

Certification Process May Be Used as Alternative to PQRI

BY ALICIA AULT

A little-noticed provision of the health reform law will let physicians use data collected and reported as part of the maintenance of certification process as an alternative to the Medicare Physician Quality Reporting Initiative.

The details have yet to be worked out, but it would mean that physicians likely would have at least one fewer process to report quality data, said Dr. Christine Cassel, president and CEO of the American Board of Internal Medicine.

The advantage of the maintenance of certification (MOC) process is that physicians are familiar with it, as more than 80% of all physicians participate, Dr. Cassel said in an interview.

Physicians have been eligible to receive bonuses for participation in the Medicare PQRI, but they

have complained about it as a redundant, burdensome, and confusing process, and have bemoaned botched or missing payments. Even the Centers for Medicare and Medicaid Services has acknowledged problems with the program.

In a statement, Dr. Kevin B. Weiss, president and CEO of the American Board of Medical Specialties, said that "MOC reporting will give patients, health plans, and others the information they need to choose physicians based on performance and other key qualifications, including diagnostic acumen, clinical reasoning, and medical knowledge. This [law] is a significant step forward in recognizing the value of MOC in advancing health care quality for the benefit of patients."

Under the Patient Protection and Affordable Care Act of 2010—one of the two major health reform laws—the Health and Human Services secretary will decide how MOC will fit into the PQRI process. The hope is that this will be clarified within the year, ABIM's Dr. Cassel said.

ABIM and other medical specialty boards seek to meet with CMS officials to help write the regulations for implementing the process, she said. "Our concept is that it

would be kind of an alternative pathway ... that it would include all the same conditions and measures as PQRI, but be even more comprehensive," said Dr. Cassel.

Family physicians already have some experience with using MOC as an alternative to PQRI. The American Board of Family Medicine received approval from Medicare to use its MOC registry for the PQRI process, according to Dr. Michael Hagen, ABFM's senior vice president. Instead of using Medicare "G" codes, physicians report actual patient data.

In 2008 (the first year of the registry), 260 family physicians participated. Participants could report on 15 patients over a 6-month period to receive half of the bonus, or 30 patients over a year to receive the full bonus, Dr. Hagen said in an interview. Last year, all participants were required to report on the full year; about 720 family physicians participated, he said.

Dr. Hagen said that he doesn't expect the ABFM process to change anytime soon. "Our PQRI process will continue as it is until we see the final rules and regulations" regarding implementation of the new law.

Dr. Hagen said that he envisions a future in which physicians can submit data for PQRI, for MOC, and for meaningful electronic health records in one fell swoop. ■

HHS Begins Rolling Out High-Risk Insurance Pools

BY MARY ELLEN SCHNEIDER

State-based high-risk health insurance pools are among the first programs to be implemented under health reform, Health and Human Service department officials announced in early April.

These state-based pools, designed to provide coverage to uninsured adults with preexisting conditions, are scheduled to be up and running within 90 days and will operate until Jan. 1, 2014. At that time, the new state-based health insurance exchanges would open and coverage would be available to all individuals regardless of preexisting conditions.

"When it's up and running, the new high-risk pool program provides immediate relief to potentially millions of Americans with preexisting conditions like diabetes or high blood pressure who have been shut out of the insurance system," HHS Secretary Kathleen Sebelius said during a news conference.

The same day, Ms. Sebelius sent a letter to governors and state insurance commissioners asking how they plan to participate in the temporary high-risk pool program. Under the law, HHS has \$5 bil-

lion in federal funds to set up pools on its own or collaborate with states. HHS asked states to respond with their plans by the end of April.

States that don't currently operate a high-risk insurance pool could establish one with federal help. Those with a pool in place could set up a companion high-risk pool that meets the new federal standards. States also could contract with an insurer to provide subsidized coverage for eligible residents. In states that choose to do nothing, HHS will operate the program on their behalf.

More than 30 states currently have high-risk insurance pools, according to HHS, with premiums 25%-100% higher than standard rates. Under the health reform law, the federal government would require new high-risk pools to set premiums at a standard rate, which would vary by state. The standard rate should be equivalent to what a typical person shopping on the individual market would be offered, according to HHS.

To qualify for the high-risk pools, individuals must be citizens of the United States or lawfully present here, have been uninsured for the previous 6 months, and have a preexisting condition. ■

TALK BACK

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