

The Threat to In-office Ancillary Services

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What to Expect

The purpose of this webinar is to provide you with background information, compelling arguments, and grassroots tools to effectively advocate to protect in-office ancillary services

The Stark Law

- Physicians cannot refer patients to a facility for treatments where the referring physician or his/her family has a financial interest.
 - ◆ 1989 – Social Security Act
 - ◆ Limited self-referral for clinical labs
 - ◆ 1992 – Stark 1
 - ◆ 1993 – Stark 2
 - ◆ 2006 – Stark 3

The Stark Law

In-Office Ancillary Services Exception

IOASE

- ◆ Exempts in-office ancillary services:
 - ◆ Imaging
 - ◆ Occupational/Physical therapy
 - ◆ Laboratory services
 - ◆ Orthotics/prosthetics
 - ◆ Others

Imminent Threat

- Congressional Budget Office to “Score”
 - ◆ Estimates cost or savings generated by eliminating the exception
 - ◆ Could be used to close budget gaps

GAO Report

(September 2012)

Argued that higher use of advanced imaging by providers who self-refer cost Medicare \$109M per year (\$1.1B over 10 yrs)

- Flawed methodology and assumptions
- Excludes hospital referrals
- Appropriate referral rates not studied

Recent Congressional Action

- We had a close call on Jan 1 fiscal deal, which expires March 1
- There was an attempt to include language in the fiscal cliff bill closing the Stark exception
- AAOS advocacy efforts averted this provision of the bill

Current Threat

- As we near the next “fiscal cliff” on March 1, the IOASE may once again be considered as an offset for federal spending
- If comprehensive entitlement reform is considered this spring, elimination of the IOASE may be considered as an offset for SGR fix.

AAOS Action

- AAOS PAC relationships utilized
- COA involvement/fly-ins
- AAOS OGR lobbying efforts
- Key Congressional committees targeted
- Grassroots call to action
- Combined efforts with affiliated organizations and coalitions

AAOS Action

■ Research

- ◆ Economic study of the effect of physician ownership on utilization of imaging services
 - ◆ Significant AAOS investment
 - ◆ Phase 1 completed; phase 2 underway
 - ◆ Anticipated completion spring 2013
 - ◆ Funded by BOC SLRI Committee

Coalition Partners: CPCI (Imaging Only)

- Coalition for Patient Centered Imaging
 - ◆ American Academy of Neurology
 - ◆ American College of Cardiology
 - ◆ American Congress of OB/GYN
 - ◆ American Urological Association
 - ◆ 12 others

Opposition: AIM Coalition

- Alliance for Integrity in Medicine
 - ◆ American College of Radiology
 - ◆ American Clinical Laboratory Association
 - ◆ ASTRO (Radiation Oncologists)
 - ◆ American Society for Clinical Pathology

The Orthopaedic case for IOAS

- If it is meant to be, it is up to WE.
- You need to enlist your patients.
- We'll educate you, and you, your patients.
- What will you do?

The Orthopaedic case for IOAS

- Prevalence and vulnerable populations
- Compliance & convenience
- Quality & coordinated care
- Cost & outcomes
- HOPD costs more for same services

Argument for IOAS: Prevalence

- One in 4 Americans.
- Prompt diagnosis and appropriate treatment.
- Reduce patient suffering and overall costs.
- Costs of musculoskeletal disability.

Argument for IOAS: Discrimination

- Only affects those covered by CMS policy.
- Discriminates against Most Vulnerable:
 - ◆ Elderly & Disabled (Medicare)
 - ◆ Poor (Medicaid)
 - ◆ Military families (Tricare)
- All others will have access to IOAS

Arguments for IOAS: Compliance & convenience

- Improves adherence to treatment plans and outcomes by;
 - ◆ eliminating scheduling delays.
 - ◆ eradicating duplicate paperwork.
 - ◆ minimizing mobility and travel issues.
 - ◆ reducing costs of non-compliance.

