Plan to Pay for Performance Looks Likely

BY MARY ELLEN SCHNEIDER
New York Bureau

SAN DIEGO — Within the next few years, Medicare is likely to move from a system of pay for reporting to pay for performance, Jeff Flick, a regional administrator for the Centers for Medicare and Medicaid Services, said at the annual meeting of the American College of Physicians.

Mr. Flick, who is based in San Francisco, predicted that Congress is likely to approve funds to continue the Medicare Physician Quality Reporting Initiative (PQRI) in 2008. However, in future years the program is likely to convert to a pay-for-performance system, he said, which could be similar to the system being developed for hospital value-based purchasing.

"I believe we're not going to move away from this," he said.

PQRI is a voluntary program that will let physicians earn a bonus of up to 1.5% of their total allowed Medicare charges during the last 6 months of 2007 for reporting on certain quality measures. Congress authorized the establishment of the 6-month pay-for-reporting program last December as part of the Tax Relief and Health Care Act of 2006. Changes to PQRI—and actual implementation of a pay-for-performance system—would require additional legislation from Congress.

Officials at the Centers for Medicare and Medicaid Services have selected 74 quality measures that can be used across specialties. If four or more measures apply, physicians must report on at least three for at least 80% of cases in which the measure was reportable. If no more than three measures apply, each must be reported for at least 80% of the cases in which a measure was reportable, according to CMS.

ACP has estimated that the typical internist will be able to earn about $1,500 for reporting over the 6-month period. But the amount earned will depend on the case mix of the practice, said Robert Doherty, senior vice president for governmental affairs and public policy at ACP.

"If you look at this program, it's one that can teach us a lot for the future. It's not the answer," Mr. Doherty said. "But if you do participate, you'll learn a lot about the program."

ACP officials would rather see a "weighted" performance payment that would take into consideration the impact and the additional work related to measures for chronic diseases, he said.

But physicians who participate will have a chance to learn about the quality of care they provide and to get ready for pay for performance, Mr. Flick said. Physicians will also send a message to Congress that they are not afraid of quality, he said.

What is fundamentally driving the program is the need to move toward value, he said. CMS is currently receiving data on hospital, home health, and nursing home quality, but not on physicians. "We need data. We need to begin to understand information on quality of care," Mr. Flick said. ■

Cardiologist Shortage Anticipated

BY BRUCE JANCIN
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NEW ORLEANS — Unless the training duration is shortened, the number of general cardiologists in practice in the year 2020 will be only two-thirds of the projected need, Dr. Jeffrey L. Williams predicted at the annual meeting of the American College of Cardiology.

By 2038—expected to be the peak year of the impending shortage—the number of general cardiologists on hand will be only 47% of the anticipated need for more than 62,400 of the physicians, leaving the nation nearly 34,000 short, added Dr. Williams, a fellow in clinical electrophysiology at the University of Pittsburgh.

Shortening the duration of training required for general cardiologists—a key recommendation to address the coming cardiologist shortage proposed in the report of the 35th Bethesda Conference sponsored by the ACC—will help, but not nearly enough, Dr. Williams added.

The Bethesda Conference report recommended fast tracking general cardiologists such that they would complete a 3-year cardiology fellowship after 2 years of general internal medicine residency instead of the conventional 3 years (J. Am. Coll. Cardiol. 2004;44:216-9 [doi:10.1016/j.jacc.2004.05.016]).

This would produce a greater number of general cardiologists with the same amount of funding.