



# THE DOCTOR WILL SPEAK UP NOW

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Physician advocacy in **action**

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# OBJECTIVES

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## 01

Illustrate the intersection between physician advocacy & the physician's professional identity

## 02

Summarize the key facets of successful advocacy initiatives

## 03

Integrate advocacy tools across all levels of influence & involvement

# DISCLOSURE

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- I have no financial stake in any organization mentioned herein.
- I am a COPIC consultant.





# ABOUT ME

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- MPH in Health Policy
- Worked in US Senate
- Leader in organized medicine & physician advocacy
- Daughter of 2 lawyers



Professionalism is the basis of  
**medicine's contract with society.**

The Physician Charter, 2002

# Advocacy & Professionalism

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## **AAMC**

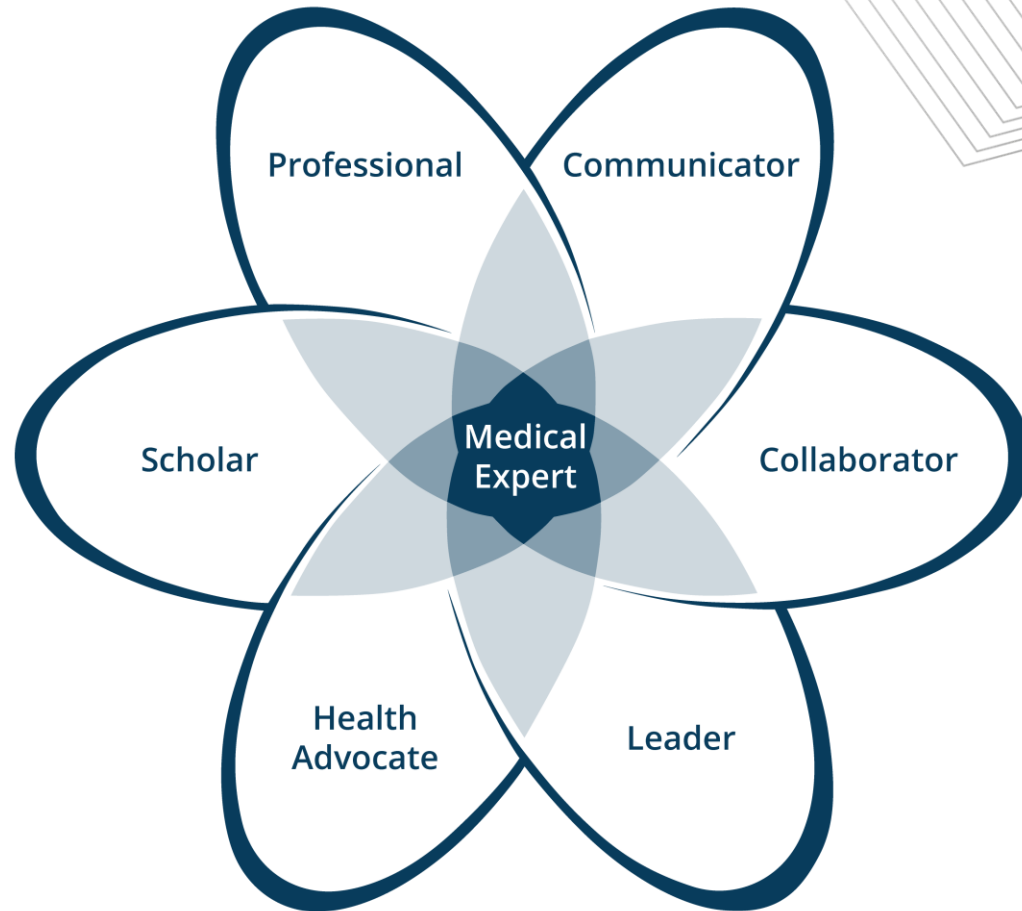
A commitment to system improvement “must begin in the earliest stages of health professional education and training [and] is critical to the professional formation of a physician”

## **ACGME**

“Residents must demonstrate competence in advocating for quality patient care & optimal patient care systems.”

