

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: You Can't Hurry Quality, Surgeons Tell Congress

Start with the basics and then work up to outcomes, they insist

A group of surgical specialty organizations don't want to rush into pay for performance (P4P).

The surgical groups, led by the **American College of Surgeons** and the **American Society of General Surgeons**, wrote to influential Rep. **Nancy Johnson** (R-CT) to urge a three-phase implementation. Their July 20 letter contemplates a set of five surgical quality measures, including mandating a "time out" before surgery, immediate documentation after surgery and operating on the correct body part.

Once surgeons had gotten used to those measures, they could move on to more challenging ones, like minimizing complications such as surgical site infections, adverse cardiac events, deep vein thrombosis and post-operative pneumonia. The third phase could tackle more complex data for individual surgeons' outcomes and would require a large infrastructure.

In other news:

1. As the **Centers for Medicare & Medicaid Services** takes over managing the administrative law judges from the **Social Security Administration**, worries remain, says the **Government Accountability Office**. CMS only provides four sites for ALJ hearings, instead of the 141 sites the SSA provided, and CMS hasn't proven that video teleconferencing is an adequate substitute for in-person hearings. CMS also was lagging behind schedule in hiring ALJs, including its chief ALJ, and faces other logistical problems such as implementing an appeals tracking system, the GAO said in its just-released report (GAO-05-703R).
2. Two Florida physicians, **Jorge Humberto Forcada** and **Clark Carlton Mitchell**, received sentences of 39 months and 33 months respectively after they were convicted of health care fraud and conspiracy to commit health care fraud. Prosecutors showed that Forcada and Mitchell falsified diagnoses and billed Medicare for \$5 million worth of HIV medications that patients didn't need and didn't receive.
3. **President Bush** signed the Patient Safety and Quality Improvement Act of 2005, which encourages the voluntary reporting of medical errors, serious adverse effects and their underlying causes. The law will immunize physicians against having information they disclose about errors used against them in lawsuits. "When caregivers feel safe to report errors, patients will be safer because we can learn from these events and put proven solutions into place," cheered **Dennis Leary**, president of the **Joint Commission on Accreditation of Healthcare Organizations**.
4. Starting next year, physicians should use a new modifier, AQ, if they're providing services in a Health Professional Shortage Area, instead of the QB and QU modifiers, which will sunset at year-end, CMS said in July 22 transmittal (608).