

**Doctors for America Conference Call with Secretary Sebelius, Marilyn  
Tavenner and Peter Lee**  
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**Dr. Mandy Cohen:** Hello, everyone and thank you for joining this *Doctors for America* conference call with Secretary of Health and Human Services, Kathleen Sebelius. My name is Dr. Mandy Cohen, the executive director of Doctors for America and I'll be your moderator today in the call. Before we begin the call officially, I would like to remind everyone that this call is not open to the press and it's for educational purposes only. So with that, let's get started. And as a fellow physician, I should say I know that it's really difficult to make time in an overly busy work day to join a conference call. So, thank you so much for your time and I hope you enjoy this packed agenda that we have lined up for you today. We'll first hear from Secretary Kathleen Sebelius who will review how the new health reform law – the Affordable Care Act -- impacts physicians and our patients. She'll also discuss how she is leading the department of Health and Human Services to implement a new law and finally how we as physicians can have a seat at the table during that implementation process. We're also fortunate to be joined by Marilyn Tavenner who's the Principal Deputy Administrator for the Centers for Medicare and Medicaid Services and Peter Lee, Director of Delivery System Reform from the HHS Office of Health Reform. They're going to share some remarks and also participate in a live question and answer session in the second half of the call. So, to ask questions at any point during the call, you can press star 3 and you'll be put in to our question que for the Q&A portion of the call. So that's star 3 to ask a question and we'll be having a Q&A session at the second of the call. I know hundreds of people have actually joined since I did our opening. So, I just wanted to welcome everyone again to this *Doctors for America* conference call with Secretary Sebelius. My name is Dr. Mandy Cohen and I'll be the moderator on today's call. And so I'm going to turn things over right now to the president of Doctors for America, Dr. Vivek Murthy.

**Dr. Vivek Murthy:** Thank you, Mandy. Hi, everyone. My name is Vivek Murthy. I'm the the president of Doctors for America and I'm practicing internal medicine hospitalist from Boston, Massachusetts. First of all, I want to thank all of you for joining us today in the middle of a busy work day for this important call. For those of you who don't know Doctors for America, we are a non-profit, grassroots organization of physicians and medical students from all 50 states who came together because we believe that physician should have an active role in the voice in improving the healthcare system. Our ultimate goal is to create a high quality, affordable healthcare system for all Americans and we have a strong belief in the core values that not only brought us to this work but also a belief in the power of our collective voice, a voice which we believe should be heard more clearly in healthcare discussions at the local and national level. Over the past year, Doctors for America has brought physicians together in unprecedented numbers to share, their experiences and ideas with congress in the administration and to lead up to the health reform law. In the year ahead, we're going continue this work as we work a great opportunities for our colleagues to advocate for effective implementation as well as for further improvements to the healthcare system. If you're not already a member of Doctors for America, we hope that you would join us. Membership is free, we only ask for your enthusiasm

and your commitment to the cause. And you can visit our website at [www.DRSforAmerica.org](http://www.DRSforAmerica.org). We'll discuss more about Doctors for America in how you can get involved later in the call but for now it's my pleasure to introduce Secretary Kathleen Sebelius. Sworn in as the Secretary of the Department of Health and Human Services in April of 2009 is the country's highest ranking health official. She has played a key role in the passage of the historic affordable care act and is now leading its implementation. Secretary Sebelius has been a leader on healthcare, family and senior issues for over 20 years. She served as a Governor of Kansas from 2003 to 2009, being recognized by Time Magazine as one of America's top 5 Governors in 2005. Prior to becoming Governor of Kansas, she was elected Kansas Insurance Commissioner from 1995 to 2003. In that role, she was recognized as a young advocate for consumers while stream lined into the Departments of Budget. For her efforts in governing Time magazine, selected her as your public official of the year for 2000. So, it's an honor to have the secretary with us on this important call with the physician community. And Secretary Sebelius, we are looking forward to a strong partnership with you in the years ahead as we work together to create a strong healthcare system for all Americans. Our manager in the column, here's Secretary Sebelius.