## **AMA Code of Ethics**

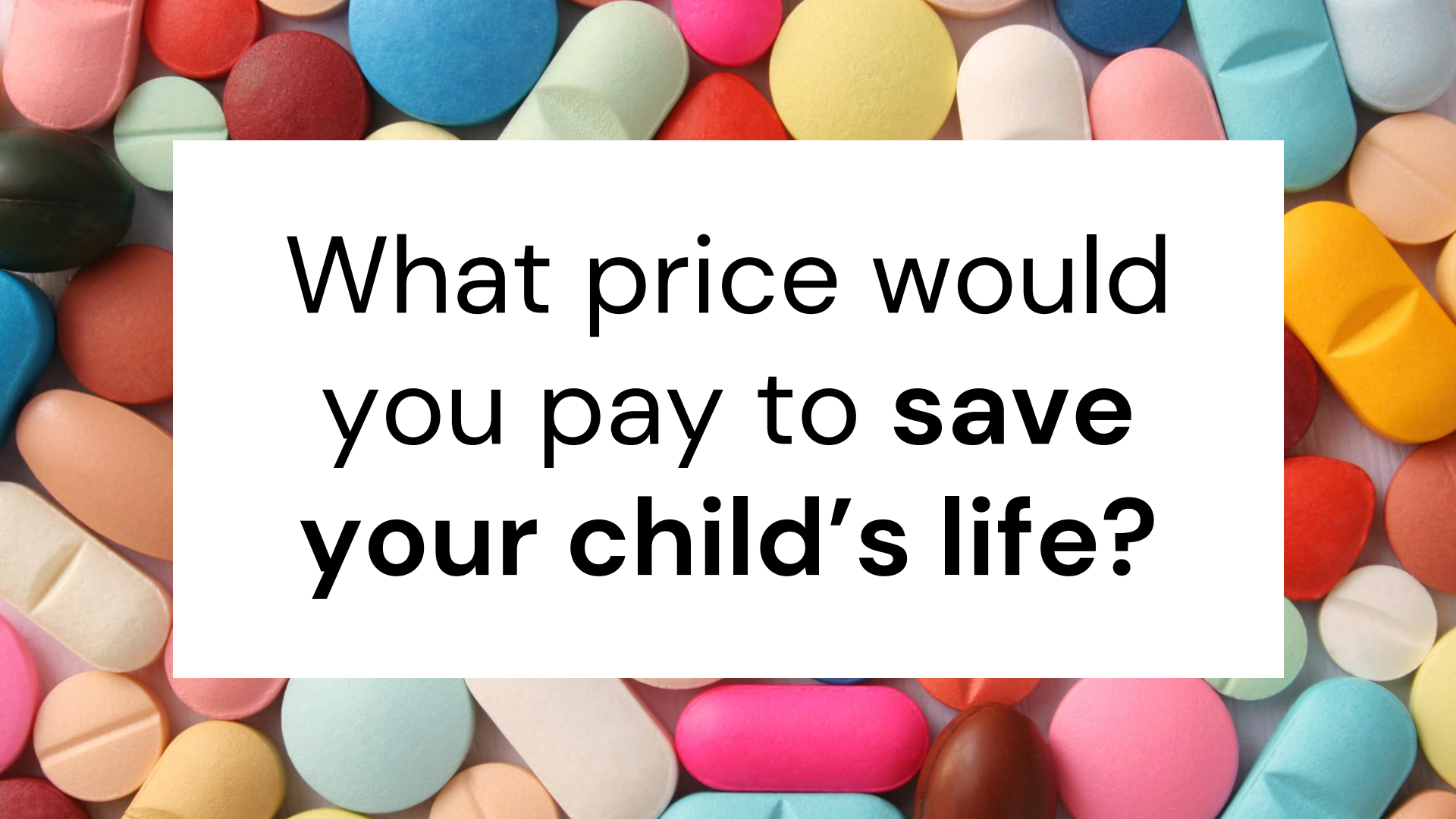
“Physicians have an ethical responsibility to seek change when they believe the requirements of law or policy are contrary to the best interest of patients”





