
January 27, 2020

EHR Company Epic Comes Out Swinging Against HHS' Interoperability Rules, Urges Hospitals to Oppose Rules

Epic, the giant electronic health record company, threatened a lawsuit against HHS' Office of National Coordinator following a push for hospital executives to send comments to HHS opposing the proposed regulation in its final stages. The proposed rules were created as a result of the 21st Century Cures Act that required the Department to create rules increasing interoperability between electronic health systems. HHS stated the intent was to ease data-sharing by giving patients more accessibility to their health data, requiring hospitals to send notifications of admission, discharge, or transfers to primary care providers, and allowing researchers to send screenshots of electronic health records for safety studies. Epic contends that the rules create privacy concerns for patients records and increase workloads for providers and health IT professionals. To see the Epic letter to hospital executives, click [here](#), and view the rule, click [here](#).

- The Wall Street Journal reports on how Google, Amazon, IBM, and Microsoft have also struck deals with hospitals across the country to gain access to patient data, click [here](#).

14 Major Conservative Groups Oppose Surprise Billing Legislation

In a move likely to impact GOP positions on surprise billing, a new group of major conservative organizations has formed to lobby against government rate setting in negotiating billing disputes between payers and providers. The Coalition Against Rate Setting is an "alliance of like-minded organizations that recognizes the perils of bureaucrats setting prices in the American healthcare system..." And state that they stand "in opposition to rate-setting proposals by lawmakers and understand that price-fixing is not the solution to the pressing problem of surprise medical billing." Members include Heritage Action, Club for Growth, and Freedom Works among other conservative groups with substantial influence among Republican lawmakers. Click [here](#) to learn more.

National Physician Group Endorses Single Payer, Public Option

The American College of Physicians officially endorsed both the single-payer health plan as well as a public option last week saying, "We believe that American health care costs too much; leaves too many behind without affordable coverage; creates incentives that are misaligned with patients' interests; undervalues primary care and under invests in public health; spending too much on administration at the expense of patient care; and fosters barriers to care for and discrimination against vulnerable individuals." As part of the announcement, the group published a position paper that details the pros and cons of both policies as well as policies that include global budgets and all-payer rate-setting to lower health care costs. For more, click [here](#).

Automated Prior Authorizations Could Save \$454 Million a Year

The healthcare industry can save \$13.3 billion on administrative waste through automation of eight transactions including prior authorizations, with a potential annual savings of \$454 million by transitioning to electronic prior authorizations alone, according to a new report from CAQH. The cost of prior authorization requirements on physician practices increased by 60 percent in 2019 to manually generate a request to insurers, up from \$6.61 in 2018 to \$10.92 in 2019. The insurance industry responded to the increased costs with a new initiative - Fast Prior Authorization Technology Highway - which aims to use technology in physicians' offices to speed up

requests and responses for prior authorization and seeks to have physicians' offices volunteer to work with insurers to incorporate the new processes into existing technology. Click [here](#) for the CAQH report, and [here](#) for the Fast PATH initiative.

CDC Confirms Third U.S. Case of the Wuhan Coronavirus, Surges Across China

A third infection was announced in the United States, a Chinese traveler from Wuhan. Infections have been confirmed in France, South Korea, Japan, Nepal, Thailand, Singapore, Vietnam, Taiwan and Australia and the United States. Chinese health authorities are struggling to deal with a skyrocketing rate of infection in the country of the new coronavirus with the number of cases increasing 50 percent in just 24 hours. China's leader Xi Jinping has warned of an "accelerating spread" of the coronavirus, adding to worries about the scope of a health crisis that has claimed at least 56 lives and triggered emergency health measures in cities across China. Click [here](#) for the latest from the CDC. Click [here](#) for the latest press analysis.

CMS Has New Social Determinants of Health Data

The CMS Office of Minority Health released a new data highlight on the social determinants of health for Medicare fee-for-service (FFS) beneficiaries. The analysis utilized ICD-10 Z codes reported in 2016 and 2017 to identify potential hazardous socioeconomic and psychosocial circumstances. It is the first analysis using Z code data for Medicare FFS beneficiaries and may represent an undercount of patient needs assessments. Click [here](#) for the data highlight.

In a First, CMS Covers Acupuncture for Chronic Lower Back Pain

CMS has announced it would cover a maximum of 20 acupuncture sessions per year for those with chronic lower back pain. This is a first for Medicare, overturning the 1980 decision by CMS. Under this new decision, Medicare will cover up to 12 acupuncture sessions in 90 days for qualifying beneficiaries and will cover an additional eight sessions for qualifying beneficiaries who demonstrate improvement after the acupuncture treatments. However, CMS said treatments will be discontinued if the patient is not showing improvement in pain levels. Acupuncture offers patients an alternative to opioids, as currently 66 percent of patients with chronic lower back pain are prescribed opioids. The introduction of a non-pharmacologic option covered by Medicaid for this common ailment, can possibly reduce addiction and overdoses nationwide. To view the decision memo from CMS, click [here](#).

