



AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

June 10, 2011

Barbara Levy, M.D.
Chair, Relative Value Scale Update Committee
American Medical Association
515 North State Street
Chicago, IL 60654

Dear Dr. Levy:

I am writing on behalf of the American Academy of Family Physicians (AAFP), which represents 100,300 physicians and medical students nationwide. We are calling upon the Relative Value Scale Update Committee (RUC) to make specific changes in the organization's structure, process and procedures as described below. We believe these changes are important and necessary if the RUC is to remain a credible entity in recommending Relative Value Units (RVUs) to the Center for Medicaid and Medicare Services for Medicare fee-for-service physician payment determinations for all specialties. We also want to let you know of our plans to form a task force to develop an alternative methodology(ies) for appropriately valuing the services provided by primary care physicians in the current fee-for-service model.

As you know, the AAFP has been concerned for some time about the composition of the RUC and the manner in which it conducts its business. We continue to believe that the RUC would benefit from additional primary care expertise and the perspectives of other stakeholders in the health care system. Although the work of the RUC is very technical, there are many non-physicians who have the experience and sophistication to add to the discussion. With this in mind, we are specifically asking the RUC to make the following changes in its structure and process:

- add four additional, true primary care seats (one each for the AAFP, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association);
- eliminate the three current "rotating subspecialty seats" as the current representatives "term out;"
- add three new seats for "external representatives," such as consumers, employers, health systems, health plans;
- add a seat for Geriatrics; and
- implement voting transparency.

We request a decision from the RUC regarding the implementation of these changes by March 1, 2012, believing that the RUC can decide on these matters over the course of its next two meetings.

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In the meantime, the AAFP will create and fund a task force to review and make recommendation(s) to the AAFP Board of Directors for an alternative methodology(ies) to appropriately value evaluation and management services by family physicians and other primary care physicians. The task force will include experts in health policy and research from within and outside the AAFP.

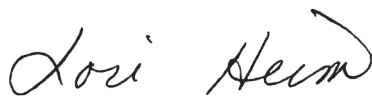
There is an evolving amount of data appearing in the literature that suggests the complexity of evaluation and management services provided by primary care physicians today is different and likely more “intense” than the same services provided by other specialties. In addition, the current RUC methodology of using surveys to assess physician work may not adequately account for this variation in complexity since this process is based on the notion of a clinical vignette of the “typical patient” encounter across all specialties. It is also known that there are likely other data sets besides the RUC survey data which might be revealing in more appropriately valuing all physician services, including those delivered by primary care physicians. The charge of the task force will be to consider all of this information in the development of an alternative methodology(ies) for appropriately valuing the services rendered by primary care physicians and make such recommendations to the AAFP Board of Directors within the next six to nine months.

As the RUC considers the AAFP request above and as our task force does its work, the AAFP will continue to be an active part of the RUC process. Consistent with our current policy, we will continue to re-assess our involvement in the RUC in the coming year.

Thank you for your time and consideration. If you have any questions about this matter, please contact me at 910-783-9079 or loriheim@embargmail.com. Please direct any formal responses by the RUC to:

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Sincerely,



Lori J. Heim, M.D.
Board Chair

Cc: Walter Larimore, M.D.
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Thomas Weida, M.D.

LJH:kjm