

Ask the Experts

In this and future issues of *MPM*, we ask a panel of experts to comment on a pressing issue of the day. Let us know if you have suggestions regarding experts you would like to hear from or questions you would like to see addressed.

With the PQRI program, what do you consider is the future of Medicare's Pay-for-Performance (PFP) Program?



Sharad Mansukani, MD, MBA
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My sense is that PFP for physicians will follow the evolution we have seen occur with managed care organization (MCO) and hospital PFP programs. Political sensitivity around mandating this for physicians is far more difficult to tackle than it is for MCOs/hospitals, and this is why PFP for physicians' timeline has lagged. The progression we have seen in the beyond-doc world of PFP is: a voluntary reporting request by regulators evolves into payment, and market basket updates are tied to reporting. The final iteration is higher payments for higher performance. For physicians I see this evolution taking another 3 to 5 years.



Daniel Lace, MD
President, Leaders in Medicine

The PQRI initiative has shown that Medicare is willing to pay individual providers for reporting quality measures. This is a step in the right direc-

tion. Whether or not this step will turn into required reporting in the future is unknown and depends on the success of the program in the next year. But this voluntary initiative may be pointing to a possible mandatory process in the future, which may be first in a series of steps to reward physicians for healthier patients.

The PQRI program was designed so that it would not require much change on the part of individual physicians. However, for many physicians, there was a substantial amount of work needed in providing the data to receive the 1.5% possible bonus for 2007. Many physicians and physician groups did not think that the bonus offset the additional work that was needed and opted not to participate in the program. There are some groups, however, that have substantial health information systems in place or that are part of a health plan that routinely collects this information. For these physicians, the process may be very easy and will increase their bottom line without much work.

There were 74 measures that were part of the PQRI process in 2007. Physicians needed to carefully evaluate which of these measures relate to

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their specific practice. They also needed to be aware of the details of these measures and how to code for them. As physicians become more familiar with the processes needed to be part of the PQRI initiative, there may be increased numbers participating—especially in light of the Medicare reimbursement cuts. The PQRI bonus may help to offset the reimbursement decreases.

All in all, this is an exciting first step in the process of physician PFP programs by Medicare. The first year results of the program will help to determine the future direction of the PQRI program on reimbursement and care. *MPM*