Internists Say Physician-Led Quality Initiatives Could Be Solution to Medicare Payment Problems

(Washington) – “Repeal of Medicare’s Sustainable Growth Rate (SGR) is essential, but repeal by itself will not move Medicare to better ways to deliver care,” David L. Bronson, MD, FACP, president of the American College of Physicians (ACP), today told the House Ways and Means Subcommittee on Health. “We need to transition from a fundamentally broken physician payment system to one that is based on the value of services to patients, building on physician-led initiatives to improve outcomes and lower costs.”

Dr. Bronson described how physician organization’s efforts and initiatives to promote high quality care could contribute to a solution to fixing the Medicare physician payment system. He further recommended [1] a pathway that could serve as the start to such a transition.

He suggested that Congress establish a transitional value-based payment initiative, so that physicians who voluntarily participate in physician-led programs to improve quality and value would be eligible for higher Medicare updates.

As part of this transitional program, he recommended that higher Medicare updates be provided to physicians in recognized Patient-Centered Medical Home (PCMH) and Patient-Centered Medical Home Neighborhood (PCMH-N) practices.

“Many insurers are now offering Patient-Centered Medical Homes to tens of millions of patients, achieving major quality improvements and cost savings,” said Dr. Bronson. “It is time to make them more available to Medicare patients, by providing higher updates to physicians who are in Patient-Centered Medical Homes certified through an independent recognition and review process.”

Patient-Centered Medical Homes provide patients with:

- A personal physician;
- Who is leading a team of individuals trained to provide comprehensive care;
- That is working together to ensure quality, safety and enhanced access to care;
- While arranging all of a patient’s health care needs; and
- Coordinating care across all elements of the complex health care system.

In addition, Dr. Bronson continued, Medicare “should support the contributions of subspecialists and specialists in coordinating care with PCMHs” by providing higher updates for physicians in PCMH-N practices. To qualify for the higher update, PCMH-N practices would have to demonstrate that they have the information systems, formal arrangements, and other practice capabilities needed to share information

and coordinate treatment decisions with a primary care medical home.

Dr. Bronson also recommended that Medicare payment policies support efforts by the medical profession to encourage high value, cost-conscious care. Specifically, he discussed ACP's efforts to promote high value, cost-conscious care. ACP's High Value, Cost-Conscious Care Initiative helps physicians and patients understand the benefits, harms, and costs of an intervention and whether it provides good value to the patient.

Finally, Dr. Bronson urged that existing Medicare quality improvement programs—meaningful use standards for electronic health records, e-prescribing incentive payments, and the Physicians Quality Reporting System—be improved and harmonized, by providing more timely performance data to physicians and having greater consistency in the measures and reporting requirements for each program. He also recommended that they be aligned with the regular practice assessment, reporting, and quality improvement activities that individual physicians already are required to undertake as part of their specialty board Maintenance of Certification. He cited the example of the American Board of Internal Medicine including quality measures, reporting and improvement tools focused on communication between primary care and subspecialist physicians in providing patient-centered care.

"Payment policies should support physicians who participate in and engage their patients in efforts to provide clinical advice and education on high value and cost-conscious care and who deliver high quality, coordinated care through Patient-Centered Medical Homes and Patient-Centered Medical Home Neighbors. Existing Medicare quality improvement programs must be improved and harmonized," concluded Dr. Bronson. "Through such efforts, Medicare can begin moving away from a fundamentally broken payment system to one that supports high value, coordinated, and patient-centered care."

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