

BOARD OF GOVERNORS SPRING MEETING ALEXANDRIA, VA MARCH 2018



HIGHLIGHTS

- Interactive State OTO Society Roundtable
- Approved – New AAO-HNS State and Local Society e-mail process approved by the EC! Details coming soon on BOG web page at www.entnet.org
- BOG Governor, Regional Rep, Legislative Rep, Socioeconomic and Grassroots (SEGR) Rep Toolkits for all AAO-HNS members to access and utilize at www.entnet.org
- Multiple Legislative Victories
- Engaging panel sessions by YPS, SRF, WIO, DIC
- Continued Reg-ent Growth and Expansion



- **Increased Visibility of World Hearing Day**



- The AAO-HNS joined others in the hearing health community to draft a Congressional Resolution designating March 3 as World Hearing Day.
- Resolution introduced in the U.S. House of Representatives in March 2018.

- **Repealed the Independent Payment Advisory Board (IPAB)**



- Created by the Affordable Care Act, the IPAB was charged with modifying Medicare payment policy with limited Congressional oversight.
- Repeal signed into law in February 2018.



- **Defeated Proposed Cuts to Medicare Physician Payments**

- An SGR-like proposal relating to “mis-valued codes” was included in a Congressional spending bill and would have resulted in cuts to Medicare physician payments.
- Provision successfully removed in February 2018.



- **Secured Funding for Early Hearing Detection & Intervention (EHDI) Programs**

- This EHDI reauthorization effort sought to continue funding through 2022 for statewide plans that identify children with hearing loss and provide access to early intervention services.
- Bill signed into law in October 2017.



- **Ensured Key Patient Protections in OTC Hearing Aid Proposal**
 - ✓
 - An AAO-HNS amendment identifying “medically treatable causes of hearing loss” was added to legislation creating a category of over-the-counter (OTC) hearing aids.
 - Amended bill signed into law in August 2017.

- **Led Coalition Effort Opposing Audiology Scope Expansion**
 - ✓
 - The AAO-HNS spear-headed opposition to the inappropriate expansion of audiology’s scope of practice and re-classification of audiologists as “physicians.”
 - Letter garnered over 130 signatories from national, state, and local medical organizations.



- **Information Blocking by Electronic Health Record (EHR) Vendors**
 - AAO-HNS is strongly opposed to obstructive practices of some EHR vendors who refuse or make it difficult to transfer patient data to clinical data registries, such as Reg-ent.
 - The AAO-HNS urges Congress to work with the Office of the Inspector General (OIG) and the Office of the National Coordinator for Health Information Technology (ONC) to promulgate rules to implement information blocking protections included in the 21st Century Cures Act.



■ **Cost Domain of MACRA/MIPS**

- The AAO-HNS, and the broader physician community, have significant concerns with the cost domain included in MIPS quality reporting.
- While the AAO-HNS appreciates the recent flexibility given to CMS to reduce weighting of the cost domain for an additional three years, Congress must direct CMS to finalize and release a full set of episode-based cost measures in 2018.
- Otherwise, how can physicians be expected to improve if they are uncertain of how they are being measured?
- Until CMS clearly determines how scoring will be measured, the AAO-HNS urges Congress to specifically direct the agency to weight the cost measure at no greater than 10 percent.



- **Scope of Practice**
 - AAO-HNS strongly opposes the “**Audiology Patient Choice Act**” (H.R. 2276/S. 2575).
 - Inappropriately expands audiologists’ scope of practice, granting direct access to Medicare patients by removing current physician referral requirements.
 - Re-classifies audiologists as “limited license **physicians**” under Medicare.
 - The AAO-HNS urges Members of Congress to oppose (not co-sponsor) H.R. 2276/S. 2575 or similar legislation.



