

## Physician Fees at Risk, Again

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formula that sets physician payment rates partly on the growth in the gross domestic product.

For the last 5 years, Congress has at the last minute disregarded the SGR and legislated temporary 1- or 2-year adjustments in payments. Last fall, legislators froze 2007 payment rates at 2006 levels, averting a slated 5% cut, but setting the stage for a 10% cut in 2008 because, by law, the 5% had to be accounted for at some point.

Physician organizations have sought a permanent replacement of the SGR, but that's unlikely as the congressional sessions wind down this year.

Instead, the battle again will be to reverse the cuts, at least for 2 years, and to find a way to cover the payments. Congress is required to offset any new spending.

The AMA has been urging lawmakers to take that money from the Medicare Advantage program, which it says is overfunded by \$54 billion.



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DR. KING

Another potential offset source is the \$1.35 billion that's been set aside for the Physician Quality Reporting Initiative. Physicians who participate in PQRI are eligible for up to a 1.5% bonus.

But the American College of Physicians (ACP), the AMA, and other physician organizations have said their members are less likely to have the time or resources available to participate if they are facing a 10% decline in overall pay.

“We can't tolerate a 10% fee cut,” said Dr. James King, president of the American Academy of Family Physicians, in an interview.

Such a deep reduction means that physicians won't be able to keep up with practice expenses, he said. And the yearly uncertainty about Medicare rates is making it more difficult to plan—whether that means taking on new Medicare patients or recruiting new physicians, said Dr. King.

“The cuts will accelerate the collapse of primary care, create access problems, and

manufacture obstacles to fundamental reform of physician policies,” according to Dr. David C. Dale, ACP president, in a statement.

Dr. Dale noted that an AMA survey found that more than half of physicians said they'd limit the number of new Medicare patients and two-thirds would defer purchase of information technology if the cuts go through.

The AAFP, ACP, AMA, and other organizations said they want Congress to pass legislation to provide an increase in fees for both 2008 and 2009, so that legislators do not have to revisit the issue in 2008 during the distraction of the presidential campaign, Robert Doherty, ACP

senior vice president for governmental affairs and public policy, said in an interview.

And, said Dr. King, a freeze at current levels won't be enough, since expenses continue to rise. “We're getting tired of coming to Washington and begging them not to cut us, and then thanking them for freezing us.”

At press time, the Senate Finance Committee was putting together a bill that would address the physician pay cuts, said ACP's Mr. Doherty. Lawmakers hoping to address the cuts—and many were motivated to do so—were facing an uphill battle against time and multiple competing legislative demands, he said. ■

## Quality Is Rising, Driven by Public Reporting, Group Says

BY ALICIA AULT

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WASHINGTON — Thousands of lives are being saved each year as health plans and physicians more closely follow quality measures such as giving  $\beta$ -blockers after a heart attack, managing hypertension and hypercholesterolemia, and controlling hemoglobin A<sub>1c</sub> levels, according to the latest report card from the National Committee for Quality Assurance.

And, plans that report publicly on these measures deliver higher quality care, said NCQA president Margaret O'Kane in a briefing.

The NCQA's recently released report card shows that commercial and Medicaid plans that publicly disclose NCQA-tracked quality measures perform anywhere from half a percent to 16% better than plans that do not disclose their data.

However, even with some notable successes, some of the gains—such as in controlling blood sugar—are starting to plateau, said Ms. O'Kane. And, there are still gaps in quality between top-performing and average health plans. Thousands more lives could be saved if the laggards did as well as the top-performers in the NCQA database, she said.

The report is based on data that is voluntarily submitted to the NCQA, which also accredits health plans. In 2006, 767 organizations—626 managed care plans covering private patients and Medicare and Medicaid enrollees, and 83 commercial and 58 Medicare PPO plans—submitted data using the NCQA's Healthcare Effectiveness Data and Information (HEDIS) Set.

Much of the data comes from claims, but some also comes from chart reviews. None of it is adjusted for severity-of-illness, socioeconomic, or other factors.

Approximately 84 million Americans were enrolled in plans that used HEDIS measures to report to the NCQA in 2006. Although that is a big number, at least 100 million Americans are in health plans that do not report quality data, and some 47 million have no insurance, said Ms. O'Kane. The quality picture is completely dark for the uninsured, she said.

But for those plans that did report, the news was good. Overall, commercial plans

improved performance in 30 of 44 HEDIS measures where a trend could be discerned, Medicaid plans notched increases in 34 of 43 “trendable” measures, and Medicare plans achieved increase only on 7 of 21 trendable measures.

Among the biggest successes was that 98% of commercial plans, 94% of Medicare, and 88% of Medicaid plans reported prescribing a  $\beta$ -blocker upon discharge after acute myocardial infarction. Over the last 6 years,  $\beta$ -blocker treatment has saved an estimated 4,400 to 5,600 lives, said Ms. O'Kane.

Given the high prescribing rates, the NCQA will no longer track this measure. Instead, the organization will collect data on how many patients still receive  $\beta$ -blockers 6 months after discharge—currently, only about 74% in commercial plans and 70% for Medicare and Medicaid.

Childhood immunization rates are also at all-time highs, about 80% for commercial plans and 73% for Medicaid plans for the recommended series of vaccinations.

There has been “stalling” in some of the older HEDIS measures, however, said Ms. O'Kane. Baseline screening for HbA<sub>1c</sub> has plateaued at 88% in commercial plans and is down slightly for Medicare and Medicaid, at 87% and 78%, respectively. Cholesterol screening and control of total cholesterol is also trending flat or down. The NCQA has no explanation for the leveling off, said Ms. O'Kane.

Adherence to mental health measures has also been flat for almost a decade, virtually the same since 1998, and patients hospitalized for a mental illness are not getting quality care, said Ms. O'Kane.

Several new HEDIS measures are in place for 2007, including tracking of potentially harmful drug-disease interactions in the elderly. And, for the first time, health plans are being asked to report on their use of resources in treating various conditions. In 2007, they are diabetes, asthma, and low back pain. In 2008, chronic obstructive pulmonary disease, hypertension, and cardiovascular disease will be added. These conditions account for 60% of health care spending, said Ms. O'Kane.

Coupled with the HEDIS measures, the NCQA will eventually be able to rate which plans give the best quality care for the least money, said Ms. O'Kane. ■

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