

AMA Delegates Diverge on Pay for Performance

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CHICAGO — The American Medical Association's new policy on pay for performance will limit its ability to negotiate with Congress, several medical specialty society groups claim.

Tensions surfaced at the annual meeting of the AMA's House of Delegates when delegates voted to oppose any private or federal initiative that did not meet AMA's new principles and guidelines on pay for performance. These and other provisions were contained in a report that established the AMA's principles as official policy.

"Let's face it, pay for performance is here," said AMA Secretary John Armstrong, M.D., who headed the organization's task force on the issue. These new policies will

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help the organization establish a leadership position on pay for performance, "so when programs are being developed, we have a voice to say: 'This is the way to do it,' that they should not be used as a tool to cut reimbursement."

However, not everyone agrees with such a hard-line approach. "You don't want to tie the hands of the AMA" on pay-for-performance programs, Stuart Cohen, M.D., delegate from the American Academy of Pediatrics, said in an interview.

Bob Doherty, the senior vice president for governmental affairs and public policy for the American College of Physicians, observed that the AMA's actions might specifically limit its ability to support a pay-for-performance bill linked to fixing the Medicare physician fee schedule, "if the bill in question doesn't meet all of the conditions set by the House of Delegates."

The AMA in its proceedings had expressly decided not to link pay for performance with Medicare pay. "We think they're separate issues," said John Nelson, M.D., the AMA's immediate past president.

The two issues were highlighted extensively in a letter sent by ACP, AAFP, AAP, and ACOG to Sen. Bill Frist (R-Tenn.), outlining their own wish list for physician payment reforms. Given the limitations of the actions taken by the AMA, "the ACP and the other groups felt we needed to go forward on our own and try to develop the best possible bill based on our own policies," Mr. Doherty said.

Mary Frank, M.D., president of the American Academy of Family Physicians, clarified that the letter "was not a pre-emptive strike" against the AMA, that the groups had gotten word that the Senate Finance Committee was planning a hearing on pay for performance, and they wanted to weigh in on the issue. "Although we had issues with the board report, we would have written to the Senate regardless of the AMA's actions," she said.

The hope is the AMA will end up supporting these measures in the Frist letter, "but that is a judgment it will have to make" in the context of its own policy, Mr. Doherty added.

Representatives from the primary care groups stressed that they were not breaking ranks from the AMA, but that they wanted to continue negotiations with the organization on pay for performance. The bottom line is "the AMA does not speak for us as individual policy groups," said Don-

na Sweet, M.D., delegate from the ACP.

Considering that performance measures for pediatricians currently don't exist—with the exception of immunizations, "the pediatricians want to be involved as [law-makers] go forward in developing quality measures," AAP's Dr. Cohen said.

In the letter to Sen. Frist, the groups specified that they would support legislation that would provide positive updates to Medicare's physician fee schedule, and reverse cuts that would otherwise occur

under the sustainable growth rate (SGR).

The letter also stated that:

► Physicians should receive additional payments for participating in performance measurements and reporting programs.

► Pay should increase proportionately, based on the types care being measured, by the time and costs associated with documenting performance, and the level of health information technology acquired by the practice to support quality improvement. ■



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