

MOC Process May Serve As Alternative to PQRI

BY ALICIA AULT

A little-noticed provision of the new health reform law will let physicians use data collected and reported as part of the maintenance of certification process as an alternative to the Medicare Physician Quality Reporting Initiative.

The details have yet to be worked out, but it would mean that physicians likely would have at least one fewer process to report quality data, said Dr. Christine Cassel, president and CEO of the American Board of Internal Medicine.

The advantage of the maintenance of certification (MOC) process is that physicians are familiar with it, as more than 80% of all physicians participate, Dr. Cassel said in an interview.

Physicians have been eligible to receive bonuses for participation in the Medicare PQRI, but they have complained about it as a redundant, burdensome, and confusing process, and have bemoaned botched or missing payments. Even the Centers for Medicare and Medicaid Services has acknowledged problems with the program.

In a statement, Dr. Kevin B. Weiss, president and CEO of the American Board of Medical Specialties, said that "MOC reporting will give patients, health plans, and others the information they need to choose physicians based on performance and other key qualifications, including diagnostic acumen, clinical reasoning, and medical knowledge."

This [law] is a significant step forward in recognizing the value of MOC in advancing health care quality for the benefit of patients."

Under the Patient Protection and Affordable Care Act of 2010—one of the two major health reform laws—the Health and Human Services secretary will decide how MOC will fit into the PQRI process. The hope is that this will be clarified within the year, ABIM's Dr. Cassel said.

ABIM and other medical specialty boards seek to meet with CMS officials to help write the regulations for implementing the process, she said. "Our concept is that it would be kind of an alternative pathway, ... that it would include all the same conditions and measures as PQRI, but be even more comprehensive," said Dr. Cassel.

Family physicians already have some experience with using MOC as an alternative to PQRI. The American Board of Family Medicine received approval from Medicare to use its MOC registry for the PQRI process, according to Dr. Michael Hagen, ABFM's senior vice president. Instead of using Medicare "G" codes, physicians report actual patient data.

In 2008 (the first year of the registry), 260 family physicians participated. Participants could report on 15 patients over a 6-month period to receive half of the bonus, or 30 patients over a year to receive the full bonus, Dr. Hagen said in an interview. Last year, about 720 family physicians participated. ■

HHS Funds Centers to Spur Physician Adoption of EHRs

BY MARY ELLEN SCHNEIDER

Looking to buy or implement an electronic health record in your practice? Help is on the way.

The Department of Health and Human Services has awarded more than \$640 million in grants to set up regional extension centers around the country, with the goal of helping physicians and hospitals achieve "meaningful use" of electronic health record (EHR) technology. At press time, several centers were preparing to enroll physicians.

The staff at these regional extension centers will work "elbow to elbow" with physicians, Dr. David Blumenthal, national coordinator for health information technology, said during a press conference to announce the final round of regional extension center grants.

In April, HHS awarded more than \$267 million in grants to 28 nonprofit organizations that will set up Health Information Technology Regional Extension Centers. This builds on more than \$375 million in grants that the

agency awarded for 32 regional extension centers in February. The funding is part of the 2009 American Recovery and Reinvestment Act.

The main goal of the regional extension centers is to help physicians and other health care providers to become meaningful users of EHRs, even as the standard for meaningful use is being defined through federal rule making.

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, a part of the 2009 federal stimulus law, physicians who treat Medicare patients can earn up to \$44,000 over 5 years for the meaningful use of a certified health information systems. Those with patient populations of at least 30% Medicaid can earn up to \$64,000 in federal incentive payments.

To help physicians become meaningful users, the regional extension centers will provide a broad range of services, Dr. Blumenthal said, from helping physicians select the most appropriate equipment for their practice through the implementation of the products. The

Health Reform Implementation Timeline

2010



Seniors whose prescription drug costs push them into the Medicare Part D doughnut hole receive a \$250 rebate.

No new physician-owned hospitals may be built after Dec. 31.



Indoor tanning services are taxed at 10%, beginning as early as July.

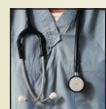
Health plans are barred from excluding children due to pre-existing conditions, beginning as early as September.

Health plans are barred from dropping members due to illness.



Health plans that provide dependent coverage for children must cover them up to 26 years of age.

2011



A 10% Medicare bonus payment for primary care physicians begins and runs through the end of 2015.

A 10% Medicare bonus payment for general surgeons working in shortage areas begins and runs through the end of 2015.



HHS awards 5-year grants to states to develop alternative medical liability reform initiatives.



Medicare and Medicaid programs eliminate out-of-pocket costs for proven preventive services.

Unused specialty graduate medical education training slots can be used for primary care training.



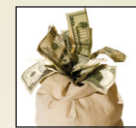
Seniors whose prescription drug costs push them into the Medicare Part D doughnut hole receive a 50% discount on all brand-name drugs.

2012

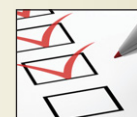
Medicaid pilot tests bundled payments for episodes of care, including hospitalization.



Medicare provides incentives for physicians to form accountable care organizations.



Drug makers must report drug samples given to physicians if those drugs are covered by Medicare or Medicaid.



2013

Medicaid rates for primary care services are raised to at least Medicare rates, through 2014.

National pilot program tests bundled payment.



Health plans must adopt uniform standards for electronic submission of health information.



Drug and device makers must report any payments made to physicians and hospitals.

2014

Health insurance exchanges in each state open for individuals and small employers.

Health plans are barred from denying coverage based on pre-existing conditions.



Health plans are barred from charging higher fees based on health status or gender.



Health plans are barred from imposing annual limits on coverage.

Most individuals are required to obtain health insurance coverage or pay a fine.

Medicaid eligibility expands to individuals at 133% of poverty.

Independent Payment Advisory Board created.



centers also will help practices purchase technology in groups at reduced prices, he said.

"We hope that these regional extension centers will help providers improve their workflow using electronic health records, improve the quality and efficiency of the care they can provide using electronic health records, and of course thereby increase the efficiency and quality of care available to the American people," Dr. Blumenthal said.

Farzad Mostashari, a senior adviser in

the Office of the National Coordinator for Health Information Technology, encouraged physicians to enroll with their regional extension center as soon as possible, even before they make a decision about purchasing an EHR product.

The stimulus law directs the regional extension centers to give priority for direct technical assistance to primary care providers. The agency defines primary care as family medicine, internal medicine, pediatrics, or obstetrics and gynecology. ■