From the President's Desk: From representation to RUC, reasons to join AMA

Gene N. Herbek, MD

August 2014—It was my good fortune to be introduced to practice by a group of pathologists with a tradition of robust professional engagement. In residency or shortly thereafter, all of us joined the CAP, our state pathology society, state medical society, and the AMA because we were brought to understand it was the right thing to do. Explicitly and by example, mentors and partners have taught me a lot.

When I was a resident in pathology at the University of Nebraska Medical Center, C.A. McWhorter, MD, the 1969–1971 CAP president, was our department chair. Dr. McWhorter encouraged us to make a real commitment to organized medicine. "I can't tell you to do it," he said. "I can only tell you that it's valuable, important, and rewarding."

Dr. Herbek

John R. ("Rudy") Schenken, MD, was a founding father of the CAP and the American Board of Pathology. His son, Jerald Schenken, MD, a member of the AMA Board of Trustees, often left encouraging notes in his younger colleagues' mailboxes. I thought of Dr. Jerald Schenken during the AMA interim meeting in November, when Lauren Cooper King, MD, a hematopathology fellow at Houston Methodist Hospital, was elected an AMA Resident/Fellow Section delegate. Dr. King would have been on the receiving end of one of Dr. Schenken's scribbled notes.

We are visible within the AMA; pathologists often serve in leadership posts. AMA president-elect Steven J. Stack, MD, who is a hospital-based physician, found time to sit down with our group for an informal conversation during this year's meeting. James L. Caruso, MD, Denver's chief medical examiner, is now chair-elect of the AMA Specialty and Service Society, the largest caucus within the AMA House of Delegates, representing more than 130 national medical societies, military service groups, and professional interest medical associations. (Dr. Caruso and Robert M. Wah, MD, who was sworn in as AMA president during the meeting, are fellow Navy veterans and old friends.)

James L. Madara, MD, AMA's executive vice president/CEO, is a former president of the American Board of Pathology. While the AMA has always been committed to improving health care for all Americans, I like to think that the scope of strategic initiatives now underway may also reflect the scope of his interests as a pathologist. Did

you know that the AMA commissioned a RAND study (http://j.mp/ama-rand) to look at factors that affect physician professional satisfaction? That two major initiatives to improve health outcomes are underway—one focused on uncontrolled hypertension and another to address the high prevalence of type 2 diabetes? That an AMA-organized consortium of medical schools is working to prepare the next generation of physicians for a technology-enabled team approach to patient care that targets chronic conditions and population health? All true.

I think everyone understands it is the quality of AMA advocacy around the concerns of all physicians that allows us to devote CAP advocacy resources to pathology-specific issues. Yet I have come to realize that some of our members have the mistaken idea that CAP membership defines the number of CAP delegate slots in the AMA House of Delegates. Allow me to clarify: The size of our delegation is determined by the number of CAP members who are also AMA members. The House of Delegates is medicine's policymaking body, and your AMA membership is a vote for pathology.

During the AMA meeting, the members of our small delegation are on the run from morning to night—attending hearings, taking part in educational sessions, making friends for our specialty, and presenting CAP resolutions. We owe a debt to our delegation, chaired by William V. Harrer, MD: Jean E. Forsberg, MD, Daniel C. Zedek, MD, Mark S. Synovec, MD, James L. Caruso, MD, and Susan M. Strate, MD. They enjoy the work, I know that, but they are working for all of us and should not be spread so thin.

Substantial representation for pathology in the House of Delegates and support for its many initiatives are only two of many excellent reasons for AMA membership. For example, consider the many useful scientific and technical publications published by the AMA. Who doesn't remember when guidance published in *CPT Assistant* resolved confusion around proper use of the Modifier 26 and assisted pathologists in billing for the professional component of clinical pathology services?

The AMA *Code of Medical Ethics*, another important AMA publication, was on the agenda at the annual meeting this year. The Council on Ethical and Judicial Affairs is reviewing the code for relevance, timeliness, clarity, and consistency. Some CEJA recommendations prompted debate and concern. Dr. Synovec, who chairs the AMA Pathology Section Council (a coalition within the AMA House that includes the CAP, USCAP, ASCP, American Society of Cytopathology, and National Association of Medical Examiners), spoke before CEJA about proposed changes that, if enacted, would remove language in the code that supports direct billing and strongly opposes clinician markups of laboratory or pathology services—practices that the AMA currently defines as unethical. Another concern, he said, is a section proposed for rescission that requires disclosure to the patient or payer of the actual costs of laboratory services and any charges for professional services.

These changes could have huge unintended consequences that would not be in our patients' best interests. There are implications beyond the patient care realm as well. The code is an established resource for physicians searching for guidance on ethical conduct as well as legislators and courts seeking clarity on matters of principle. This discussion will continue when CEJA reports on progress at the AMA interim meeting in November. The opportunity to make your voice heard on such matters is an excellent reason to keep your AMA membership current.

I'll mention just one more reason to support the AMA: the Relative Value Scale Update Committee, or RUC, an expert panel that is integral to the valuation of physician services. The RUC, which makes consensus recommendations to the government on the resources required to provide a medical service, is also one of medicine's most important negotiating tables, and the CAP has a permanent seat. RUC advisors advocate for their specialty while RUC members, who are not advocates, vote on all matters that come before the committee. Jonathan L. Myles, MD, who chairs the CAP Economic Affairs Committee, is the pathology advisor on the RUC; J. Allan Tucker, MD, is the CAP RUC member, and Margaret Neal, MD, is the CAP alternate. After the AMA Current Procedural Terminology editorial panel develops new and revised CPT codes, consensus recommended values are communicated by the RUC to the Centers for Medicare and Medicaid Services for consideration. The CAP's membership in the AMA House also ensures we are represented on the CPT Advisory Committee, currently by Michael McEachin, MD, MBA. This technical, transparent, and rigorous work is a valuable service and an important

part of the process that determines what we are compensated for taking care of our patients.

For a final word on reasons to become a fully engaged member of the AMA, I refer you to Dr. McWhorter. *I can't tell you to do it. I can only tell you that it's valuable, important, and rewarding.* And if that's not reason enough, join because you know you should.

Dr. Herbek welcomes communication from CAP members. Write to him at president@cap.org.