**Secretary Sebelius:** Well, thank you so much Dr. Murthy. And I want to thank you and Dr. Cohen and others in the organization for your hard work and Dr. Murthy, for your leadership position as president of the Doctors for America. Your team has made Doctors for America just an invaluable partner in the fight to provide access to quality, affordable healthcare to all Americans. And you've been with us every step along the way as we've undertaken an ambitious agenda to begin to build a healthier America and I can say personally that it could not have been possible without you. All the investments and reforms still up today, won't be realized unless we have you for our continued partnership. So, we see this as a job began not a job done. Our first step in this process are really the historic health investments made in the Recovery Act and particularly, investments in 3-key areas, in the primary care workforce and the first ever national strategies for prevention in wellness and in health information technology for doctors and hospitals.

Doctors have played a key role in all these areas. There's nobody who has more credibility delivering messages about healthy living and managing chronic condition and physicians across this country. We know as we implement health information technology that docs would be on the front line making sure that it means the best possible care for patients and informing us as we make those rules. We invested heavily in health IT as part of the recovery act because we believe as you do that physician should spend time seeing patients, not filling out paperwork. And we're pleased that the initial roll out at the guidelines for the electronic health record received widespread support. We received nearly 3,000 comments and we used them to help inform the regulatory process.

We're going to continue to take your input and advice. And then, stills on the recovery act investments, we've passed the affordable care act last March, providing coverage to millions of uninsured Americans and health and wellness benefits for all. And I know you've all seen patients who failed to get the care they need because they didn't have insurance as they run off against annual limits or uncovered conditions. And when the new law is finalized, we'll be giving

the decision back to people who should be making them, doctors and their patients. And in the process, we're working to create a fully integrated and collaborative healthcare system. The snap shot of right now is that 75 cents of healthcare dollars spent on treating chronic disease with patients going to different doctors for different conditions and too often lines of communication breaking down. The Affordable Care Act really changes that by improving the coordination and delivery of care in several ways. I'm very excited about the new Center for Medicare and Medicaid innovation, research and expanding innovative payment and delivery arrangements. Ultimately, improving quality while we look for effective ways to reduce cause. Also, the pilot program for accountable care organizations which we know have already provided lots of benefit in parts of the country, allowing doctors to work more closely together and sharing the goals of better patient care. And that's really what the underlying feature of health reform is all about, fully coordinated quality care that saves money and leads to better outcomes.

We also want to continue to give doctors better tools to communicate with their patients because the studies have shown informed patients are better patients that were working to establish a shared decision making program in order to help all the parties, to better understand care and treatment options. And we know that one of the largest but most often overlooked challenges facing the healthcare system is a serious work for a shortage. Today, it's estimated at about 16 million Americans live in areas where there is a shortage of primary care physician. And soon, the affordable care act will bring even more patients into a system and plays an even greater demand on primary care. I know I don't have to tell you but seeing a primary care doctor keeps people healthier and out of emergency rooms. And with that comes, better health outcomes and significant cost saving. We have already invested 250 million dollars in the affordable care act to train more primary care providers and to begin to help states build their primary care workforces over the next decade. And we're going to continue that investment or the plan to train 16,000 new primary care providers in the next 5 years. The act allows us to transfer and redistribute perpetually open lots and residency program, to train new primary care docs in areas most in need of physicians.

The law also helps to improve our 2 big public programs, medicare and medicaid for both patients and doctors. Medicare will begin to provide annual preventive health exams and available to patients without co-pays or co-sharing. Medicare and Medicaid will provide greater support for primary care doctors and reward general surgeons for work in high need areas. Of course, there's a lot of work still to do, not all of our problems resolve with one stroke of President Obama's hand. But the President has also been very clear that we need a permanent fix, not a year to year fix but sustainable growth rates. And we very much support that effort here at HHS. And we believe that doctors should not have to worry about the government's budget but should be focus on your patient's health. And once a year, the process of sticking our finger in the day end to help keep payment levels fair is not a good way to do business and is not a good partnership to have. Making the SGR fix permanent is the right choice for doctors and for patients.

