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**Wisconsin Society of  
Plastic Surgeons**

563 Carter Ct, Ste B  
Kimberly, WI 54136

920-750-7721

[WSPS@badgerbay.co](mailto:WSPS@badgerbay.co)



## President's Message

*ASPS Advocacy Summit Update*  
*By John LoGiudice, MD*

Dear Colleagues,

Shortly before the July 4th Congressional recess, members of the American Society of Plastic Surgeons convened on Capitol Hill to address issues facing our members as well as medicine as a whole. I attended this event the last week of June as the sole Wisconsin representative. For those unfamiliar, ASPS has organized "Fly Ins" to Washington, D.C. for a number of years allowing members to meet with their congressional representatives. This inaugural Advocacy Summit is simply an evolution of the "Fly In," allowing members to be educated about policy, while facilitating a forum to discuss new problems facing plastic surgeons, and coordinating meetings with respective representatives in the House and Senate for members to discuss matters impacting the practice of medicine. Organized months in advance, it was fortuitous that the Advocacy Summit was scheduled while healthcare was the main topic of discussion on Capitol Hill and nationally.

ASPS has identified five main federal policy issues that directly impact our constituents across the country. I will provide a brief summary.

1. Network Adequacy - In response to mandates by the Affordable Care Act (ACA), insurers have created products that have narrow networks particularly as it pertains to specialty care. This has resulted in unexpected out-of-pocket costs to patients for out-of-network care. These plans may leave patients with limited options to see specialists in their own region or may limit the patient to access an unqualified specialist. ASPS has proposed mandating transparency by payers, implementing available directories to patients to make choices about specialists with appropriate practice scope, and allow coverage of out of network care if a specialist is not available in a given region.

1. Ambulatory Surgical Center Quality and Access Act – Ambulatory Surgical Centers (ASC) have transformed the delivery of outpatient surgical care comparable to hospital based outpatient departments (HOPD) for considerably cheaper. The cost of goods and services in ASCs and HOPDs is the same yet the rate of reimbursement is lower in ASC's due to discrepant metrics to determine reimbursement. Currently, Medicare reimburse an ASC 53% the HOPD rate for the same procedure. Bipartisan legislation has been proposed to address this disparity.

2. Protecting Access to Care Act – This is proposed legislation addressing the lack of medical malpractice liability reform nationally. It proposes a statute of limitation from date of incident, a cap on non-economic damages, and limiting attorneys' contingency fees. Bipartisan bills have been proposed.

3. Repeal of the Independent Advisory Board (IPAB) – Under the ACA, an IPAB would be formed if Medicare spending exceeds target growth rates. This non-elected 15-member board would convene and ultimately yield power to adjust the Medicare fee schedule or access to qualified providers with no transparency to the process. In essence, the IPAB can ratify. Interestingly a practicing physician cannot be on the IPAB but an insurance executive can be involved. The IPAB would likely be convened this year due to higher medical cost inflation projected.

4. Graduate Medical Education – This proposed bill addresses the limitations in Medicare funding of graduate medical education (residency positions) in the US despite an increase a nationwide increase in medical school training positions. The number of funded residency spots has been frozen since 1997.

I had the opportunity to meet with Congresswoman Gwen Moore as well as members of Senators Ron Johnson and Tammy Baldwin's offices. With our neighbors in Michigan I also visited house and senate leadership representatives from that respective state. Although Plastic Surgery isn't foremost on these folk's radar, it was effective to relay the problems that many of us encounter regardless of practice model. Since we have the unique opportunity to work from head to toe in the young and old treating a broad spectrum of diagnoses with a variety of referring physicians, we see how the above issues impact delivery of care.

5. Many have asked about the sentiment on Capitol Hill regarding legislation to repeal and replace or modify the ACA. Whether it be a lobbyist or a congressional staffer, the expectation is that any attempts at redefining healthcare will be a long process. Our daily news sources remind us of this debacle. Although these observations are not substantiated by any poll or data, there is a theme regardless of party. Congress will likely not accept drastic cuts in coverage resulting in millions of uninsured. Quality measures will be part of an equation to reimburse regardless of name (MACRA). Legislation allowing an insurer to deny / cancel policies for pre-existing conditions or to institute lifetime caps is not popular. If you watch the news none of this seems profound. In the weeks after the GOP initially attempted to pass their version of healthcare law, it seems inevitable that the only way the ACA will be repealed or modified, it is going to have to be a bipartisan effort like it's supposed to be.

Clearly, the federal policy issues that ASPS has identified are not the only problems we are facing in delivering care. I would ask that you [contact WSPS](#) regarding practice issues that may be brought to the attention of our state and federal representatives.

All ASPS members are welcome to attend these Advocacy Summits which take place throughout the year. It is an efficient way to get "face time" with your congressional representatives. WSPS plans to send a board member annually to an Advocacy Summit to represent our interests. Many of us look at the political process that is impacting healthcare with great skepticism. Other than our patients, nobody has a bigger stake in the outcome but us. We feel that regardless of your practice model it is best stay involved.

Best Wishes,

John LoGiudice, MD FACS  
President, WSPS

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