ACP AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | Doctors for Adults

Supplemental comments from ACP on the Senate Finance Committee Policy: Options for the Health Care Delivery System

May 22, 2009

The American College of Physicians (ACP), representing 128,000 internists and medical students, provided the Senate Finance Committee on May 15, 2009 with a number of comments regarding its paper "Policy Options for Transforming the Health Care Delivery System." This past weekend meetings were held with two of ACP's principal public policy committees. The results of these meetings allow us to provide additional comments on the following policy options offered by your Committee:

Section I: Payment Reform - Options to Improve the Quality and Integrity of Medicare Payment Systems

Linking Payment to Quality

A. Physician Quality Reporting Initiative (PQRI) Improvements and Requirements

<u>Senate Finance Committee Proposal</u>

Pay physicians a PQRI bonus for two successive years if they complete MOC with a "qualified practice assessment."

<u>ACP Reaction and Recommendations</u>

The College supports this option. It provides an alternative mechanism for physicians to fulfill the PQRI requirement, and there is data already available that physician participation in the practice improvement module of the MOC is related to positive improvements in practice performance.

B. Transparency and Evidence-Based Decision-Making for Imaging Services

Linking Payment to Quality Outcomes

<u>Senate Finance Committee Proposal</u>

1. Transparency in Self Referrals. Require physician with a financial interested in designated health services for which self referral is allowed under the "in-office ancillary" exception to disclose this information to patients in writing related to advanced imaging and other service and to indicate that they can receive the service from another source.

ACP Reaction and Recommendations

The College is supportive of this option that promotes increased transparency within the patient-physician relationship.

Senate Finance Committee Proposal

2. Promotion of Adherence to Appropriateness Criteria. Proposals would:

a. Effective in 2010, the Secretary, working with national standards organizations, physician specialty societies, and other stakeholders, would designate nationally recognized, transparent appropriateness criteria and use measures, and would report through vendors and registries the adherence pattern of physicians to these measures and criteria.

b. Provide physicians with confidential feedback reports based on this information to ordering physicians, ordering practices, and interpreting physicians;

c. Reduce payments to ordering physicians by 5% beginning in 2013 if they exceed an inappropriate ordering threshold.

d. The Secretary would establish a Diagnostic Imaging Exchange Network (DIEN) in five regions of the country, beginning in 2011. The DIEN would assist physicians in determining the necessity, safety and appropriateness of ordering an imaging study, with the intent of minimizing duplicative scans and radiation exposure to patients. Using the Nationwide Health Information Network (NHIN) infrastructure and existing HIT standards, the Secretary would establish an information exchange network that would equip physicians and providers with HIT enabled systems to access a patient's entire imaging history prior to ordering an imaging study.

ACP Reaction and Recommendations

The College supports options a and b, which would assist physician practices in reducing inappropriate and/or unnecessary imaging.

The College cannot support option c, which would institute a 5 % penalty beginning in 2013 if an ordering physician exceeded an inappropriate ordering threshold. In general, the College believes that positive incentives are more effective in influencing physician behavior than penalties or mandates. Furthermore, the 5 % penalty appears "heavy handed" particularly if applied to a primary care practice—this level of penalty would substantially reduce, or even eliminate, the positive effects of any bonus to promote primary care.

The College supports the concept outlined in option d, but believes the timeline described to establish the DIENs is unrealistic. The HIT requirements related to such projects as ARRA, expanded e-prescribing, efforts to increase electronic medical record (EMR) adoption and mandated ICD-10 adoption are already taxing the capacity of standards developers, network developer, vendors and physicians. As a result, the College believes that it is unreasonable to

expect DIENs to be established in five regions of the country by 2011; 2013 or 2014 is a more realistic goal.