The Affordable Care Act does a lot of good but it won't all happen overnight and that's where all of you come in. We have deadlines as you've already heard from Dr. Murthy that we're trying to implement with programs that begin in the first 6 months over the next 4 years, over 10 years of the program and the impacts reach well into the future. What we know is medicare which was passed 40 years ago has changed ever since the program was signed into law and the affordable care act will as well. But we want to make sure along that way we're getting the best possible advice. As all of you know, it is often highly recommended to get a second opinion. And as we roll out various parts of the new law, I want you all to weigh in, we'd like many opinions. We want your input and need your insight. Through Doctors for America, you can provide your input or your medical associations or physicians organizations. And I hope you all will also consider the possibility of participating on the boards and commissions created by the affordable care act. We'll work with Dr. Cohen and Dr. Murthy to see if they have names to suggest then many of these new entities are required to include physicians.

And I wanted to leave you with one final request, we need you to continue to be our best messengers, patients particularly seniors. We heard a lot of missed information about the law and some of it was just playing wrong along the way and some of it is potentially dangerous. As I travel across the country, I found there's still a lot of confusion about what is and what is not part of the Affordable Care Act. Some still think the law created a public option, others believe that the law included government panels to make end of life decisions for medicare patients. Now, what I know is Americans trust their doctors and when they hear accurate information from all of you, they're really better able to understand the law and explain it to their neighbors and friends. The law seeks to help both patients and doctors but we need your help to make sure it works.

So, thanks again to everyone for participating today and thanks for your engage in active participation in Doctors for America. Our real work has begun in terms of transforming the healthcare system and we need your partnership to make sure that we get it right. I want to now turn the call over to 2 of our great 2 leaders at HHS, Peter Lee who is the director of delivery system reform in the office health reform and Marilyn Tavenner who is our principal deputy administrator at the Center for Medicare and Medicaid Services. They're going to make a few comments and then they'll stay with you for questions and answers. Thank you so much.

Peter Lee: Well, this is Peter Lee. And Secretary Sebelius, thank you very much and I'd want to join the secretary in thanking Doctors for America for your leadership which has been so critically important. I'll just have a very a couple quick words and then turn it over to Marilyn which is to I believe the secretary covered the many elements of the affordable care act which are about improving how we deliver care including making it available to all Americans. A couple of things that I just to add and underscore is we're really looking to the affordable care act. One, making sure we know what works. And one of the things that is setup here is a patients that are outcome research institute which is to funded to support investigating what works to give you, doctors better tools to work with your patients to make the right call and what you should be doing. There's a whole range of things we're also doing and the secretary know that IT and looking at administrative complexity. We're trying to look at getting ways out

of the system through administrative simple location. So, the physicians are getting barrage with 18 different claims forms and different enrollment processes but trying to actually reduce burden for physicians and that's one of the elements in the affordable care act we're working on. The other pieces that relate to promoting integration coordination is really all about bringing care back to what it means in the patient's needs. I'm trying to give you the tools so you could attend to patients and not be worried about claims forms etc. With that, I turn in to Marilyn. I'm very much look forward to responding to your questions as we go forward.

**Marilyn Tavenner:** Thanks, Peter. I will just kind of reiterate, first of all, a big thanks to everyone for their feedback and to ask that you continue to supply that. It certainly worked well with electronic health records and we all used a great deal of your information to make changes hopefully in pretty much in the system. And I just would remind you all that throughout the fall, we'll be working on certifying electronic health records and in January, the registration opens and then payments will actually begin in May of 2011. So, not that far away and we realized we have a lot of work to do and appreciate your support with us as we move along. Probably the second area that the secretary touched on has to do with the accountable care organizations. And I'll remind you all that you over the leaders in accountable care organization stating back to 2005 and maybe some of you even earlier. We've started with 10 large physician groups and from that, we built a lot of the foundation for expansions. If you have the interest in seeing where we are with the accountable care organizations, we currently have a website at CMS which is [Aco@Cms.Hhs.com](mailto:Aco@Cms.Hhs.com) and those regulations will be out late fall. We actually had a listening session, communication session in June and there's another one scheduled for September 24th. And the third area that secretary also mentioned has to do with physician provision payments that's also out for comment until next week, until August 24th and that has to do with our annual wellness visits waving deductibles. The incentive payments that go in place for primary care and surgery specialties depending on if you're working in an undisturbed area or not and changes in PQRI which we think going back to Peter's comments of administration and administrative simple location that we hope will be helpful to you all and not only how you submit data but in also how you reimburse for that data. And with that, I'll quit talking and turn it back over to you Mandy for questions.

