



Sound Policy. Quality Care.

Specialty Docs Engage Federal Regulators on Quality Reporting, Value-Based Payment Modifier, and Electronic Health Records.
Policy Roundtable Leads Discussion with CMS and ONC on Current and Impending Health Care Regulations

FOR IMMEDIATE RELEASE
October 4, 2012

CONTACT : INFO@SPECIALTYDOCS.ORG
www.specialtydocs.org @specialtydocs

WASHINGTON —The Alliance of Specialty Medicine (Alliance) met with senior officials from the Centers for Medicare and Medicaid (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) to discuss the timelines and impacts of federal regulations, which will directly affect the practice of medicine for specialists. CMS and ONC are agencies in the U.S. Department of Health and Human Services. Speakers from both agencies assured the Alliance that they are working to minimize physician burden by streamlining health information technology (HIT) standards and harmonizing reporting requirements across federal quality programs. They also recognized that a one-size-fits-all-approach to quality measurement is of limited value to patients and specialists alike and that more flexible and innovative approaches are needed to encourage specialist investment in systems and practices that support quality improvement.

The forum for the discussion was the Alliance of Specialty Medicine’s semi-annual Physician Policy Roundtable – a physician-led discussion hosted in Washington, DC. The guest speakers at this roundtable were:

- Dr. Patrick Conway, Chief Medical Officer and Director, Center for Clinical Standards and Quality (CCSQ) for CMS.
- Elizabeth Holland, Director, HIT Initiatives Group, Office of E-Health Standards and Services for CMS.
- Dr. Kevin Larsen, Medical Director, Meaningful Use, ONC.

While the Alliance recognizes that implementing programs like the Physician Quality Reporting System (PQRS), Value-Based Payment Modifier (VBPM) and the Medicare and Medicaid Electronic Health Records (EHRs) Incentive Programs are challenging tasks for CMS and ONC, it is still a fact CMS’ quality reporting options and ONC’s requirements for demonstrating “meaningful use” of certified EHR technology pose unique and significant challenges to specialty physicians, diverting time and resources away from direct patient care. Simultaneous implementation of multiple accountability programs also creates confusion, administrative burdens and financial strain for physicians who now face penalties associated with multiple overlapping programs.

American Academy of Facial Plastic and Reconstructive Surgery • American Association of Neurological Surgeons
American Gastroenterological Association • American Society of Cataract & Refractive Surgery
American Society of Echocardiography • American Society of Plastic Surgeons • American Urological Association
Coalition of State Rheumatology Organizations • Congress of Neurological Surgeons
Heart Rhythm Society • National Association of Spine Specialists • Society for Cardiovascular Angiography and Interventions
Society for Excellence in Eyecare

With these concerns in mind, Dr. Conway recognized the limitations of total per capita cost measurement, the initial methodology proposed by CMS for calculating the VBPM during the program's first year. He suggested that episode-based cost of care measures could be a more meaningful model for specialists and requested assistance from medical societies in defining appropriate cost of care episodes relevant to each specialty. Dr. Conway also recognized the value of clinical data registries, which are the fastest growing reporting option under Medicare's PQRS. He also noted that CMS could potentially consider proposing a deeming type process to recognize physician investment in these more robust data collection tools, which Dr. Conway characterized as a "meaningful investment that improves care for patients."

Dr. Larsen discussed ONC's efforts to balance the need for more specialized EHR systems while keeping costs down, and the need to ensure that EHR data is clinically important and useable, but also implemented in the least burdensome manner. He noted that interoperability is a key aspect of ONC's work and discussed efforts to develop data transmission standards and common clinical and demographic definitions that can be used across EHRs.

Ms. Holland discussed steps CMS is taking to develop its hardship exception process, given CMS' desire to avoid penalizing as many physicians as possible in its EHR Incentive program, recognizing the challenges specialists and EHR vendors alike are facing with "meaningful use." Ms. Holland was responsive to the Alliance's suggestions for new hardship exceptions, as well as new structural measures geared toward specialists. She encouraged specialists to engage in the process for developing Stage 3 meaningful use criteria.

Speakers from CMS and ONC were very receptive to the Alliance's feedback, noting that specialty societies are an excellent resource for trusted, domain specific knowledge. They also expressed interest in making the measure development process as lean and efficient as possible and encouraged an ongoing dialogue to better understand what types of measures are most meaningful to specialists and their patients.