- **ENT PAC**, the political action committee of the AAO-HNS, is a **NON-PARTISAN, ISSUE-DRIVEN** entity created to advance and protect the interests of the specialty on Capitol Hill.
- The stronger our PAC (dollars raised, number of Investors), the stronger our collective voice on our federal legislative priorities.
- Reminder: AAO-HNS membership dues cannot be used for political purposes.
- **NEW www.entpac.org website!**
 - Login using your AAO-HNS ID and password.

*Contributions to ENT PAC are not deductible as charitable contributions for federal income tax purposes. Contributions are voluntary, and all members of the American Academy of Otolaryngology-Head and Neck Surgery have the right to refuse to contribute without reprisal. Federal law prohibits ENT PAC from accepting contributions from foreign nationals. By law, if your contributions are made using a personal check or credit card, ENT PAC may use your contribution only to support candidates in federal elections. All corporate contributions to ENT PAC will be used for educational and administrative fees of ENT PAC, and other activities permissible under federal law. Federal law requires ENT PAC to use its best efforts to collect and report the name, mailing address, occupation, and the name of the employer of individuals whose contributions exceed \$200 in a calendar year.



- **Goal:** Recruit “key contacts” for all Members of Congress.
 - 435 Members of the U.S. House of Representatives
 - 100 Members of the U.S. Senate
 - Territories (six) also included
- **Purpose:** By using coordinated email and phone campaigns, we can improve our outreach to federal legislators when major issues impacting the specialty are debated by Congress.
- Sign up at www.entnet.org/advocacy. The commitment is minimal, but the impact is immense!





- Nearly **150** AAO-HNS physician volunteers monitoring legislation across the nation.
 - AAO-HNS State Trackers meet monthly during state sessions to collaborate and identify trends.



- I-GO: Dedicated to finding opportunities for AAO-HNS members to meet **LOCALLY** with candidates and elected officials.
 - Participate in face-to-face meetings, practice visits, fundraisers, townhalls, etc.



- Join a network of nearly **2,000** of your colleagues to receive the latest updates on legislative and political activities.
 - Receive *The ENT Advocate* monthly – a **FREE** member benefit!



- **Scope of Practice:**
 - Audiologists/SLPs
 - Hearing Aid Dispensers
 - Dentists
 - Advance Practice Nurses
 - Physician Assistants
 - Pharmacists
- **Specialty-Specific Issues:**
 - Hearing Aid Coverage/Mandates
 - Prior Authorization
 - In-Office Compounding
 - Hearing Aid Dispensing
- **Broader Medicine:**
 - Board Certification/MOC
 - Medical Liability Reform
 - Balanced Billing
 - Telemedicine





The AAO-HNS actively participates in numerous coalitions to further **strengthen our voice** to advance the Academy's state and federal legislative priorities, including:

- Surgical Coalition
- Deaf and Hard of Hearing Alliance (DHHA)
- Friends of the Congressional Hearing Health Caucus (FCHHC)
- Health Coalition on Liability and Access (HCLA)
- PARTNERS (tobacco-related issues)
- Truth-in-Advertising Coalition
- IPAB Repeal Coalition
- Coalition for Patient Centered Imaging (CPCI)
- GME and Workforce Coalition
- Button Battery Taskforce





3P works with Committees and Academy experts to provide input on national private payer medical policies.

▪ **United Healthcare**

- Balloon Sinus Ostial Dilation
- Hearing Aids and Devices Including Wearable, Bone-Anchored and Semi-Implantable Draft Medical Policies

▪ **Blue Cross Blue Shield Association**

- Injectable Bulking Agents for Vocal Cord Insufficiency considered the **standard of care**
- Balloon Dilation of the Eustachian Tube

▪ **Anthem**

- Academy input included in the new Diagnostic Fiberoptic Flexible Laryngoscopy Medical Policy.
- **Reversal! Balloon Sinus Ostial Dilation**
- Sex Reassignment
- Balloon Dilation of the Eustachian Tube
- **Reversal! Modifier 25 Payment Reduction**



Regulatory Wins in MIPS Final Rule

- Addition of 2018 as a **second “transitional year”** to the program.
- **Expansion of the low-volume threshold exemption** by three times the amount: $\leq \$90,000$ in Part B allowed charges or ≤ 200 Part B beneficiaries.
- Creation of **virtual groups** for 2018 reporting.
- **Help for small practices** with an exemption from the Advancing Care Information performance category and additional bonus points.
- **Postponed mandate** for physicians to upgrade to the 2015 edition certified EHR.
- **Maintenance of requirements** for the number of **quality measures** or data completeness.