Arguments for IOAS: Better Care Coordination

- Physician availability and oversight to ensure improved quality of care in real time.
- Improve the imaging/treatment of patients without delay or costs to the patient.

Arguments for IOAS: Rural Access Challenges

- Transportation time and costs.
- Scheduling off-site, especially hospitals, typically means another return trip.
- Follow-up visits delayed by off-site referral.
- Patients often alternatively access the ER.

Arguments for IOAS: Costs of HOPD

- Hospitals bill more for the same services, 40% more according to MEDPAC.
- Congress should avoid arbitrarily restricting access solely on physician investment.
- Consideration for the quality, convenience, savings, value, and outcomes our patients receive should be paramount.

Arguments for IOAS: Opposing Views

- Overutilization based upon ownership
 - ◆ “Inappropriate” should be focus
 - ◆ Scientific literature lacks consensus
- Same day services are less than ½ IOAS
 - ◆ Rehab scheduled over weeks but initial or final evaluation can be same day
 - ◆ Patient preference drives MRI schedule

Arguments for IOAS: Saves Time and Money

- **Saves time & money** on transportation and time away from work or school
- **Saves money & time** patients spend on transactional costs and paperwork
- **Saves time & money** by providing timely diagnosis and appropriate treatment
- **Saves money** outpatient vs. HOPD

Arguments for IOAS: Tell your Personal Story

- It's not about you or your ownership.
- Remember the MVP.
- Common, painful, disabling injury.
- Convenience and costs for patient *and family*.
- Time, travel and hassle factors.
- Quality, safety and outcomes.
- Bottom line: access to care!

Grassroots

Our Voice is Critical

- Physicians are ideal advocates
 - ◆ Credible
 - ◆ Experienced
- Legislators need to hear from us
 - ◆ Limited experience and knowledge
 - ◆ Unaware of the challenges of providing care to patients
- If we don't tell our story, who will?

What WE Can Do

- Meet with your Congressman
 - ◆ In-district office
 - ◆ Washington, D.C.
- Send a letter via the AAOS website
- Call the Congressional office in DC
- Recruit patients to advocate
- Recruit patients to recruit: family, friends,..
- Recruit other doctors to do above

Face to Face Meeting

- In the local district office (Feb. 25-28 OOS)
- Washington, D.C.
- Bring an articulate patient who has benefitted from IOAS
- During the Meeting --
 - ◆ Be social: Greet, Congratulate, Thank
 - ◆ Succinct message -- Webinar/OGR materials
 - ◆ Compelling patient example
 - ◆ Repeat the message/Leave behind

Other Community Opportunities

- ◆ Attend a fundraiser/Make a contribution
- ◆ In-district events
 - ◆ Town Hall meetings
 - ◆ Coffees
 - ◆ Check legislator's website
- ◆ Invite a Member of Congress to visit your office

Email/Call

- Send a letter via the AAOS website:
 - ◆ Government Relations/Hot Topics
 - ◆ IOAS header
 - ◆ Add a personal message
- Call your Congressman
 - ◆ Ask for Healthcare Liaison/Staffer
 - ◆ Ask for Budget/Finance staffer
 - ◆ Have talking points organized

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JAAOS
The Journal of the American Academy of Orthopaedic Surgeons

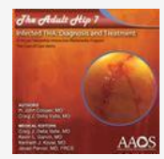
OrthoPortal
One-stop Web portal provides easy access to AAOS online orthopaedic information.



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Webinar - Feb 12
AAOS/POSNA/SRS Spondylolisthesis in Children and Adolescents

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Federal Activities

- Advocacy NOW
- Council on Advocacy
- Extremity War Injuries
- FDA
- Issues
- NOLC
- Research Capitol Hill Days
- Washington Health Policy Fellowship
- AAOS Legislative Action Center
- Advocacy in the News

State Activities

- AAOS in the States
- Issues
- Advocacy Tools
- Organizational Tools
- State Profiles & Web sites
- Email Lists

Public Information

- Legislative & Regulatory

Government Relations

The AAOS Government Relations Office promotes and represents the viewpoint of the orthopaedic community before Federal and State legislative, regulatory, and executive agencies. Based in Washington, DC, but also including staff from the AAOS headquarters in Rosemont, Illinois, the Office of Government Relations identifies, analyzes, and directs all health policy activities and initiatives of the AAOS.