The moral high  
is less scenic  
**when no one  
else shares  
the view.**

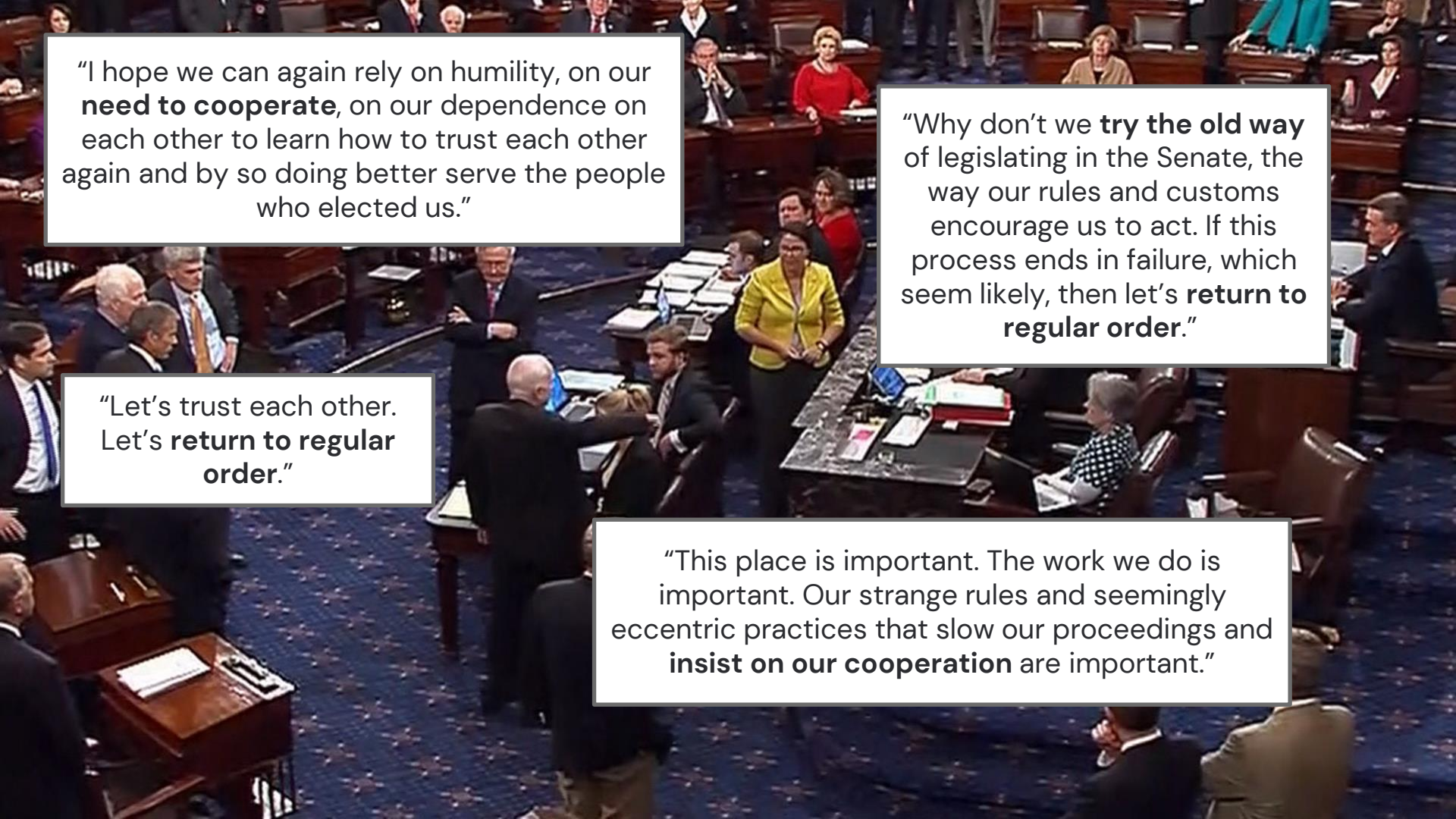




What price would  
you pay to **save**  
**your child's life?**

**Listen to  
understand,  
not to argue.**





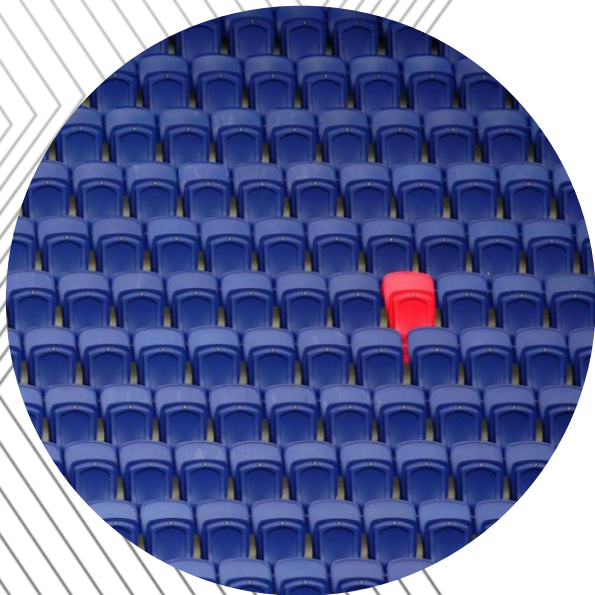
"I hope we can again rely on humility, on our **need to cooperate**, on our dependence on each other to learn how to trust each other again and by so doing better serve the people who elected us."

"Why don't we **try the old way** of legislating in the Senate, the way our rules and customs encourage us to act. If this process ends in failure, which seem likely, then let's **return to regular order.**"

"Let's trust each other.  
Let's **return to regular order.**"

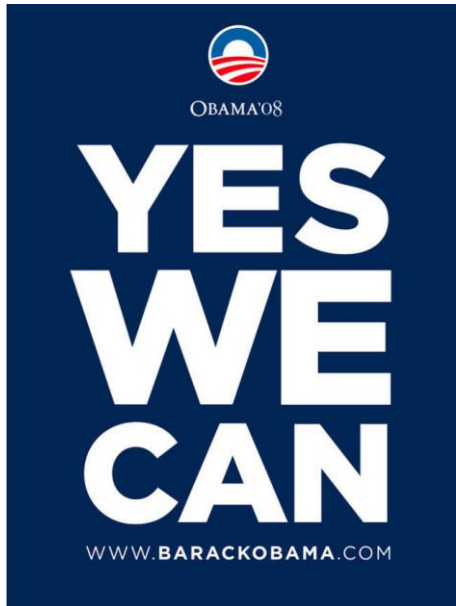
"This place is important. The work we do is important. Our strange rules and seemingly eccentric practices that slow our proceedings and **insist on our cooperation** are important."







**SLOGANS ARE  
FOR T-SHIRTS**





# DIFFERENT PAYMENT PATHWAYS

(MIPS or advanced APMs)

## MIPS

(Merit-based Incentive Payment System)

## APMs

(Alternative payment models)

## ELIGIBLE CLINICIANS

Default payment pathway for clinicians, other than those with low Medicare volume or participants in advanced APMs.

Alternative to MIPS for clinicians with significant participation in risk-bearing APMs.

## PAYMENT IMPACT

Sliding scale bonuses and penalties ranging from 4% in 2019 to 9% starting in 2022.

Bonus of 5% of Part B professional services payments in 2019-2024.

## EVALUATION CRITERIA

Performance evaluated based on:

- Quality
- Improvement activities
- Resource use
- Advancing care information (EHR)

Percentage of care delivered through an advanced APM. Individual APMs incorporate cost and quality metrics, but with no impact to bonus.