Final Rule & Policy Issues

- CY 2018 **Conversion Factor is 35.9996** (CY2017: 35.8887)

- Significant changes for **FESS and BSD** family of codes.
 - Codes captured in CMS screen.
 - AAO-HNS required to bundle/create new codes.
 - Task force developed: AAO-HNS, ARS, AAOA.
 - RUC survey results demonstrated lower intraservice time.
 - CMS considered further reductions, but due to AAO-HNS advocacy, it elected to finalize the RUC-recommended values.
 - Result: decreases from -7.9% to -23.6%.



- **Hospital Outpatient Prospective Payment System (HOPPS) and Ambulatory Surgical Center (ASC) Payment Systems FINAL RULE**
 - CMS finalized proposed ASC payment for new bundled sinus codes.
 - In response to AAO-HNS comments, CMS will re-visit the payment rate for the new endoscopic sinus codes as data become available to ensure the payment rate is aligned with ASC costs.

- **Hospital Inpatient Prospective Payment System FINAL RULE - WIN**
 - AAO-HNS coordinated with Intersociety Accreditation Commission to submit parallel comments.
 - CMS decided **NOT** to finalize the proposal that would have required public posting of all Medicare advanced diagnostic imaging final accreditation survey reports and Acceptable Plans of Corrections (POCs).



Private Payer Template Appeal Letters

Coding Resources

Coding Changes for CY 2018 and Top 100 ENT Billed Services for CY 2018

New! CPT for ENT on Changes to the FESS and BSD Family of Codes for CY 2018

Position Statements

2017 Socioeconomic Survey Data

Clinical Indicators

MIPS Resources

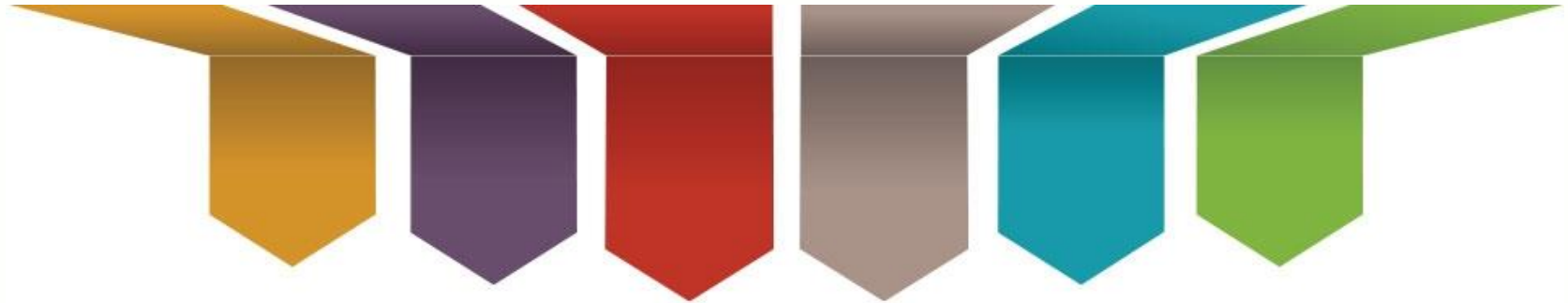
New! 2018 MIPS brochure

Visit www.entnet.org to access
or contact healthpolicy@entnet.org for more information!



