

## Part B Insider (Multispecialty) Coding Alert

### PAY FOR PERFORMANCE: AMA Will Oppose Any P4P That Doesn't Meet Standards

#### And that includes proposals now before Congress

Pay-For-Performance (P4P) anxiety dominated the **American Medical Association's** House of Delegates meeting June 18-22 in Chicago.

The Delegates voted for a resolution stating that the AMA won't support any P4P program that doesn't meet the AMA's P4P principles. The updated P4P principles now state that:

1. payors should pilot-test any P4P program before rolling it out;
2. physicians shouldn't suffer for factors beyond their control; and
3. physicians from relevant specialties should have input into any P4P program.

Also, the AMA argues that physician participation in P4P programs should be voluntary, and physicians shouldn't be punished for refusing to take part in them. And P4P programs should involve measures across many specialties, so physicians don't lose out because the measures only target other specialties' outcomes.

Most of all, the AMA resolution calls for P4P programs to focus on improving patient care instead of saving money. "Fair and ethical pay-for-performance programs are patient-centered and assess physician performance with evidence-based measures," said AMA Secretary **John Armstrong**.

The complete AMA principles are online at [www.amaassn.org/ama/pub/category/15254.html](http://www.amaassn.org/ama/pub/category/15254.html).

[According to the AMA and press reports, the association also passed resolutions to:](#)

4. lobby for legislation to allow physicians to charge higher fees than Medicare and other payors will pay for their services, and "balance bill" patients the difference between their fees and the Medicare or other rates. Also, this legislation would allow physicians to waive copayments for needy patients without lowering their payments in future.
5. work for legislation and activism to increase minority participation in clinical trials.
6. lobby against any legislation that assumes a patient would want life-sustaining treatment when it's clear the patient wouldn't want it. This resolution comes in the wake of the politicization of the Terri Schiavo case.
7. study whether direct-to-consumer drug advertising raises costs and leads to unnecessary prescriptions. The AMA may support a ban, or limits, on such advertising in the future.
8. support pilot studies in presumed consent, in which facilities assume a patient wants to donate organs unless the patient states otherwise, and support mandated choice, in which a patient must choose whether to be an organ donor.
9. push for laws allowing physicians to dispense drugs if a pharmacist refuses to dispense them, and requiring pharmacists to dispense all prescriptions, or provide a referral to a pharmacist who will dispense them.



The AMA also rolled out a new logo and a national advertising campaign, aimed at boosting its public profile and stemming a sharp decline in membership, according to **United Press International**.