 2019 Advocacy

- Reintroduce the graduate medical education (GME) bill—The *Enhancing Opportunities for Medical Doctors Act*—to create more training slots for IRs in teaching hospitals.
- Worked with Congress to offer IR-focused solutions to the problems of physician shortages and opioid addiction.
- Worked to eliminate the 2.3 percent tax on medical devices.
- Held numerous congressional briefings to promote the benefits of IR.
- Supported SIR leader Stephen L. Ferrara, MD, FSIR, in his bid for Congress.
- Met at FDA on April 4, 2019 to discuss SIR positions regarding IVC filters and stents and drug eluting stents.
- Supporting legislation to end surprise billing and offer patient and physician protections.
- Working with CMS on reasonable implementation of MACRA/QPP.
SIR 2019 Advocacy Tools

- SIRPAC
- SIR congressional advocacy
- SIR regulatory advocacy
- Medical specialty collaboration (AMA, ACR, ACS, etc.)
- Patient group advocacy partners
- SIR government affairs
- SIR marketing and communications
- SIR grassroots advocacy program
- SIR grassroots leadership program
- SIR advocacy toolkit
- SIR volunteer members
SIR 2019 Advocacy

- SIR GRASSROOTS LEADERSHIP PROGRAM

QUESTIONS??????