**Mandy Cohen:** Great. Thank you so much Marilyn and Peter and also to Secretary Sebelius for such a great overview of the new law in about how physicians can be involve in the implementation process whether it's true giving comments directly through Doctors for America or rather physicians organizations or joining advisory boards or even just being messengers of good information to our colleagues and to our patients about the new law. So, that's great. And you know, we know that physicians and medical students want to be involve in the implementation to make sure this goes well for our profession and our patients and also to advocate for further improvements to the healthcare system that we know we need. And so, we look forward to working with the secretary's office, both with you Marilyn and Peter going forward. And so, for all of, just so you know that we have over 800 physicians on the call right now, more continue to join it every moment. So, I just wanted to welcome those who would join the bid late night. And I want to apologize about that delay but you are on the right call

with the call for Doctors for America with Secretary Sebelius. This is Dr. Mandy Cohen with Doctors for America.

And so, we are going to go right into the question and answer period right now. So, if you have a question, please press star 3 and you'll be put in the question and answer queue. That's star 3 and you'll be put into the question and answer queue. And as we're getting people into that question queue. We also at Doctors for America wanted to find out more about you and your interest as physicians as we go along and we have a quick call that we were hoping that you could help us with. You can use your keypad on your phone to register your answer. And it's to this question, which of the following issues are most important to you. Key in number 1 for expanding access to care. Number 2 for physician payment reform. And number 3 for insuring affordability of care. So which issue is most important, expand the access, number 1, physician payment, number 2 or ensuring affordability, number 3. And so why people are both getting in question queue, we're going to have you fill up that poll. So expanding access, number 1, physician payment, number 2 or ensuring affordable care number 3. So with that and while I get people into the queued computer mail and just you know we also had physicians sending that questions ahead of time 'cause you know it's a busy work day for a lot of folks and they weren't able to join the call but wanting to still make sure that their concerns and their questions were brought to you.

So why don't I start off with one of their questions that was submitted earlier. And the first question comes from Sue who's in New Haven. So she wrote in 2014 we know that 16 million Americans were currently uninsured are going to be enrolled in a new medic aid expansion. With this increased insurance coverage it's not going to guarantee access to care we already have access problem for those enrolled in the medic aid program especially around primary care and specialty care. How do you envision dealing with this problem?

**Peter Lee:** Let me go ahead. This is Peter Lee. First, I mean it's incredibly important observation and a couple of things. One, the affordable care act provides for a number of years. Not forever, but for a number of years, it expanded payments for primary care doctors providing services for medic aid and (??) of a recognition that in many communities not merely as many doctors as might serve medic aid beneficiaries do. And with that growth we wanted absolutely to provide incentives for primary care in particular. Recognizing the shortage is another area. But to make sure there are enough doctors there, that's one. The second, and this thus come to what the secretary spoke about is the investments in not just accountable care organizations but in medical homes and in new delivery systems and the innovation center that is in CMS is very much an innovation center for medicare and medic aid and we need to be looking at how do we help and support organized delivery systems to help make sure that we can expand the capacity of services available in medic aid program. So there are 2 of the top line issues that we're trying to respond to. Marilyn?

**Marilyn:** Thanks, Peter. I would add to that, that there are, I think that Secretary Alison mentioned that we have invested 250 million from the public health fund piece of the affordable care act to help train more primary care providers and helps states to develop plans

to expand their primary work force. There's also language which is out for comment now about residency slot and how to increase the emphasis on primary care residency slots. So we are hopeful that several of these things working together will help. But we're very much aware that primary care coverage is something we'll have to save on top of.

