IMPLEMENTING HEALTH REFORM

Health Reform's Primary Care Bonuses Begin

One aim of the Affordable Care Act was to boost primary care, and one of the law's strategies was to create 10% incentive payments for primary care services provided by some physicians and other practitioners.

Medicare's final rule specifies that primary care physicians, nurse practitioners, clinical nurse specialists, and physician assistants whose practices comprise mostly primary care would qualify for the payments as of Jan. 1.

The Centers for Medicare and Medicaid Services excluded hospital inpatient care and emergency department work from qualifying practitioners for the incentive. Although many leaders in primary care endorsed the incentive program, several also said that the provision is not without disadvantages and limitations. Dr. Roland Goertz, president of the American Academy of Family Physicians, discussed the new primary care incentive program.

The broken Medicare physician payment SGR formula is the most important factor affecting all of medicine.

DR. GOERTZ

Rheumatology News: How can a physician qualify for the incentive payments? Will physicians outside of primary care specialties qualify?

Dr. Goertz: Since the Affordable Care Act specifies the medical specialties that will qualify for the 10% Medicare incentive, only physicians whose primary specialty is family medicine, internal medicine, geriatric medicine, or pediatric medicine will be eligible for the bonus. Additionally, only primary care physicians whose primary care billings comprise at least 60% of their total Medicare-allowed charges will qualify. CMS estimated that up to 80% of all family physicians would qualify for the bonus.

RN: What do qualifying physicians need to do to receive the incentive payments?

Dr. Goertz: Nothing. If CMS determines a primary care physician's 2009 Medicare charges – the most recent data – meet the 60% threshold, it will automatically send the bonus check quarterly to the physician.

RN: Are there any disadvantages to the provision?

Dr. Goertz: There are two main disadvantages. First, it's currently a 5-year program. To pay primary care physicians more fairly and to attract more medical students into primary care, we'll need to continue the incentives beyond Dec. 31, 2014. Second, the bonus probably should be gradually increased until we demonstrate that it's attracting enough medical students into primary care.

RN: Will this provision have an impact on the shortage of primary care physicians?

Dr. Goertz: Legislators specifically targeted this incentive in an effort to improve the payment environment for primary care physicians. It's a step in the right direction, but much more is needed to close the income gap between primary care physicians and other specialists.

RN: What is the next step toward addressing the primary care physician shortage?

Dr. Goertz:: The most important factor currently affecting primary care – and all of medicine – is the Medicare physician payment's broken sustainable growth rate formula.

Once that has been addressed, we need to continue to close the income gap between primary care and other specialty physicians and continue to implement the patient-centered medical home.

These actions will make the primary care specialty of family medicine more attractive to medical students and will invigorate the primary care medical education process.

–Interview by Naseem S. Miller