

Jeff Susman, MD
Editor-in-Chief



Payment reform: It's time to get real!

Recently I had the opportunity to participate in the American Academy of Family Physicians (AAFP)'s Primary Care Valuation Task Force, which is tackling the issue of value and payment for primary care services by the Centers for Medicare and Medicaid Services (CMS). This all-star cast discussed many innovative means of improving the current Resource-Based Relative Value Scale (RVS) and correcting deficiencies in the American Medical Association/Specialty Society Relative Value Update Committee, or RUC. Enhancing payment for existing evaluation and management codes, adding payments for tasks such as care management, and increasing transparency and primary care representation at RUC were among the options we discussed.

Frankly, I worry that our wishes will be granted, but fundamental disparities in physician payment will persist.

One of the basic tenets of quality improvement is to eliminate work-arounds and processes that are dysfunctional and don't add value. RVS and RUC are two

such anachronisms; both have been flawed from their inception. As some individuals argued at the AAFP's Annual Scientific Assembly Congress of Delegates, there has never been a more auspicious time to speak truth to power and walk away from the RUC table.

I applaud the AAFP's wisdom in exploring modifications to RUC and alternatives to the existing RVS, but I firmly believe that we need to make a more potent political statement. The time for reasoned argument and careful consideration is past. While I suspect that the recently filed lawsuit against CMS will

be futile, at least it is calling attention to the shackles of payment inequity that primary care physicians face.

It is time for the AAFP to walk away from the RUC and demand real payment reform. The time has come for a new accountability to primary care physicians and the public to ensure that all Americans get the care they deserve.

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