



Office of External Affairs

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MEDICARE TAKES KEY STEP TOWARD VOLUNTARY QUALITY REPORTING FOR PHYSICIANS

Medicare will make it easier for physicians to participate in a voluntary program to report evidence-based, consensus quality measures, an important step toward supporting higher quality physician care, Centers for Medicare & Medicaid Services (CMS) Administrator Mark B. McClellan, M.D., Ph.D., announced today.

“Physicians are in the best position to know what can work best to improve their own practices and ultimately the quality of care available to all patients,” Dr. McClellan said. “Through these voluntary reports by physicians on evidence-based quality measures, we can take an important step together to help them improve care, and ultimately to help make sure that they are adequately compensated for that care.”

The action today creates the Physician Voluntary Reporting Program. In the first phase of the program, beginning in January 2006, Medicare will enable physicians to voluntarily report information to CMS about the quality of care they provide to Medicare beneficiaries. The 36 evidence-based measures to be reported in the first phase of the program are a result of collaborative efforts with physicians, physician organizations and other experts involved in the review of the quality of the nation’s health care.

The new voluntary reporting system comes as Medicare physicians face payment rates reductions for the next seven years, triggered by a statutorily imposed payment formula.

“Medicare remains dedicated to preserving access to quality care and avoiding unnecessary costs and that requires finding better ways to support quality care instead of simply adding more dollars into a system that focuses on volume,” Dr. McClellan said.

To help support better health outcomes for people with Medicare at a lower cost, CMS is working closely and collaboratively with medical professionals and Congress to consider changes to increase the effectiveness of how Medicare compensates physicians for providing services to Medicare beneficiaries, while avoiding increases in overall Medicare costs.

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As part of this effort, the Physician Voluntary Reporting Program will begin to phase in voluntary reporting of performance measures developed in collaboration with physicians and physician organizations, as well as other stakeholders. The work by the National Quality Forum (NQF), the Ambulatory Care Quality Alliance, the AMA Physician Consortium for Quality Improvement, the National Committee for Quality Assurance (NCQA) and RAND provided the basis for the selection of these measures.

CMS relied heavily on measures that had either completed or were close to completing the NQF's review process because the NQF is a primary consensus-development body for health care quality measures. Additional quality measures are under development now and may be phased in during the year.

As part of the first phase, CMS will begin to collect the information through the use of a dedicated set of Healthcare Common Procedure Coding System (HCPCS) codes, called G-codes, which will supplement the claims data doctors currently submit to CMS with clinical data. This clinical data will then be used to measure the quality of services provided to Medicare patients. CMS anticipates that these G-codes will serve as an interim step until the electronic submission of data through electronic health records replaces this process, and CMS expects to collaborate with participating physicians to develop such electronic data submission methods.

CMS will provide feedback to the physicians who submit the data by the summer of 2006 about the level of their performance based on the submitted data. The goal is to use this feedback to assist physicians in improving their data accuracy, reporting rate, and clinical care. CMS will also seek input from participating physicians on ways to improve the ease of reporting and usefulness of the quality measures, such as by promoting reports and analysis through electronic medical record systems.

“Reporting clinically valid quality measures is a proven approach to making significant improvements in clinical care,” Dr. McClellan said. “We have been working closely with health professionals and other stakeholders on these measures, with the goals of making sure that we have low-cost and effective ways to report on quality and to help doctors use this information to improve care.”

The Physician Voluntary Reporting Program is similar to previous CMS quality initiatives such as the hospital voluntary reporting program, which, after an initial collaborative process of evaluating and refining hospital data submission, resulted in the launch of www.HospitalCompare.hhs.gov in April, 2005.

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