

## Part B Insider (Multispecialty) Coding Alert

### REIMBURSEMENT: AMA Defends Quality Improvement Deal With Congress

#### Association didn't give away the store on P4P, it insists

Your specialty associations reacted with anger when they heard the **American Medical Association** had signed a deal with Congress to come up with 140 standard measures of physician quality, covering 34 clinical areas.

They voiced their objections in a Feb. 20 New York Times article. Why hadn't the specialty associations been consulted?, they asked. And more importantly, why did the AMA agree to setting the groundwork for a "pay for performance" (P4P) system without getting any assurances that Congress would pay doctors enough to make it worthwhile?

The AMA has issued a response to their complaints, saying that:

- **This is nothing new:** The agreement with Congress just commits the AMA to doing things it had already promised to do. "All of these steps had been documented previously in public letters to Congress and the Administration," said AMA Chair **Duane Cady** in a statement. The AMA "has long been committed to quality initiatives to improve patient care."

- **This is not something for nothing:** Physicians won't have to report on quality measures without receiving anything in return. The agreement says physicians should "voluntarily report" on at least three to five quality measures per physician. But the agreement also says physicians should receive an "additional quality update to offset administrative costs." In a letter to Congress, the AMA suggests this should be at least a 4 percent bonus.

- **This is a realistic promise:** The agreement is feasible, and doesn't commit the AMA to help develop a P4P system, insisted AMA Executive Vice President **Michael Maves** in a Feb. 21 letter to specialty societies and state medical societies.

Already, the AMA has developed 90 measures covering 15 conditions, so 140 measures by the end of 2006 may not be such a tough goal.

By the end of 2007, the agreement calls for physicians to have developed "measures to cover a majority of Medicare spending of physician services," which could be significantly more than 140 measures in the end.

The AMA also offered to help CMS fix problems with its Physician Voluntary Reporting Program (PVRP), which asks physicians to use "G" codes to report on 16 quality measures. The AMA offered to fast-track CPT codes to replace those "G" codes, which could be issued as soon as the CPT Editorial Panel approves them, possibly as soon as this month.