

An active September in the nation's capital

By Jill Rathbun

September can be a very interesting month in Washington, and this year proved to be more interesting than usual or expected. Even before the August recess started, anticipation was building for Pope Francis' visit and address to Congress, not to mention the brewing fight over federal spending and the Sept. 30 deadline for keeping the government open. Little did we know in August that it would also bring several released reports that would impact imaging services. Then more: The resignation of Speaker John Boehner, paving the way for one last attempt at a "grand budget bargain" that could include instructions for Medicare/entitlement reductions before he departs. And even more: Anticipated progress on a piece of legislation regarding hospitals and their policies and payments that could open the door for site-neutral payments, a policy that the imaging community has long had concerns with.

Here are some other matters that health care professionals should know about and look into:

IOM Report of Sept. 22: Improving Diagnosis in Health Care

On Sept. 22, the Institute of Medicine (IOM) released a report entitled, "Improving Diagnosis in Healthcare" as a continuation of their landmark studies: "To Err is Human: Building a Safer Health System" (2000); and "Crossing the Quality Chasm: A New Health System for the 21st Century" (2001). This new report has a series of recommendations for our nation's health care system to address the issue of diagnostic errors or misdiagnosis, with an emphasis on diagnostic team members and the diagnostic process, as well as patient and clinician communication. There is a discussion regarding imaging services in Chapter 2 of the report about the integration of these services into the diag-

nostic process and the need for communication and training regarding these services, as well as their appropriate use. To read more about this sentinel report, please visit <http://iom.nationalacademies.org/Reports/2015/Improving-Diagnosis-in-Healthcare.aspx>

GAO Report: 'Medicare: Consideration for Expansion of the Appropriate Use Criteria Program'

On Sept. 30, the General Accounting Office (GAO) released a report entitled, "Medicare: Consideration for Expansion of the Appropriate Use Criteria Program," and while the report was focused on the expansion of Appropriate Use Criteria (AUC) to pathology and radiation oncology services it did reiterate points regarding the use of AUC in imaging. In particular, it brings back the topic of the need to have a mechanism to tie the use of the AUC to the service that is being ordered to make it effective. This is an important component of the Appropriate Use Criteria program for imaging, starting in January 2017. Otherwise, there is no way to ensure that the value to the health care system of AUC will be realized, such as the use of ultrasound first for the diagnosis of shoulder pain versus MRI. To read more about this report, please visit <http://www.gao.gov/products/GAO-15-816>

Short-Term Spending Bill, Entitlement Reforms and Cuts to Medicare Funding

Also on Sept. 30, President Barack Obama signed a short-term spending bill to keep the government open and operating at its current levels until Dec. 11. As part of his press conference after signing the bill, the president stated that this is the last short-term spending bill that he is willing to sign during his presidency, and that a budget agreement

needs to be reached to allow for the annual appropriations process to be completed for FY 2016, and then allowed to go forward for FY 2017. Due to the sequestration caps on both domestic and defense spending, Congress has not been able to agree on funding bills for FY 2016. With Speaker Boehner resigning, there was not much time for the leadership to reach a deal. And in getting a deal last time there was a need to include entitlement reforms/cuts to enable Republicans to agree with the spending increases. When we say entitlement reforms what we really mean are cuts to Medicare funding. Since reimbursement for imaging services has been cut at least 13 times in these types of scenarios, there is reason for concern. Also, with the Ways and Means Committee working on legislation regarding payments to hospitals, it again brings up the concept of site-neutral payments. In that legislative discussion the issues of payment equality between short-term hospital stays and hospital outpatient stays are in the spotlight. While this is not specific to imaging services, it could have a negative overall impact on hospital reimbursement and available dollars for capital purchases. So please come back and read this column next month to learn how this all pans out and what the end of the year may hold for imaging services and appropriate diagnosis.



About the author: Jill Rathbun is managing partner at Galileo Consulting Group in Arlington, Virginia. She will be commenting for HealthCare Business News on issues of interest to

health care professionals.

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