

# Certification Can Tap Medicare Quality Data

Only ABIM's new self-directed PIM can be used with the Physician Voluntary Reporting Program.

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The American Board of Internal Medicine has announced that those who participate in Medicare's Physician Voluntary Reporting Program can use the same quality data to meet the board's requirements for maintenance of certification.

"Our major interest in doing this is to reduce the burden of redundant measurements that doctors are facing," said Dr. Christine K. Cassel, president and CEO of ABIM.

Currently, maintenance of certification in internal medicine requires that certain quality indicators be measured by entering medical records data into ABIM Practice Improvement Modules (PIMs). The physicians receive reports back from ABIM, which they are supposed to analyze and use to develop a self-improvement plan.

The PIMs generally require physicians to do medical record audits of their patients. Only ABIM's new self-directed PIM, which allows physicians to use data from other sources, can be used with the Physician Voluntary Reporting Program (PVRP), said Dr. Eric Holmboe, vice president for evaluation research at ABIM.

It's not yet known how many physicians will participate in Medicare's PVRP. Some physicians have balked because it is voluntary and potentially costly to set up the systems required, and there is no immediate upside because pay for performance is still far down the road, Dr. Cassel said.

The ABIM move will give physicians an incentive to participate in the PVRP because "it permits data to be collected once, and it can be used for multiple purposes," she said in a statement.

"We're not sure what the uptake of our membership will be" for PVRP, said Dr. Michael S. Barr, vice president for practice advocacy and improvement for the American College of Physicians. But he agreed that streamlining of data collection will help reduce the burden on internists and subspecialists. And it could make the quality assessment aspect of the maintenance of certification process easier, he said.

"It's a good concept," Dr. Barr said, but he added that "it's very early in this voluntary reporting program, so how it's going to work in terms of data flowing back to the physician and then to ABIM for the maintenance of certification—that's yet to be worked out."

Dr. Cassel said technical details were still being ironed out.

Initially, the Centers for Medicare and Medicaid Services proposed that physicians use the new Healthcare Common Procedure Coding System and its "G" codes for quality reporting, which would have required many physicians to upgrade their practice management software. ACP and other physician groups argued for using CPT category II codes, as that would generally allow them to use existing billing systems to report quality data.

The CPT II codes are also more likely to be used by commercial insurers, Dr. Barr said.



Medicare reporting "permits data to be collected once, and it can be used for multiple purposes," said Dr. Christine K. Cassel, ABIM president and CEO.

In late March, CMS announced that physicians could use CPT II codes instead of G codes, in the areas where CPT II codes had been developed. "CMS listened," he said.

Physicians are being asked to report on the 16 measures—7 of which relate to primary care—that are part of the starter set established by CMS in January. There are CPT II codes for five of those seven primary care measures, Dr. Barr said.

CMS is also allowing the use of three modifiers developed for CPT II. The 1P, 2P, and 3P modifiers allow a physician to exclude a patient from the reporting for several reasons, including if the treatment is contraindicated; if the patient declined

care for economic, social, religious, or other reasons; or if there is a payer-related limitation, Dr. Barr said.

The next sets of codes will be issued on July 15 and Nov. 15.

The agency will begin reporting back to physicians sometime later this year, Dr. Barr added.

Dr. John Tooker, ACP executive vice president, said that PVRP participation is in physicians' interest. "The voluntary nature of the PVRP will allow physicians to pilot the use of their data to initiate quality improvement planning, work toward maintenance of certification, and prepare for the day that Medicare attaches financial incentives to those results." ■

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