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HHS to share performance data

U.S. Department of Health and Human Services (HHS) Secretary Mike Leavitt recently announced plans to make physician performance measurement information available at the community level. Under the proposal, the Centers for Medicare & Medicaid Services (CMS) will use Medicare data to generate physician quality performance reports. Performance will be rated using consensus-based metrics adopted by the AQA and endorsed by the National Quality Forum. These data will be shared with charter value exchanges (CVEs), local entities that will be recognized by the Agency for Healthcare Research and Quality (AHRQ). The CVEs will engage providers, consumers, and other key stakeholders in a collaborative effort to gather and release quality measurements both for physicians who participate in government-sponsored programs, such as Medicare, and for physicians who provide their services in the private sector. Working from the theory that “transparency leads to change,” HHS anticipates that the public release of this information will stimulate health system reform through quality improvement and informed consumer decision making. CMS is expected to begin providing the Medicare reports in the summer of 2008.

Quality experts predict that this effort is only one piece of a much larger strategy to begin reporting on physician performance and to accelerate change in the marketplace. The College continues to work with policymakers to ensure that the data used to measure and report on the quality of surgical care are valid and reliable. To learn more about the HHS Secretary’s plans for instituting value-based health care, go to <http://www.hhs.gov/valuedriven/>.

RWJ Foundation announces quality initiative

The Robert Wood Johnson (RWJ) Foundation recently announced that it will provide \$16 million in grants to finance an effort to develop a consistent national approach to measuring and reporting on health care quality and cost. More than half of the funding will be used by the Engelberg Center for Health Care Reform at the Brookings Institution; additional funding will be provided to America’s Health Insurance Plans. Working with provider and consumer groups, business alliances, and other entities, these organizations will attempt to make better information available to the public about the quality and cost of health care. The project will analyze combined data from a variety of health plans and from Medicare in order to more closely scrutinize care provided across physicians’ entire practices. Former CMS Administrator Mark McClellan, MD, PhD, who currently directs the Engelberg Center, will coordinate the initiative. The Quality Alliance Steering Committee, of which the College is a member, will provide strategic guidance, and there will be collaboration with the AHRQ to make the quality and cost measures available to local communities. For further information, visit the RWJ Foundation Web site at <http://www.rwjf.org/newsroom/newsreleasesdetail.jsp?productid=22371&typeid=160>.

Part B premiums, deductibles announced

CMS recently announced that the standard Medicare Part B monthly premium will be set at \$96.40 in 2008, representing an increase of \$2.90, or 3.1 percent, from the \$93.50 premium for 2007. This rise in cost represents the smallest percentage growth in the Part B premiums since 2001 and is \$2.10 less than the increase in the premium for 2007. Part B premiums cover physicians' services, outpatient hospital services, certain home health services, durable medical equipment, and other items. Several factors account for escalating Part B premiums, including expansion in home health services, physician-administered drugs, ambulatory surgical center services, durable medical equipment, laboratory services, and growth in the Medicare Advantage program. Because physicians are scheduled to receive a 9.9 percent reduction in Medicare payments for 2008 (barring congressional intervention, which had not occurred as of press time), growth in physician services did not contribute substantially to the Part B premium increase.

In addition, the Part B deductible for 2008 will be set at \$135; it was \$131 in 2007. To view the CMS fact sheet on the 2008 deductibles and premiums, go to http://www.cms.hhs.gov/apps/media/fact_sheets.asp.

General surgery makes strides in Georgia

This past October, Georgia's Board of Community Health unanimously voted to define general surgery as a single specialty under the state's certificate of need (CON) rules. For many years, Georgia has defined general surgery as a multispecialty under its CON requirement for ambulatory surgical centers (ASCs). Under the current Georgia statute, single specialties are exempt from the state's CON requirement for ASCs. Previous legislative, judicial, and regulatory efforts to address this incorrect and discriminatory definition of general surgery have been unsuccessful because of strong opposition from the hospital community. At press time, this amendment to the CON rules was undergoing a public comment period, with a hearing scheduled for November 28 in Atlanta. For more information, contact jsutton@facs.org.

Boost ACS representation in AMA House

Surgeons who are ACS Fellows and members of the American Medical Association (AMA) are eligible to vote for the specialty society they want to have represent them in the AMA House of Delegates (HOD). For every 1,000 votes, a society receives one additional delegate, increasing its ability to advocate for members in the house of medicine. The College currently has four well-respected and influential delegates but could have as many as 20 if all Fellows who are AMA members voted. At least 16,000 eligible Fellows have yet to cast their ballot. To support the College's representation in the HOD, AMA members should visit the specialty ballot Web page at <http://www.ama-assn.org/ama/priv/category/11232.html>. (AMA members who do not have an AMA members-only name and password will need to obtain them before voting.)