Speaker 1: Great. Thank you so much. And so, why don't I turn it over to some live questions. Our first question comes from Dr. (Fulton Rohaman?) from Florida. Go ahead, (Fulton?).

**Q1 Sultan Rahaman:** Oh, thank you very much for taking the time to talk to us today. I'm a family physician in Orlando for many years. And my question is, the current health care system is set up to some device expensive and sometimes unnecessary procedures. How will you reduce over utilization and present the self interest backlash from those who are currently benefiting from this slot system?

**Peter:** That's a great question. And I just start by first thanking you and the other 800 doctors around the room. We're actually paid to be here. And we want just recognized that this is a challenge you're taking time out of your day and I really cannot say that how much we appreciate that. So to your question, I think that there's probably more than a dozen ways that at the center of the affordable care act has tried to change payment. That I could not agree with you more. And the secretary could not agree with you more that we pay for the wrong things. We are not rewarding care coordination. We are not rewarding time spent. We're rewarding things done. And you know, in. there's a number of ways that we're looking at changing physician payment, including looking at having the physician value modifier, including things like medical homes, including looking at adjusting mis-valued codes. Again, the secretary noted we have in medicare, primary care bonuses in medicare. So for 5 years in medicare, there's going to be a 10% increase for primary care. Those are some of the systems that are really at the core about trying to change payment to address what is a systemic issue. The piece of how do we make sure it happens? In the end, is going to require help from you. There will be those whether it's particular providers or vendors or whomever who ran the Capitol hill the moment they get thing. One of the things in the law is to establish an independent payment advisory board to provide, hopefully, a process that will be somewhat insulated from the politics that historically has gotten in the way of doing some of the payment changes that would be more primary care centric. So that's another vehicle I think that will be kicking in in a few years.

**Marilyn:** I think probably the only thing I would add is that, we heard that there are opportunities within the center for innovation to actually look at bringing the coordinate care piece together and having if you will a payment that's more rewarding for spending time with patients and less on procedure dependent. So we look forward to working with you all on those types of implementation.

**Mandy:** Okay, thanks. So let's take another question from Dr. Lisha Barre in Colorado Go ahead.

**Q2 Lisha Barre:** Can you all hear me okay? This is Lisha Barre. My question is the same as Dr. Rahaman. It's still sticking with these outcomes base medicine. And what I'm seeing, I just want electronic. It's been a nightmare and what I'm frustrated with is that the PQRI, I came in to this

call late. So I don't know what you guys have already discussed. But the PQRI questions, definitely encouraged the ordering of labs, the ordering medicines and prevention seems to . for the most part mean, test. And some of those are very dubious value even. I'm a physical medicine doctor. I treat chronic pain and what frustrates me is in my field, doctors are very encouraged to do procedures and surgery even though these things had a terrible track record. So, how are we going to get out them some space medicine when they basically we don't have an even playing field, low tech non pharmacologic, non invasive therapy, such as nutritional counseling, yoga instruction, guided imagery, physical therapy. 'Cause the physical therapy is not affordable to most of my patients and it's not considered preventive. And they can't afford that at \$30 a pop. So basically, what kind, the same question, how are we specifically regarding a chronic pain which is one of the most expensive, one of the things that jacks up the prices of medicine. The most how are we going to create an even playing field when drug makers and surgical instrument makers are much more powerful lobbying in for some yoga instructors?

**Marilyn:** This is Marilyn. I think that one of the ways that we started to take a look at that is through the PQRI program and through the work and quality. If you look at our latest measures that were released, they were about low back pain and imaging and what the results were. So I think we're starting to move away from surgery and pharmacology as the only intervention tools and really start to look at how the patient fairs at the end of the day if you will. And that's what I think accountable care organizations and more of a coordinated payment model maybe helpful because you'll be able to include things like yoga or massage therapy or physical therapy whatever is appropriate. The other thing that you talked about was electronic health (??) group, is we are looking at RPQR eye measure as well as measures that were developed as part of that health IT program and how do we blend then to , if you will transfer measures to you all, that we get to a single set measures that are most focused on outcome and less on intervention or process. But also that only require you to submit to one user application, if you will , instead of multiple inquiries in order to qualify for payment. We have kind of a targeted approach to get that done throughout 2011 and we need your feedback as we work through that. But I hear where you're coming from.

