

## News from the American College of Nuclear Medicine

### **“Appropriate Use Criteria for Advanced Diagnostic Imaging Services (AUC)” and the Battle to Retain the Program: Results of Heated Debates at the A-17 American Medical Association**

At the June 2017 Annual Meeting (A-17) of our American Medical Association, there was a resolution 229 entitled “Medicare’s Appropriate Use Criteria Program” submitted to address authors’ concerns regarding the upcoming rollout of the Appropriate Use Criteria (AUC) program—ultimately asking CMS for a delay and also asking Congress and the Administration to get rid of, or replace, the Program.

The resolution was introduced by the American Academy of Facial Plastic and Reconstructive Surgery--with co-signing specialty societies: American Academy of Neurology, American Association of Neurological Surgeons, American Association of Orthopaedic Surgeons, American Society for Gastrointestinal Endoscopy, American Society of Echocardiography, American Society of Neuroimaging, American Urological Association, Congress of Neurological Surgeons, North American Spine Society, Society for Cardiovascular Angiography and Interventions, American Society of Plastic Surgeons.

The actions requested in the resolution were these two Resolved clauses:

RESOLVED, That our American Medical Association advocate to delay the effective date of the Medicare AUC Program until the Centers for Medicare & Medicaid can adequately assess how the Quality Payment Program affects the use of advanced diagnostic imaging; and be it further

RESOLVED, That our AMA call upon Congress and the Administration to revisit the necessity and value of the Medicare AUC Program given the establishment of the Quality Payment Program.

It is not uncommon for Resolutions to be submitted to our AMA that oppose issues that are viewed as “unfunded mandates.” This is the name given to tasks or procedures which become a mandatory part of healthcare delivery for which there is no time or reimbursement consideration. These take time away from a patient encounter and also serve as an economic detriment for the practice delivering the service.

This was but one of the criticisms launched against the AUC program. A number of other compelling arguments, complete with references, for both aspects (Resolved Clauses) of Resolution 229 are outlined in the Whereas Clauses of the Resolution. The original resolution language, including the Whereas Clauses, can be read in full on page 90-92 of this Reference Committee document <https://www.ama-assn.org/sites/default/files/media-browser/public/hod/a17-refcomm-b-addendum.pdf>

The ACNM and SNMMI and many other societies involved in medical imaging meet jointly as an umbrella imaging caucus at the AMA. The caucus is known as the “Section Council on Radiology” (SCOR). When SCOR met to discuss this Resolution, there was strong, vocal concern about this entire Resolution (and a conflict as one of our member organizations, American Society of Neuroimaging, was one of the Resolution sponsors.)

The strongest objections were concerning the second Resolved Clause. This asked our AMA to lobby Congress and the President’s administration to get rid of the AUC Program. The idea behind this was understandable from the perspective of an ordering physician. Keep things as they are; continue to allow the doctor to order the imaging exam s/he thinks would be best for the patient’s situation using their own knowledge and judgement. The problem with this goal, is that not having any “quality” program for diagnostic imaging is contrary to the quality metric trajectory of CMS. Understanding the workings of CMS makes it clear that the agency would not simply scrap the AUC program without replacing it with something else. This was a very troubling prospect.

SCOR voted to strongly oppose the “Second Resolved (clause)” and decided to be neutral on the “First Resolved.”

It is rare that the Centers for Medicare and Medicaid Services offers to use criteria developed exclusively by nongovernment committees or entities for its regulatory efforts. It is important to remember that Appropriate Use Criteria are developed by imaging societies and a number of other multispecialty organizations. That is to say that they are developed by non-government entities comprised of volunteer groups of practicing physicians.

Organizations that have applied for this task designation are known as Provider-led entities (PLE). A PLE is “a national professional medical specialty society or other organization that is comprised primarily of providers or practitioners who, either within the organization or outside of the organization, predominantly provide direct patient care.” SNMMI and ACR and NCCN are some of the 11 approved PLEs in existence at the time of this Resolution. (There are now 20.) The ACNM is not a PLE, but it is working collaboratively on some of the SNMMI and some of the ACR AUC scenarios.