AMERICAN ACADEMY OF
OTOLARYNGOLOGY-
HEAD AND NECK SURGERY

AAO-HNSF Clinical Data Registry



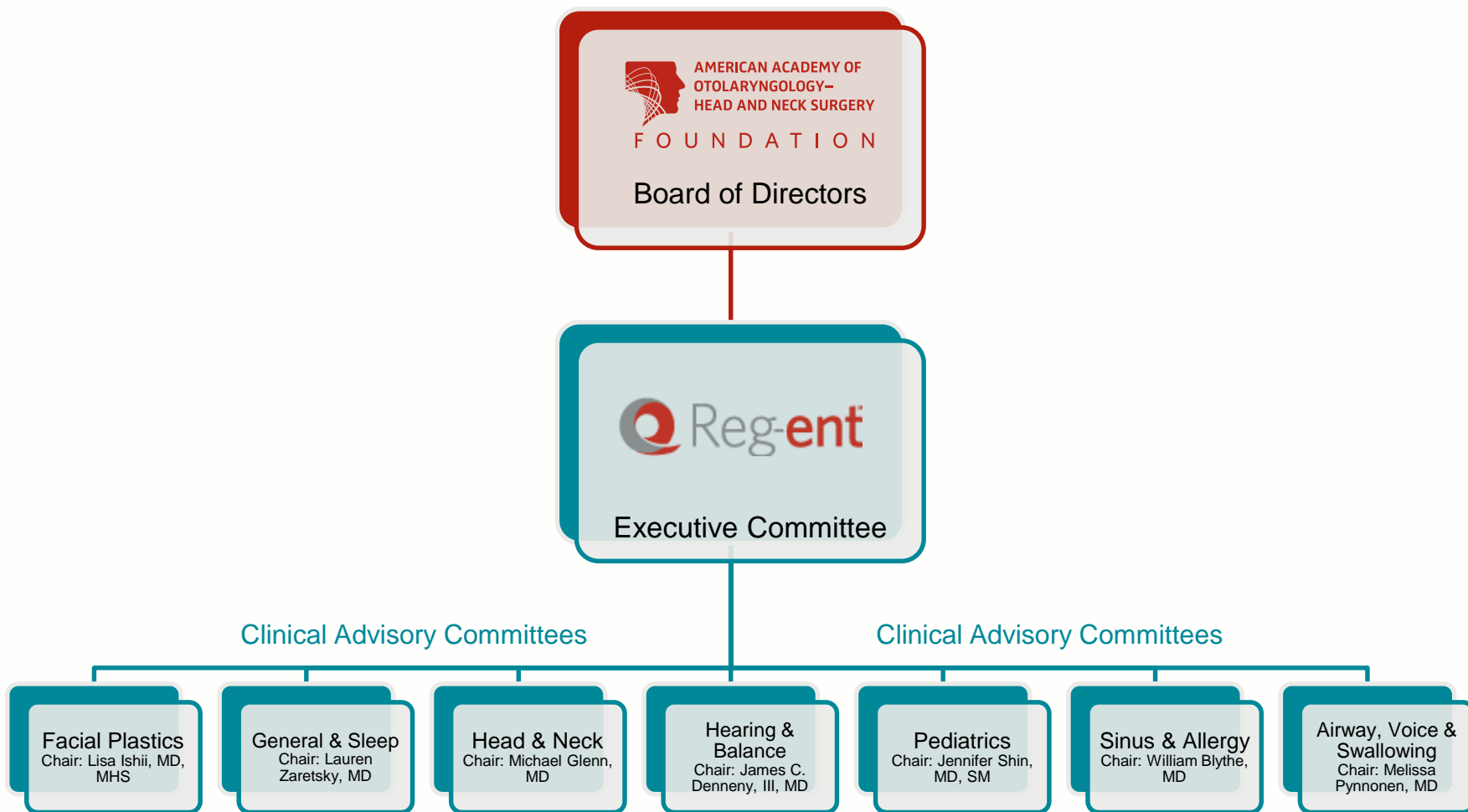
 Reg-entSM

ENT CLINICAL DATA REGISTRY



Reg-ent Actions Completed: 2016-17

- **Reg-ent** opened to full membership in July 2016
- Fully launched at the AAO-HNSF Annual Meeting in September 2016
- **Reg-ent** was approved as a Qualified Registry and Qualified Clinical Data Registry by CMS in both 2016 and 2017. We must reapply each year for this designation
- Reg-ent Executive Committee formed in May 2016 for oversight/governance