**Peter:** This is Peter. The one thing that I'd add and it's really a little bit about taking your question a leap further which is the affordable care actually put the first time, put the nation on the map for saying we are just and shouldn't just be about health care. We should be about promoting health. And they really are, as secretary mentioned (??) that some major investments in had international community prevention campaign, nutrition labeling in restaurants. Prevention coverage instead of .I know it's a broader issue being raised. But these are areas that there's not lobbies for. And to have you step up and say we need to promote health in America, not selling products or interventions is a key part of making true (??) the affordable care act so we have both paying for the right things but also having the resource to make sure Americans stay healthy in the first place.

**Mandy:** Great. Thanks, Peter and Marilyn. Just for those who may have joined late, this is Mandy Cohen from Doctors for America and we are fortunate to have Marilyn Tavenner who is the principal deputy administrator of the center for Medicare and medic aid services and Peter

Lee from the HSS office of Health Reform who are helping us with this question and answer period. And so, our next question comes from Thomas Stafford. Go ahead, Thomas?

**Q3 Thomas Stafford:** My point is that expensive medicine is a principal cost or the elevated cost of health care in this country. Why was this matter not addressed in the current legislation? And how will you address this major problem now?

**Peter:** It's a great question that goes with some of the meta politics that our job at this point is to implement the law as effectively as possible. There is one of the things that the President called for is to actually have the agency for research health quality fund state based pilot programs to address medical malpractice in effective manner. And that program is getting started. It is not a broad wide and deep systemic solution to the issues around, you know, overused of defensive medicine driven by concerns about liability issues. Go to start and this is another issue where your voices are so critically important is that many believe that this an area that does need more attention needs reforms. So it's not a gotcha game. It's about actually providing, you know, compensation where that's appropriate. But not having physicians feel they need to overdue care because out of concerns for liability. So there's again, some pilot programs that the President specifically called for and funded coming out of art for state based solutions. This is an advocacy tract that I would encourage your organization to consider as you go down the track.

**Mandy:** Okay, thanks, Peter. Before we take our next question. I wanted to pause for a second and do a second poll question. And I think that this gets at some of the things that we've been talking about which is how can the physicians have more of a voice and play more of a role going forward. So the question is , where do you think it is most important for physicians to have more of a voice. One, implementing the new health reform law. Two, educating other physicians in the public about the health reform law or 3, advocating for additional changes to the system beyond what's in the health reform law. So the question was, why do you think it's most important for physicians to have more of a voice in 1 for implementing the law. 2, for educating others in the public about the law. Or 3, advocating for additional changes beyond what's in the law. So with that, I will, while you're keying in those answers, I'll go to our next question which comes from Miriam Jacobs. Go ahead, Miriam. Miriam, are you still there? okay. I think, sorry about that technical difficulty. We'll go on to the next person who is Marsha Mason. Marsha, go ahead.

**Q4 Marsha Mason:** Well, I have a question about the additional money that's been allocated to the health centers , between the health centers. I want to know is that money just given them in a block or is certain money issues for certain thing?

**Peter:** It's a good question. And maybe Marilyn knows the detail. And just to step back to those aren't familiar. That one of the things the affordable care act does is provide a multi billion dollar expansion of federally qualified community health centers and it's out of a recognition that these have them core delivery systems for vulnerable populations and we aren't sort of leaving them on the wayside. Exactly, the funding one of the mechanisms forward and are

there specific deliverables. I actually will confess I don't know the answer to that? Marilyn, do you know?

