

Part B Insider (Multispecialty) Coding Alert

Pay for Performance: P4P May Lead To A Transfer From Some Specialties To Others

Neurosurgeons may lend themselves more to quality guidelines

Pay for performance may well be inevitable in 2007 and 2008 - but will it save Medicare any money?

Experts say it's hard to predict, . And it doesn't help that we can't agree on a definition of quality, let alone whether quality leads to lower costs, notes attorney **Rebecca Burke** with **Powers, Pyles Sutter & Verville** in Washington. The easiest parts of quality to define, such as information technology, may be the ones that lead to the least savings.

Some physician groups fear that P4P will mean a net transfer of funds from some specialties to others. Some specialties have developed more detailed quality standards than others, and some one-size-fits-all quality standards may make certain groups look better than others.

For example, neurosurgery isn't tailor-made for quality-based reimbursement, says **Pat Boudreaux**, data specialist with **Tyler Neurosurgical Associates** in Tyler, TX. "We deal a lot of the time with critically ill patients," who may stay in the hospital forever no matter how good the doctor's care is. Tyler Neurosurgical has had one or two experiences with managed care plans' P4P programs, and "It just doesn't feel like we're ever going to get a fair share" because of the high degree of morbidity in the patient population, says Boudreaux.

"Our statistics are going to compare pretty shabbily," especially with specialties such as internal medicine, says Boudreaux. Other specialties, such as orthopedics or critical care, are likewise badly suited to P4P, notes Boudreaux. "It's disastrous. We do a lot with people with brain hemorrhages," she notes. "They're either going to stay a while or they're going to die."

Quality guidelines should reflect a broad consensus of the provider community, notes attorney **William Sarraile** with **Sidley Austin Brown & Wood** in Washington. You'll never be able to obtain a perfect consensus from health care providers, but it should be possible to come up with measures that reflect fairly broad support from different health care sectors.

Also, because the Grassley-Baucus legislation would reward providers that demonstrate improvement as well as those that meet quality standards, the end result may be to transfer money to providers who have the most room for improvement to begin with, some physicians worry.