



January 24, 2011

Ezekiel Emanuel, MD, PhD
The Office of Management & Budget
725 17th Street, NW
Washington, DC 20503

Re: December 17, 2010, White House Meeting on Health Delivery Systems

Dear Dr. Emanuel,

On behalf of the American College of Rheumatology, we would like to thank you for your invitation to participate in the December 17 White House discussion on patient safety initiatives and accountable care organizations. The willingness of the Obama Administration to engage in meaningful dialogue around these important topics with health care leaders is highly commendable.

The ACR has staunchly advocated for policies and initiatives related to patient safety in areas relating to musculoskeletal disability for decades. In fact, due to medical treatment advances in arthritis and rheumatic conditions, the first meeting topic — reducing hospital readmissions — has generally become moot with regard to rheumatology diseases. Most patients with rheumatic diseases are rarely, if ever, admitted with arthritis related conditions as their primary diagnosis. Our patients' low hospitalization rates affirm the value of rheumatology-provided preventive care.

The ACR maintains serious concerns about the shift to accountable care organizations as the foundation of a new health care delivery system. Currently, hospital organizations are scrambling to consolidate in order to qualify as ACOs by virtue of managing sufficient Medicare populations. The College expects that the result will be a myopic focus on reducing hospital costs — a laudable goal— but with the unintended consequence of underemphasizing preventive care and, by doing so, driving medical trainees toward hospital-centric specialties and away from specialties such as rheumatology.

Both you and Dr. Berwick stated that the Affordable Care Act allows for non-hospital centric ACOs. These may develop. But in the meantime, rheumatologists may suffer from a relative lack of support as they struggle to provide care for complex patients in a near exclusive outpatient-based setting.

Rheumatologists mitigate the single largest governmental financial burden for long term disability: arthritis-related conditions. To ensure this benefit, however, the rheumatology profession must not be disadvantaged relative to other health care professions. Access to a rheumatologist is already in jeopardy in many areas and our physician demographic data suggests that the growing shortage will become dire at precisely the point in time when demand peaks.

In the current system, the Centers for Medicare and Medicaid Services 2010 decision to eliminate the consultation service codes has negatively impacted patient access to expert care and interrupted care coordination. The ACR urges the Administration to restore and appropriately reimburse consultation service codes or to establish an alternative payment system for specialty physicians who primarily manage patients with complex chronic conditions.

The College looks forward to engaging in further dialogue in these meetings and with the Administration

to ensure rheumatologists are appropriately recognized and valued for their critical role in the evolving health care delivery system. We would appreciate being included in further meetings with the Administration to discuss these issues.

Please feel free to contact ACR Director of Government Affairs Aiken Hackett at (404) 633-3777 or at ahackett@rheumatology.org if you have any questions or concerns.

Sincerely,



David Borenstein, MD
President, American College of Rheumatology



Tim Laing, MD
Chair, Government Affairs Committee
American College of Rheumatology

CC:
Donald Berwick, MD,
Administrator,
Centers for Medicare & Medicaid Services