With the primary objectives of enhancing access to and quality of orthopaedic care for our patients, major Federal legislative programs of the AAOS, include:

- Research Capitol Hill Days where patients and their orthopaedic surgeons meet with U.S. Senators and Representatives to advocate increased funding for musculoskeletal research
- National Orthopaedic Leadership Conference where over 200 orthopaedic surgeons visit Capitol Hill to encourage Congress to address issues such as Medicare reimbursement and medical liability reform

At the State level, the Office of Government Relations assists State orthopaedic societies with their own legislative priorities which are of concern to the AAOS.

Write to Congress

- Enter your Zipcode
- Find your Representative

Input field and GO button for writing to congress

The Orthopaedic PAC

- The Orthopaedic PAC
- Donate to the Orthopaedic PAC
- Member Benefits
- Message from Your PAC Chair

Report Medicare Audits

- Report MAC/RAC Audits to AAOS



holidays).

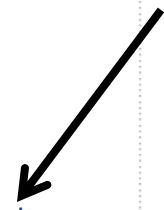
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Your Source for Information

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Hot Topics

- [Call to Action: Fight the Threat Against In-Office Ancillary Services](#)
- [AAOS to Host IOAS Webinar on February 11th](#)
- [AAOS to Host MAC/RAC Audit Webinar on January 30th](#)
- [AAOS Submits Stage 3 Meaningful Use Comment Letter](#)
- [Medicare Audits 101](#)
- [AAOS Sends Letter to Congress on Impact of Sequestration](#)
- [Know What CMS is Saying about Your Performance](#)
- [AAOS Provides Comments on 2013 Physician Fee Schedule Proposed Rule](#)
- [CMS Responds to DRG 470 Audit Letter](#)
- [Letter on DRG 470 Audits Goes to CMS Administrator](#)
- [AAOS and AAHKS Develop Model Coverage Policy on Major Lower Extremity Total Joint Arthroplasty](#)
- [Help AAOS Respond to Medicare Audits!](#)
- [AAOS Submits Comments to House Ways and Means Committee on](#)





Take Action

1 COMPOSE MESSAGE

Message Recipients:

- Your U.S. Senators

Delivery Method:

- Email
- Printed Letter

Subject:

Protect Patient Access to Specialty Care

Editable text:

(edit or add your own text - 8079 characters left)

I was greatly alarmed to hear that Congress has requested an analysis by the Congressional Budget Office (CBO) on the potential savings of eliminating the in-office ancillary services (IOAS) exception to the Stark Law, which would ban physicians from owning advanced imaging and physical therapy services, among others.

As the healthcare community continues to focus on improving care coordination, it is baffling to me why there would be a push to get rid of an integrated care model, like IOAS, that combines a variety of musculoskeletal caregivers to deliver comprehensive healthcare to our patients. The ability to provide in-office ancillary services within an orthopaedist's office is an integral resource for musculoskeletal patients with limited mobility. The prohibition of in-office ancillary services could present significant harm to our patients and additional unforeseen costs to the Medicare

Scroll down inside this box and type in personal message.



Tip: Cutting-and-pasting? Save as [plain text](#) first.

Your Closing:

Sincerely,

Your Name:

2 SENDER INFORMATION

This system requires that you provide your name and contact information. This information will not be used for any purpose other than to identify you to the recipient.

Patient Involvement

- Post this sign in Waiting Room/Exam Room

**Ask your doctor about protecting your ability to receive convenient therapy and diagnostic services in this office.
Ask about writing to Congress today!**

Place This in the Waiting Room

AAOS
AMERICAN ASSOCIATION OF
ORTHOPAEDIC SURGEONS

**YOUR ACCESS TO
HEALTH CARE
SERVICES MAY BE
THREATENED**

There is an effort in Congress to prevent physicians from owning imaging, physical therapy services and pathology services. This just doesn't make sense because it hinders access to quality care. If a physician cannot have these in-house services, there will be scheduling delays, prolonged waits, the need to travel to other offices.

