



# Taking a 'seat at the table' in DC

■ NATHAN NEWMAN, MD, FAAFP

The new UCAOA Health & Public Policy Committee will guide an advocacy agenda with goals and objectives to include:

- Increasing recognition of urgent care centers as a high-quality, cost-efficient and convenient site of service;
- Defining and integrating the role of urgent care centers in a rapidly changing health care delivery environment;
- Ensuring reimbursement appropriately reflects the value and cost of care provided in the urgent care center setting;
- Encouraging the adoption by public and private payors of resource use and quality measures to appropriately reflect health care services provided in urgent care centers;
- Preserving the ability of urgent care centers to utilize ancillary services (e.g., imaging, laboratory, and durable medical equipment); and
- Influencing federal policies and initiatives to support and integrate the delivery of health care services by urgent care centers.

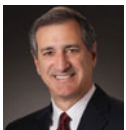
In December, I was accompanied on a trip to Washington, DC, by a team of members including Committee Chair and UCAOA Vice President Laurel Stoimenoff, Secretary Steve Sellars, Treasurer Dr. Rob Kimball, local committee member Dr. Bob Graw, Camille Bonta of Summit Health Consulting, and CEO Joanne Ray. We met with key leaders of the Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services, National Conference of State Legislatures (NCSL) Health Resources and Services Administration, and the Office of Carrier, Driver, and Vehicle Safety Standards of the Federal Motor Carrier Safety Administration in the U.S. Department of Transportation (DOT).

Each meeting resulted in recognition of the integral role that urgent care centers will play, well-defined action items, and planned follow-up meetings to engage urgent care centers in the health care delivery systems of our communities going forward. Notable highlights include:

- **CMS:** Educating consumers to support emergency room diversion programs and defining challenges that urgent care center physicians face in meeting requirements for CMS' quality programs such as the Physician Quality Reporting System (PQRS) and complying with policies for use of the Physician Value-based Payment Modifier, identifying types of measures appropriate for physicians practicing in the urgent care center setting so that urgent care center physicians are not unfairly penalized, (e.g., consider use of the place of service code for better risk/acuity adjustment and for peer group assignment under the VBP modifier) and working with CMS's Creative Services Department to incorporate urgent care centers in patient/beneficiary materials.
- **NCSL:** Identifying potential barriers that would prevent individuals who enroll in exchanges from using urgent care centers as a "regular" source of appropriate care, determining how states can make Medicaid attractive to more urgent care centers, and capitalizing on opportunities to educate state legislators about urgent care centers.
- **DOT:** Emphasizing the high percentage of urgent care centers that perform DOT examinations, seeking clarification on obstructive sleep apnea rules/guidance and improvements to the long form, and clarifying the role that UCAOA can play in adding DOT Medical Examiner Certification testing and training at our Spring Convention 2014.

Our Committee will focus on continuing efforts to be "at the proverbial table" where health care legislation and programs are being discussed. This year marks the full implementation of the Affordable Care Act and UCAOA will be the voice of the urgent care industry and the place to go for information.

Don't forget to make plans for the Annual Spring Convention, March 17-20 in Las Vegas, where more information on health care reform for urgent care will be discussed! ■



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