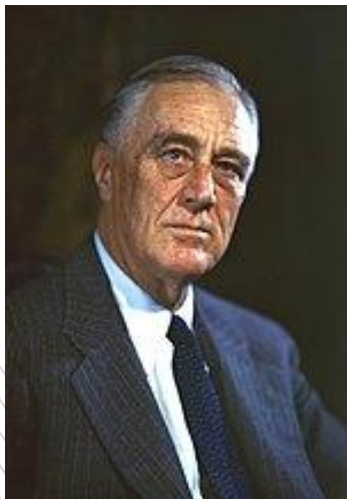


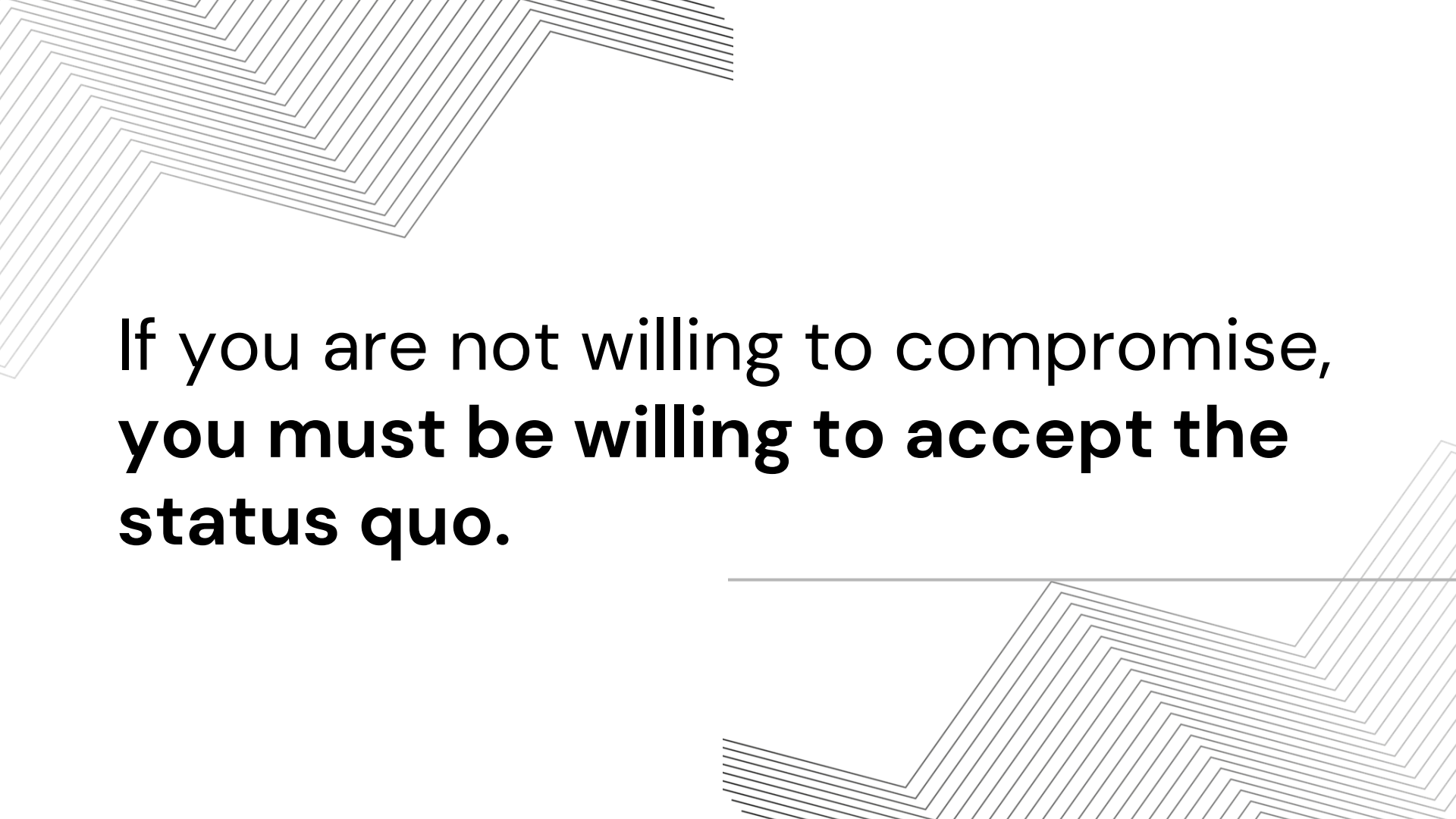
**Advocacy is a subway, not a  
bullet train.**

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If you are not willing to compromise,  
**you must be willing to accept the  
status quo.**





# REVIEW

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01

Health care professionals have a responsibility to advocacy

02

Superior ideas matter little when no one else agrees with them

03

Recognizing the needs & wants of all interested parties is essential

04

A policy without a plan is just an idea

05


Advocacy is a long road with frequent delays

06

Know where you can find common ground & where your red line is



THANK YOU!



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