Dear all:

Please allow this to be an update to MAG’s activities over the last few weeks. As always, my previous updates can be found at [http://www.mag.org/resources/executive-directors-message](http://www.mag.org/resources/executive-directors-message).

**Sustainable Growth Rate**

There is a tremendous amount of traffic right now on the repeal of the SGR. We have been in constant contact with organized medicine and have noted differing opinions and positions [http://www.mag.org/advocacy/issues/sgr](http://www.mag.org/advocacy/issues/sgr). Please note the House of Representatives is set to go home at the end of the week. While there are positive pieces in the SGR proposal, we still have some lingering concerns.

Your Executive Committee met and decided that a delay in proceeding with the mark-up until after the new year was best for patients and physicians. The following critical issues need to be addressed going forward:

- Payments to physicians will be frozen for ten more years - coming on the heels of more than a decade of flat Medicare pay rates. Over this same time frame, practice costs will have risen by nearly 50 percent and physicians simply cannot continue to stay in practice under these circumstances.
- A viable fee-for-service system is not assured. While we understand that policymakers favor moving to a new value-based purchasing payment system, such an approach will not work for all physicians and patients. It is essential that a viable fee-for-service option remain in place, which is not achieved with pay freezes and additional cuts under the proposed pay-for-performance scheme.
- Physicians who decide to participate in the new value-based payment or alternative payment model systems will need time to make this adjustment, and the current proposal neglects to include at least a five-year transition period to this new system.
- Creating a new budget-neutral, tiered quality payment program is unacceptable. Tournament style performance rankings that measure an individual's performance relative to others, instead of recognizing personal achievement or the attainment of certain thresholds regardless of how others perform is not only unfair, but ultimately will ensure that physicians become competitors, rather than collaborators, on quality improvement.
- The determination of quality medical care must be made by the medical profession - and ultimately by the patient - rather than the government or others. The current proposal appears to reinforce, rather than minimize, the Center for Medicare & Medicaid Service's role in developing quality metrics.
- Patients must be afforded the opportunity to maintain control over their own medical decisions, and the failure to include a patient-shared billing option will ultimately prevent patients from being treated by the physician of their choice.

Let me reiterate we want the process to continue and a repeal of the SGR with a system that ensures patient access.

**Blue Cross Blue Shield of Georgia/State Health Benefit Plan**
Please find attached the recording of the Town Hall we had with Blue Cross Blue Shield and their administration of the State Health Benefit Plan. [http://www.mag.org/news/articles/bcbs-shbp-recording](http://www.mag.org/news/articles/bcbs-shbp-recording). We want to thank Blue Cross Blue Shield and the Department of Community Health for their participation in the call.

**Georgia Composite Medical Board (GCMB)**
The GCMB released proposed rules for telemedicine that can be found at [http://medicalboard.georgia.gov/sites/medicalboard.georgia.gov/files/related_files/site_page/rule36-03-.07.pdf](http://medicalboard.georgia.gov/sites/medicalboard.georgia.gov/files/related_files/site_page/rule36-03-.07.pdf). These proposed rules have minor changes to the previously proposed rules. Please send any comments to Trish Yeatts at pyeatts@mag.org. This is a second request.

**SB 141 – Patient Injury Act**

**Health Insurance Exchanges**
Please see the following MAG resource on things to consider when evaluating participation in the health insurance exchanges - [http://www.mag.org/news/articles/ppaca-exchange-resource](http://www.mag.org/news/articles/ppaca-exchange-resource).

**Charity Care**
MAG is very interested to hear your story of providing charity care to your patients. Many times this issue is overlooked in the debate. For example, Dr. Indran Krishnan, longtime MAG member, saw a patient in need of a colonoscopy and waived his fee and agreed to cover the any expenses incurred for a facility fee, pathology, etc. This is just one example of the stories of charity care that you provide to your patients and we need to hear these stories. Please send me your stories at dpalmisano@mag.org.

**Update on House of Delegate Actions**
• MAG brought a number of resolutions to the AMA House of Delegates in November as directed by our House of Delegates. I have attached a tracking sheet showing the AMA actions on these issues.
• Resolution 115A.13 (MAG-GHA Collaboration) – MAG has met with GHA to begin discussions on projects that the two organizations can work together. This is will be an ongoing action that we will provide periodic updates.

2014 General Assembly
The Board of Directors approved the 2014 Legislative Priorities for the 2014 General Assembly, which can be found at http://www.mag.org/advocacy/take-action/legislative-priorities. I would encourage all the specialty societies to send us your agenda and we will distribute amongst organized medicine.

Save The Dates
Please make a note of the following dates in 2014:
• July 25/27 – Organized Medicine Summer Legislative Meeting

As always, if you should have any questions, please do not hesitate to call.

Donald

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