The prohibition of these services could present significant harm to our elderly, disabled, poor and military families. It would not be fair to discriminate against those patients and purposely inconvenience them as they are some of the most vulnerable in society.

WRITE YOUR CONGRESSMAN:

- Oppose any change to the in-office ancillary services exception in the Stark Law.
- Go to: www.AAOS.org and click on the Government Relations header. Click on "Write your Congressman."

CALL YOUR CONGRESSMAN:

202-224-3121

For more information, contact Catherine Boudreaux in the AAOS Office of Government Relations at 202.546.4430

Logistics Tip: Mass produce flyer at Kinkos/Send via email for order

Patient Involvement

- ◆ Engage patients for one minute at the end of the office visit -- Review Patient Talking Point Sheet
- ◆ Message must come directly from you – face to face, not staff
- ◆ Explain about the need to protect their ability to get efficient care
- ◆ Have letter ready for them to personalize and sign
- ◆ Fax or scan/e-mail to the Congressional office
 - ◆ Direct it to the specific staff person
- ◆ AAOS OGR will send letter templates

Patient to Patient Grassroots

- If Patients agree to advocate
- Ask them to recruit other voting age
 - ◆ Family members
 - ◆ Friends
 - ◆ Co-workers
 - ◆ Members of their Soc. Org, i.e bowling, ..
- Have extra Patient Flyers ready

Patient Recruitment

- Social Media
 - ◆ Put link on Practice Website
 - ◆ Practice Facebook page
 - ◆ Send a Tweet
 - ◆ Let patients know their convenient access to therapy and diagnostic testing is threatened
 - ◆ Give talking points and post sample patient letter.
 - ◆ Copy link to : Write to Congress
 - ◆ On AAOS Government Relations Page.

Doctor to Doctor Grassroots

- Call or email all your partners
- Forward talking points and files sent by OGR
- Send link to watch re-play of Webinar
- Contact other groups in your area that own Ancillary Services.
- Post Information Sheets in doctors lounges
- Ask Local County/State Medical Societies for help.

Doctor to Doctor Info Sheet



YOUR ABILITY TO OWN ADVANCED IMAGING AND PHYSICAL THERAPY SERVICES IS BEING THREATENED

More than 1 in 4 Americans have a bone or joint injury or disorder. The ability to quickly diagnose a musculoskeletal condition and initiate a treatment plan is integral to restoring patient mobility and preventing future injury. Congress is considering closing the in-office ancillary services (IOAS) exception to the Stark Law, which is integral to efficiently diagnosing and treating musculoskeletal conditions by allowing orthopaedic surgeons to provide imaging and physical therapy (PT) services in their offices.

The prohibition of these services could present significant harm to our elderly, disabled, poor and military families. It would not be fair to discriminate against those patients and purposely inconvenience them as they are some of the most vulnerable in society.

WRITE YOUR CONGRESSMAN:

- Oppose any change to the in-office ancillary services exception in the Stark Law.
- Go to: www.AAOS.org and click on the Government Relations header. Scroll down to Hot Topics and click IOAS call to action to add a personal message to a form letter to be sent to your Congressman by Capwiz.

For

Key Congressional Targets

- ◆ Majority Leader Reid (D-NV)
- ◆ Minority Leader McConnell (R-KY)
- ◆ Senate Finance Chairman Max Baucus (D-MT)
- ◆ Senate Finance Ranking Member Orrin Hatch (R-UT)
- ◆ All other Senate Finance Committee Members
- ◆ House Speaker John Boehner (R-OH)
- ◆ House Minority Leader Nancy Pelosi (D-CA)
- ◆ All members of House Energy and Commerce
- ◆ All members of House Ways and Means

Thank You

Remember, if you don't have a seat at the table, you are on the menu.

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Questions?