Supreme Court Won't Expedite Review of ACA Repeal Case; System CEO Calls for National Commission To Reform Health Care

The Supreme Court has denied a request from 21 Democratic attorney generals and the U.S. House of Representatives to expedite review of Texas v. United States. Expedited review would have enabled the Court to hear Texas this year, with a decision issued later this summer. By denying expedited review, the Court largely guarantees that the case will not be heard until its next term at the earliest. Texas was filed by 20 Republican state attorneys general and governors and two individuals after Congress zeroed out the individual mandate penalty in 2017. The plaintiffs argued that the penalty-less mandate is no longer constitutional and asked that the entire Affordable Care Act be struck down. Click [here](#) for the Supreme Court decision. Click [here](#) for an excellent summary of the issue from Health Affairs.

- The CEO of a major health system is urging the creation of a congressionally mandated national commission to reform the U.S. health care system. ProMedica's Randy Oostra makes a cogent argument in the latest Modern Healthcare. Click [here](#).
- AHRQ stats show that among private-sector establishments offering health insurance, the percentage of employees with a choice of health plans increased from 72.4 percent in 2017 to 75.7 percent in 2018, click [here](#).
- Health plans with annual deductibles of \$3,000, \$5,000 or even \$10,000 have become commonplace since the implementation of the Affordable Care Act, as insurers look for ways to keep monthly premiums to a minimum. But in rural areas, where high-deductible plans are even more prevalent and

incomes tend to be lower than in urban areas, patients often struggle to pay those deductibles, putting rural hospitals in even more jeopardy. Click [here](#) for the report.

CDC Ends Emergency Response to Vaping Illnesses

The CDC has ended its emergency response to the outbreak of illnesses caused by vaping due to continued decline in cases being reported. The EVALI illness killed at least 57 people and sickened more than 2,600 but has been going down since its peak in October. Additionally, the Surgeon General put out a report saying there is not enough evidence to support the idea that e-cigarettes actually help with smoking cessation. The report also states that while e-cigarettes are widely available, other methods that are known to help people quit smoking are hard to access. For more from the CDC, click [here](#), and for the Surgeon General report, click [here](#).

- House Energy and Commerce Oversight Subcommittee will hold a hearing on Feb. 5th on e-cigarette use with the top five e-cigarette manufacturers testifying, click [here](#).
- E-cigarette companies could be paying a user fee to the FDA similar to those drug and device companies pay, click [here](#).

Promising New Oral Vaccine Against Flu in the Works

A recent study from The Lancet tested the effectiveness of an orally administered vaccine against the flu. The study found that a single oral tablet had significant protective immunity against H1 influenza infection. Although the research is promising, it will likely be another five more years before an oral flu vaccine alternative hits the market. Click [here](#) for the study.

CDC: 7 Southern States Have Highest Adult Inactivity

The CDC released findings from a new study looking into the physical inactivity of adults across the United States. The study mapped data from the Behavioral Risk Factor Surveillance System (BRFSS) from 2015 through 2018. They found that all states and territories have more than 15 percent of physical inactivity in adults. The states with the highest level of physical inactivity were Oklahoma, Arkansas, Louisiana, Mississippi, Alabama, Tennessee, and Kentucky. Click [here](#) for the full report.

Webinar: Value Based Insurance Design – Hospice Benefit Component

CMS' Value Based Insurance Design team will host a webinar on Thursday, January 30, 2020 at 1:00 p.m. – 1:45 p.m. ET to provide information and answer questions about the hospice benefit component recently added to the Value Based Insurance Design (VBID) Model. Interested organizations must apply online via an application by March 16, 2020 at 11:59 p.m. EST. The application portal will be live in February 2020 and application questions can be found in Appendix B of the CY 2021 VBID Hospice Benefit Component Request for Applications. To view the Appendix, click [here](#). To register for the webinar, click [here](#).

- CMS' Innovation Center will host a Direct Contracting Payment Part 1 webinar on February 4, 2020 at 1:00 – 3:00 p.m. ET to present and answer questions about the Direct Contracting Model's payment methodology. Click [here](#) to register.

Feds Increase Efforts To Combat Antimicrobial Resistance

The "super-bug" epidemic of antimicrobial resistant infections kills 700,000 people worldwide every year, with about 35,000 deaths in the US alone. New treatments have not been able to keep up with this threat; in the past 30 years only one new class of antibiotics has been approved. Drug companies and researchers are hesitant to invest in treatments for super-bugs because the cost of development is too high to make profit. The recent Developing an Innovative Strategy for Antimicrobial Resistant Microorganisms Act allows Medicare to offer additional funding to hospitals in the U.S. that responsibly use novel antibiotics. Through the Biomedical Advanced Research and Development Authority, the government has funneled more than \$100 million in grants toward antibiotic research in the last three years. To read more, click [here](#).

Predicting Clinical Risk: Researchers Improving Predictive Capabilities

Current clinical risk models have a large margin of error and are largely unreliable for making accurate predictions for high-risk patients, according to a new study. Models that can calculate a patient's risk of dying after a heart attack or stroke are based on characteristics such as age, weight, and symptoms. The researchers found that high-risk patients tend to receive the most inaccurate scores and are currently working on software that could retrain risk models to include more data on patients who are more similar to the one being diagnosed. Click [here](#) for the study.

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