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Such an approach would establish exclusive performance standards and award physicians accordingly, while establishing standards to improve quality, he said.

Rep. Pete Stark (D-Calif.), the panel's ranking member, countered that he was "reluctant to get into the quality issue." As far as reforming payments, "I think it's up to the doctors to regulate themselves."

Any type of payment system that rewards providers by improving patient care and outcomes must not be punitive or used as a control for physician volume, said William F. Gee, M.D., a urologist from Lexington, Ky., who testified on behalf of the Alliance for Specialty Medicine.

Measures should also be specialty specific, he continued. "Some measures may be appropriate for some specialties, and not others. In some areas, particularly surgery, it can be difficult to keep quality measures up to date enough to be perceived as relevant." In addition, the reporting of quality or efficiency indicators and health out-

comes data could be administratively prohibitive to many physicians, especially those in small practices that don't have electronic health records, Dr. Gee testified.

There is some evidence that pay for performance can work, at least in the private sector. Since the implementation of three major pay-for-performance contracts with Partners Healthcare System in Boston, "we have steadily improved in targeted areas," such as diabetes care, Thomas H. Lee, M.D., network president for the health care system, testified. The rate of rise in pharmacy spending under these contracts averaged about 5% in 2004, lower than the national average of 9%. ■

How Sustainable Growth Rate Changes Could Affect Medicare Fees

	Minimum fee update	Number of years physicians' fees would decline
Under the current law	-5.0%	8
If spending targets were eliminated	2.1%	0
If spending targets were modified by:		
Setting allowable growth to GDP plus 1%	-5.0%	6
Resetting the spending base for SGR targets	-2.3%	6
Removing Part B drugs	-5.0%	5
Combining all three modifications above	2.2%	0

Source: Centers for Medicare and Medicaid Services

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