**Marilyn:** I can help a little bit. There's actually 2 sections of the law. There was a piece under the Recovery Act funding which has to do with the actual physical expansion of federally qualified health centers. If that's the piece you're referring to, that was done in a black grant if you will folks applied for and received funding for program, which is more of a bricks and water type expansion. The second area has to do with payment to federally qualified health centers and that worth of 40,000 foot level. But it moves federally qualified health centers to a prospective payment system over time and one thing I will do which I need to do for everyone in general is give you my email address. So that if you have any questions for me, whether we get the chance or whether just more details that I can provide today. It's [marilyn.tavenner@cms.hhs.gov](mailto:marilyn.tavenner@cms.hhs.gov). And if you'll send me your questions, I will get there to answer and get it back to you.

**Mandy:** Thank you, Marilyn, for that generous offer. So we certainly have a lot of folks on the line who have questions and that will be really helpful. I'm going go to our next question which comes from Christina Marchioni. Christina, go ahead

**Q5 Christina Marchioni:** Yes, I'm a family medicine physician. And I practice clinical medicine for about 25 years. And one of the things that happens in primary care is we are encouraged to keep catatonic disease model them. The sicker the patient is, the more money I make. We know education will change health practices and prevent disease. However, there's no reimbursement for education and prevention on a regular basis to combat over 80% of the diseases that we saved today. In this new reform bill, how will you implement funding for education to prevent disease starting in childhood on up instead of just looking at chronic disease management?

**Marilyn:** Okay, Peter. I'll start this one in and maybe you can help. For the first time in the affordable care act, they're actually responding for physicians that relates to preventive care whether it's through just the fact that those visits are now pay for without co-pay and deductibles to try to encourage if you will folks to do, to get involve in preventive care and not just wait until they're ill. There are also the opportunity through the affordable care organizations depending on how physicians are provide as may design that to be reimbursed for preventive care and education is part of that preventive care. That's a couple of. there's also a bill which I'm not familiar with but if you want to email me recent bill that would pass that relates to care for obesity and other ways to get a preventive care. And I'm happy if you'll send me an email to try to get you some of that information. It's beginning to recognize and reimburse for preventive care instead of for illness after it's occurred. So, I hope there's some help there.

**Peter:** Let's just put a little sort of a coloring on that, in the affordable care act under medicare specifically for the first time ever, there's reimbursed coverage for preventive benefits. So, that's new you know, medicare didn't used to be about prevention at all but also in the private

sector for commercial coverage, plans are required to offer reimburse paid for prevention coverage and that's new. And those are really underscores both the importance of prevention at all, I think it's a great question but it also makes a connection suddenly we haven't really talk about much which is the affordable care act is not just about government, it's not just about medicare and medicaid, it's about trying to change the entire delivery system, trying to encourage and change how private health plans engage with you, physicians they contract with. And we are very much trying to get private plans but also physicians hospital is all working together to actually have a healthy America. So, we are looking for opportunities to align and promote in some cases required, better action on the part of the private health plans.

**Mandy:** Great, thank you. I think we have time for one more question. We'll go to Dr. James Kennedy. Dr. Kennedy, go ahead.

**Q6 James Kennedy:** Good afternoon. Thank you very much for being with us today. There's much written in the PPACA regarding risk adjustment. And my understanding is that risk adjustment will be based upon the terminology that we as physician used that is subsequently coded into the ICD9 or ICD10 algorithms and will be matched with ICD9 PCS for in patient or CPT for out patient. And there many (floss?) which in ICD9 and ICD10 such that physician had to be very explicit with what they write, the ICD 9 or ICD10 do not states certain diseases like severity of heart failure or severity of the kidney injury or encephalopathy or such. And many times what's in the physician's mind doesn't find itself into a piece of paper or into a code to apply the risk adjustment methodology. The CDC is in charge of the diagnosis, the CMS is in charge of the procedures. How will the risk adjustment methodologies be developed and what can we do to help make the coded data accurate so that risk adjustment is properly adjudicated.

**Marilyn:** I will try to help you with that one and this is one way if you could email me, I would get you risk the expert inside CMS. It is currently our plan to migrate to ICD10. That will be occurring over the next really, it was a couple of year project and that's why I need to get you some details. But we would be very much in the input stage as we go forward on that in any other risk adjustment. But there will be an opportunity for public comments and feedback. But some of the question you asked are very technical and I'm happy to get you with the right folks in our organization if you could email me.