- 5 million unique patients
- 11 million total patient encounters
- 2,000 clinician members; 1650 currently contributing data



Value for All - Reg-ent:

- Most importantly, Reg-ent **allows otolaryngologists to define quality for the specialty**
 - Quality measures NOW
 - Quality measures still to be identified
- Allows for **visual representation of your data**, providing benchmark comparison to peers within practice and nationally
- **Values the services** provided by otolaryngologist—head and neck surgeons in all iterations of **future payment models**
- Reg-ent contains **otolaryngology specialty-specific quality measures**—19 new measures available only in Reg-ent

- First phase of the registry – Reporting to CMS
- Essential service and value for many members, regardless of place of practice or type of specialty
- Merit-based Incentive Payment System (MIPS)
 - Reporting tool + reporting support
 - Quality measures + ACI + IA
 - MIPS dashboard
 - Web entry/upload tool for those w/o EHR



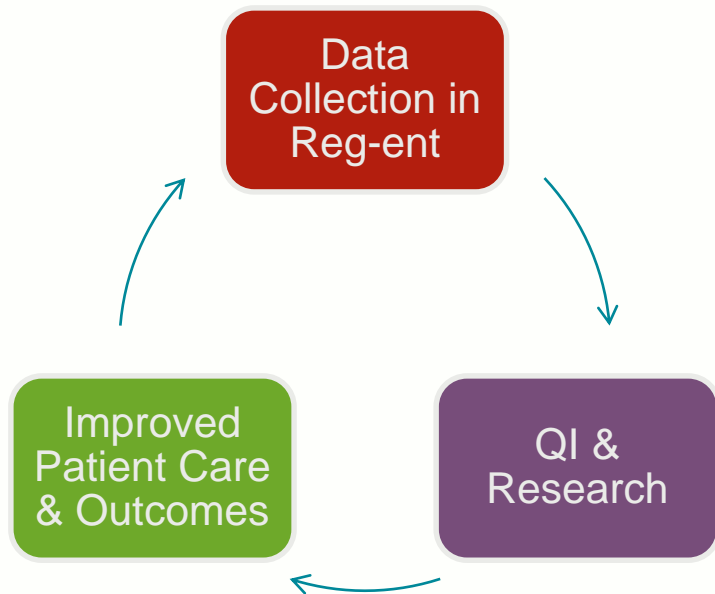
- 63 measures available for MIPS 2018 reporting
 - 44 publicly available QPP measures
 - 19 Reg-ent only, QCDR measures
- Measures are the foundation of the registry's data dictionary (i.e., all the data elements collected in the registry)
- Data is used to develop new measures, support QI, research, advocacy efforts and more