The AUC program is representative of the type of structural input the AMA and other medical and specialty societies have been requesting from CMS, something developed by physician groups-- people who actually take care of patients, and not by Congress or some government or some quasi-governmental consortium. What a mistake it would be for our AMA to be instructed to oppose this program with the likely prospect of becoming saddled with something developed by some less relevant method.

This issue consumed much of the entire AMA meeting for some of us as we coordinated this intense effort to prevent the AMA House from the making the reverberative error of voting to scrap the AUC program and forever sending the wrong message to CMS regarding coordinated input from practicing physicians.

I want to provide a glimpse into process by which concepts become policy of the AMA, with this Resolution as an example. The procedure in which Resolutions become policy is in two steps. First, they are debated in open sessions in front of Reference Committees (Ref Coms), who then write up a summary of the testimony together with the Ref Com's recommendation to the HOD for the disposition of each item debated before them. Then, during one of the later days, the Resolution, along with Ref Com recommendation, goes before the House of Delegates Assembly. If no one wishes to deviate from the Ref Com report for the resolution, it stands as recommended (accepted or defeated or accepted as substituted) by the Committee. If *any single* House member wishes to “extract” the item from the report at the HOD, then the entire topic is again open for debate on the “Floor”.

All of the submitted Resolutions at the Annual Meeting are divided into 8 Reference Committees. Four different Ref Coms occur simultaneously in each of a morning and an afternoon session. Any AMA member can give testimony at the Reference Committees. Larger weight is given to testimony that comes from a society, state or specialty caucus as the testimony thus is representative of more members. The Ref Com is where most, or all, of the important debate about most issues usually occurs. The job of a Ref Com is to digest and summarize the testimony comprehensively for their report and then translate it into the best consensus action. When done well, it helps to keep the majority of items from being extracted at the “House,” thereby streamlining and limiting the volume of “Floor” debates.

Resolution 229 at this meeting was an item which generated unusually abundant testimony at its Reference Committee. There were a lot of people who wanted to get rid of the AUC program. We needed to make the case I describe above about the undesirable unintended consequences such an action would most surely have. Several of us from our radiology caucus (including Van Moore, Geraldine McGinty and I) testified at the Ref Com, and we and many others from the SCOR also worked this issue in other ways, including hallway discussions and collaborating with members from other caucuses, including the oncology caucus and the Council on Legislation and some of the state medical societies. Ultimately, we were able to put forth a single substitute Resolved Clause that was supported

by many who were giving testimony and which was then supported as the "Substitute Resolved Clause" written as the Reference Committee Report recommendation for 229.

Items that generate a lot of debate are more likely to be extracted no matter how well the Ref Com writes their report. We were prepared for Res 229 to be extracted on the Floor, and it was-- and the debate happened all over again. This required a coordinated effort by us to debate this again with all of those who did not have the benefit of hearing the Ref Com debate and with those who authored or supported the issue and still wanted to make their case for their (unrealistic) unfettered exam-ordering-autonomy. I am happy to report that we were successful in that mission. The following Resolution is what passed the AMA HOD to become policy:

RESOLVED, That our AMA continue to advocate to delay the effective date of the Medicare AUC Program until the Centers for Medicare & Medicaid (CMS) can adequately address technical and workflow challenges with its implementation and any interaction between the Quality Payment Program and the use of advanced diagnostic imaging appropriate use criteria.

We did successfully iterate the message that the AUC approach to decision making for ordering radiology and nuclear examinations is among the best of approaches which could be devised for CMS to promote for this purpose, and the AUC Program is retained. The Clause which called for "Congress and the Administration to revisit the necessity and value of the Medicare AUC Program" was defeated.

The subsequent AMA advocacy on this policy mandated by res229 was demonstrably successful as the CMS keeps the AUC Program in place and also did delay the planned rollout date for AUC, which is now pushed off until 2020. {-See next item for the CMS 2018 Quality Payment Program final rule.}

This is but one narrative of the hundreds of issues that are debated at the AMA. Most of the Resolutions have less direct relationship to medical imaging. If you would like to become more involved in the AMA, please reach out to me.

Alan Klitzke, MD, FACNM, ACNM President