**Peter:** And this is Peter Lee. The thing about the ad besides the technical side, the thing that we're committed to is to doing risk adjustment as is it where it's appropriate for example with accountable care organizations. We want to make sure that there are not disincentives for caring for sicker people or people that have a more of a burden and your question does get to the technical side, let's make sure we do it right. But at the philosophy, we want to make sure we have a healthcare system that rewards doctors for taking on those cases. Let's all try to avoid them. That actually are rewarded for when they take on those tough patients, actually do a better job. And so, the risk adjustment challenged of doing it right, those hand in hand will try to help care, having a healthcare system that really does better reward quality and value and outcomes. So, and it's both a technical question but it actual goes with the core of what we're

all try to do here with the affordable care act is trying to reward the right care at the right time. It's something we've done all through rarely in the history of American medicine.

**Mandy:** Great. Thank you Peter and Marilyn for that. Before I give you just a chance in case you have any parting thoughts, I just wanted to feedback everyone's one of the results of the earlier poll. When we asked folks about what are the following issues that were most important to you, whether it was expanding access, physician payment reform or ensuring affordability. The breakdown was interesting, it was 37% voted for expanding access to care, 24% said physician payment was the most important and 39% said ensuring affordability of care. So, really access an affordability are really the top issues for the folks that were on the call today. And I wanted Peter and Marilyn to make sure that they were aware of that too as they go forward and know what was important to physicians. So with that, Peter or Marilyn, any parting thoughts for the physicians on the phone?

**Marilyn:** I just want to thank everyone for participating and to let you know that we're going continue these on different topics as we go forward and we really appreciate the feedback.

**Peter:** I would join that and I would note that your responses to those survey questions, really say the world of self selection of who the members of Doctors of America for America are which is you know, you help get us across in many ways, what is in the finish line but the starting line of moving America to be a country that actually provides health insurance coverage, every coverage to everyone. And now, our job is to make sure we do in the way that is affordable and works for patients and their physicians. So, we very much appreciate the work you provided to get us here but from our perspective here at HHS and at CMS. Passing the affordable care act was in many ways get us to the starting line and now the work has really started and we look forward to joining you in that work.

**Mandy:** Great. Thank you so much. And I wanted to lastly turn in over to our president, Vivek Murthy for any final thoughts as well.

**Vivek Murthy:** Thanks, Mandy. I just wanted to say this is been a really wonderful hour. So, thank you for Peter and Marilyn and thank you Secretary Sebelius for your great thoughts. I just wanted to highlight an idea that all 3 of you touched on which I think is very important for all of us as physicians. And that was the importance of having physician voices involved in this process really for 2 reasons. And one that you brought up the importance of ensuring that the implementation of the new health reform law is effective and actually create a system that works for patients and practitioners. But you also stated that this is important thing as physicians are can be very helpful in clarifying what's working and what's not working in the current system that we can choose in appropriate focus as we go forward and try to build on the health reform law. And I think that this is one of the main challenges and one of the main needs for groups like Doctors for America, you know, with long band and organization that's driven by our members and we hope that all of you who are members of DFA and those who will be future members of DFA will work with us as we find, you know, a role and a place for

position, the leaders and the important work ahead. So, thank you Marilyn. Thank you Secretary Sebelius, I very much appreciate the time you shared with us today.

**Mandy:** Thank you and thank you all again for joining the call. There's much work to be done and we hope you will get more involved in Doctors for America over the next several months. We'll have many opportunities for you to learn more as Marilyn mentioned that either directly from decision makers and leaders or from policy experts about the new law as well as opportunities to take action to improve the country's healthcare system. So, please if you can, stay on the line and leave your name and email address and you'll be able to receive updates about how you can get more involved. And also, for those who didn't have their questions answered, you'll be able to leave a message with your question and your contact information and we'll work to get those questions answered by you. So again, thank you everyone for making time in your busy day for the call and to Peter, Marilyn and Secretary Sebelius. So, thank you so much. Goodbye.