Specialty-Specific Measures Available for MIPS 2018 Reporting

Otitis Media with Effusion	AAO 8 - Otitis Media with Effusion: Antihistamines or Decongestants - Avoidance of Inappropriate Use AAO 11 - Otitis Media with Effusion: Avoidance of Topical Intranasal Corticosteroids AAO 20 - Otitis Media with Effusion: Hearing Test AAO 21 - Audiometry for Chronic Otitis Media with Effusion in Children AAO 26 - Otitis Media with Effusion: Diagnostic Evaluation - Assessment of Tympanic Membrane Mobility AAO 27 - Otitis Media with Effusion: Resolution of Otitis Media with Effusion in Children AAO 28 - Otitis Media with Effusion: Resolution of Otitis Media with Effusion in Adults	Cerumen Impaction	AAO 15 - Percentage of Patients with Cerumen Impaction and a Suggestive History of Non-intact Tympanic Membrane Who Receive Just Manual Removal AAO 18 - Percentage of Visits with Patients with Hearing Aids Where Otoscopy is Routinely Performed
Allergic Rhinitis	AAO 22 - Percentage of Patients with Allergic Rhinitis Who Do Not Receive Sinonasal Imaging for Allergic Rhinitis AAO 23 - Percentage of Patients with Allergic Rhinitis Who Are Offered Intranasal Corticosteroids or Oral Antihistamines AAO 24 - Percentage of Patients with Allergic Rhinitis Who Do Not Receive Leukotriene Inhibitors AAO 25 - Percentage of Patients with Allergic Rhinitis Who Do Not Receive IgG-based Immunoglobulin Testing	Age-related Hearing Loss	AAO 16 - Audiometric Evaluation for Older Adults with Hearing Loss AAO 17 - Advanced Diagnostic Imaging of Bilateral Presbycusis or Symmetric Sensorineural Hearing Loss-Avoidance of Inappropriate Use AAO 19 - Shared Decision Making for Treatment Options for Bilateral Presbycusis or Symmetric Sensorineural Hearing Loss
Bell's Palsy	AAO 13 - Inappropriate Use of Magnetic Resonance Imaging or Computed Tomography Scan for Bell's Palsy (Inverse Measure) AAO 14 - Inappropriate Use of Antiviral Monotherapy for Bell's Palsy (Inverse Measure)	Tympanostomy Tubes	AAO 12 - Topical Ear Drop Monotherapy for Children with Acute Tympanostomy Tube Otorrhea

Beyond Reporting: Research & Quality Improvement



FUTURE USES AND PLANS

- Private Payer incentive programs
- Advocacy efforts
- Maintenance of Certification
- Continued development of specialty-specific measures
- FDA post-market product surveillance; discussions have taken place and continue between Academy and FDA



- Reg-ent is able to work with a wide variety of EHRs (including locally hosted as well as cloud-hosted).
 - **EHR Challenge: Some may block data or charge fees to access your data**
 - **AAO-HNS is advocating on behalf of members through the Registry Coalition to prevent data blocking by EHRs and to address excessive fees**

- Data transfer methods differ depending upon where performance data is housed:
 - **Data housed on your server:**
 - Data is **pulled** into Reg-ent, using a Registry Practice Connector (RPC).
 - Ramp up time is shorter and the integration is more seamless to the participant.
 - **Data housed in the cloud:**
 - Data is **pushed** to Reg-ent.
 - Both Reg-ent and the participant must rely on the EHR vendor.
 - Ramp up time is longer and requires more involvement by the participant in the data transfer and review process.
 - Fees may be charged by the EHR vendor for access.

- Reg-ent website:
 - www.reg-ent.org

- Reg-ent Practice Toolkit
 - <http://www.entnet.org/content/regent-practice-toolkit>

- Reg-ent 2018 Quality Measures
 - <http://www.entnet.org/content/reg-ent-mips-2018-measures>

- EHR vendors and data transfer information
 - <http://www.entnet.org/content/regent-compatible-emrs-and-practice-management-systems>

- Additional Reg-ent Resources
 - <http://www.entnet.org/content/reg-ent-resources>



The **BOG General Assembly and
committee meetings**

held in conjunction with the

**AAO-HNSF 2018 Annual Meeting &
OTO Experience**

has changed to

Saturday, October 6, 2:30 – 5:30 pm.



SAVE–THE–DATE!

- Plan to attend the BOG Spring Meeting and Leadership Forum in 2019!
- Friday April 26, 2019 – Sunday April 28, 2019
- Westin Alexandria, 400 Courthouse Square, Alexandria, VA
 - State OTO Society Roundtable
 - Great Speakers and Critical Updates for Your Practice’s Improvement in Practice Management, Legislative Affairs, Socioeconomic and Grassroots Issues, and Society Engagement
 - FREE registration for AAO-HNS members
 - Share ideas and rekindle friendships with colleagues and Academy leadership