PHYSICIAN QUALITY MEASURES in the POST-ACUTE and LONG-TERM CARE SETTING

Issue:

Physicians and other clinicians practicing in post-acute and long-term care (PA/LTC) facilities are facing potential negative payment adjustments under the current, proposed models of physician reimbursement. Due to the regulatory complexities of the physician quality reporting system (PQRS) and the value-based payment modifier (VBM), physicians who practice in PA/LTC facilities are compared to those practicing in office-based and other similar settings. This comparison will ensure that physicians who treat the most vulnerable patient population in PA/LTC will be subject to negative adjustments based on practice settings that vary, creating potential access to care problems for residents and patients in PA/LTC facilities.

Background:

In an effort to begin moving away from traditional fee-for-service payment models and toward value or pay-for-performance, the Centers for Medicare & Medicaid Services (CMS) are developing a VBM for physicians. Specifically, starting in 2015, the VBM program would be applied to the Medicare paid amounts for the physician fee schedule items. The underlying concept is that Medicare should reimburse for value, not simply for quantity of services provided.

The statutorily required VBM is continuing to grow and change each year. In 2015, CMS will apply the VBM to physician payment in all groups of 10 or more. By 2017, the VBM will be applied to all physicians.

While AMDA supports efforts to move toward a reimbursement system that rewards quality rather than volume, ensuring that incentives are appropriately applied is critical to the success of this transition. Unfortunately, the current implementation of the quality program does not equitably compare physicians who treat the most vulnerable complex patients in PA/LTC facilities for the following reasons:

- Quality and cost scores compare physicians based on their designated specialty;
- The majority of physicians who practice in PA/LTC settings are board certified in internal or family medicine and thus their specialty does not indicate their high number of PA/LTC patients; and
- Quality and cost comparison solely based on physicians’ specialty designation will result in penalties for those treating the most complex and costly patients in post-acute and long-term care settings and decreased patient access to physician care in these settings.

AMDA-The Society for Post-Acute and Long-Term Care Recommendation:

While CMS has the statutory authority to solve this issue administratively, thus far CMS has not addressed this critical issue. As the PQRS implementation begins in 2015, AMDA feels that this issue requires immediate action. AMDA urges Congress to address this patient access to care issue and express concern to CMS regarding the impact of the PQRS and the VBM programs on physicians practicing in PA/LTC facilities. Congress should urge the agency to work with stakeholders on an expedited solution.

For more information please contact AMDA at ga@amda.com or 410-992-3145

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