



Grassroots Newsletter

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Thank YOU!

We at SHM wanted to say thank you for the tireless work you have done throughout the duration of the COVID-19 pandemic. Your commitment to caring for patients has been an honor to witness and we are so grateful to work with you all.

Cheers to you, cheers to the vaccine, and cheers to a future made brighter by your tireless work.

Thank you and Happy New Year!

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2020: A Year in Review

In a year defined by the novel COVID-19 pandemic, SHM shifted our advocacy efforts to ensure that hospitalists' needs were met in this unprecedented public health emergency. While hospitalists were fighting on the frontlines of the COVID-19 pandemic, SHM was fighting for hospital medicine through our advocacy

efforts. Check out the infographic below to get a quick summary of our year in review.



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Mitigating Medicare Reimbursement Cuts

In December 2020, the Centers for Medicare and Medicaid Services (CMS) finalized payment rates in the Medicare Physician Fee Schedule (PFS) that included significant increases to outpatient primary care services. To offset those changes, CMS applied a budget neutrality adjustment across the entire PFS, which caused an estimated eight percent decrease in Medicare Fee for Service revenue for hospitalists. The cuts were scheduled to go into effect on January 1, 2021.

As a result of concentrated advocacy efforts from SHM and other stakeholders, Congress included partial relief from these budget cuts in their sweeping COVID-19 relief and government funding legislation. According to Congressional estimates, this newly passed legislation reduces the impact of the payment cuts by approximately half to two-thirds, effective immediately.

While we are grateful these cuts are blunted, SHM will continue to advocate for a full reversal of the reductions and for a fair valuation of hospitalists' work.

To learn more about this issue, as well as SHM's continued advocacy surrounding this issue, please [click here](#). To read a press release about the mitigation of these payment cuts, please [click here](#).

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Expanding Telehealth for the Inpatient Setting

The Centers for Medicare and Medicaid Services (CMS) expanded access to telehealth during the pandemic, including temporarily removing various HIPAA, site of service, and eligible technology restrictions and dramatically increasing the number of services eligible for telehealth reimbursement under Medicare. Notably, SHM successfully advocated in the Medicare Physician Fee Schedule for inpatient admissions and other hospital-based services to be retained on Medicare's Telehealth Eligible Services List in 2021.

To learn more about some of our telehealth advocacy efforts, [click here](#).

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Physician Wellness and Wellbeing

Burnout was common among healthcare providers prior to the pandemic, and chronic physical and emotional distress has only increased last year. SHM has worked to support physician wellness and wellbeing, both in terms of resource development and in our advocacy efforts. We supported the "Coronavirus Health Care Worker Wellness Act," which would have expanded access to mental health services for frontline healthcare workers. Furthermore, this legislation would have awarded grants to health care providers to develop or expand programs related to mental health and wellness for healthcare workers.

To read our letter supporting this legislation, please [click here](#). To access SHM's wellness and wellbeing resources, please [click here](#).

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Ensure Adequate Access to Personal Protective Equipment (PPE)

Particularly at the onset of the pandemic, the country faced significant shortages of PPE that threatened the health and safety of hospitalists and other healthcare providers. SHM advocated for increased access to and creation of PPE, calling upon policymakers to ensure PPE and other supplies were distributed first to hardest hit communities. Notably, SHM's CEO, Dr. Eric Howell, spoke directly with the President and Vice President and called upon the Administration to invoke the Defense Production Act to rapidly scale up the production of PPE and ventilators.

To read more about our advocacy efforts, please [click here](#).

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Reducing Regulatory Hurdles to Streamline Care During the COVID-19 Pandemic

The Centers for Medicare and Medicaid Services (CMS) issued numerous waivers and reporting flexibilities to reduce regulatory burdens during the duration of the COVID-19 Public Health Emergency (PHE), some of which corresponded to longstanding policy priorities for SHM. Notable regulatory relief efforts included waiving the three-day-stay requirement for Medicare SNF coverage and waiving length of stays (LOS) requirements for Critical Access Hospitals (CAH). Additionally, CMS waived or reduced reporting requirements in the Quality Payment Program (QPP). SHM consistently commented on these changes, ensuring hospital medicine was properly represented.

To learn more about Public Health Emergency (PHE) related reporting flexibilities, please [click here](#).

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Educating Congress and the Administration on Hospital Medicine's Critical Role in Combatting COVID-19

The onset of the COVID-19 pandemic demonstrated the vital role hospitalists play in our healthcare system. Hospitalists have been on the frontlines of the COVID-19 pandemic, risking their health and safety to care for their patients. Hospitalists adapted rapidly, adjusting to new PPE protocols, staffing shortages, and financial strain, all while working to improve care quality and outcomes throughout the pandemic. While we have always included educating policymakers as part of our advocacy efforts, SHM spent much of the past year illustrating the critical importance of hospitalists in fighting the pandemic and ensuring policymakers are considering how their decisions impact the specialty.

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Additional Notable Developments

Surprise Billing

Surprise billing, also known as balance billing, is the practice in which patients receive care at an in-network facility but are treated by out-of-network providers without the patients' knowledge or consent. Patients then receive unexpected out-of-network or balance bills for their care, despite their belief of having received in-network services.

Congress included the No Surprises Act in sweeping end-of-year spending package that aims to curb surprise billing in most circumstances beginning in 2022. Healthcare providers and insurance companies will utilize an outside arbiter to determine a payment rate. While patients can still be charged the amount expected for in-network services, they should no longer be receiving surprise medical bills.

To learn more, [click here](#).

Public Health Emergency Renewed

The Department of Health and Human Services Secretary Alex Azar recently renewed the COVID-19 Public Health Emergency (PHE) for an additional 90 days. The current PHE is now effective until at least April 21, 2021. The extension of the

PHE ensures that waivers and other policy flexibilities, such as eliminating the 3-day stay requirement for Medicare covered SNF care, continue to remain in effect.