Wanted: Docs to Craft Pay for Performance

Patient Registries May Offer Cheaper Alternative to EHRs

**Chicago** — Physicians need to help design the pay-for-performance programs that are now being initiated by Medicare and other payers or they may not like the results, Dr. Trent Haywood said at the annual meeting of the American Association of Clinical Endocrinologists.

"What it comes down to ... is there's a certain level of fear, a certain uneasiness" about the program among doctors, said Dr. Haywood, who is deputy chief clinical officer at the Centers for Medicare and Medicaid Services. "The thing is for clinicians to work with us and get on board. We don't want to design a program and not have clinician input."

Medicare currently has several pilot programs under which physician and hospital pay is based in part on patient outcomes and quality of care. Demonstrations include a project with 10 large multispecialty practices nationwide, and an oncology project in which physicians are paid to report their use of guidelines and outcome measures.

One current pilot program is an oncology project in which physicians are paid to report their use of guidelines and outcome measures.

Dr. Haywood seemed taken aback by Ms. Brase’s comments. "This is the first time I've ever been on a panel where someone advocated the abolishment of Medicare and Medicaid," he said. "It's a shock to me."

But he agreed with Ms. Brase that consumers need more information to make better health care choices. "I think we're moving more toward consumers having more decision-making capacity. ... I do believe we're going to be providing information to consumers so that they can make some of those decisions, and hopefully that leads to better quality."

One audience member wanted to know how CMS would deal with patients who, for one reason or another, don't meet the outcome goals. "How will CMS deal with ... that 10% of the population who, come hell or high water, will never have a [hemoglobin] A1c, for 6.5%, for a variety of reasons?" she asked.

Dr. Haywood said that physician input would be helpful in trying to answer that question. In the meantime, according to Dr. Haywood, CMS is considering the idea that "some patients automatically are going to get excluded—for noncompliance or excluded because from the standpoint of that clinician, they've finished the therapy—for a variety of reasons and won't fall into the denominator for that particular measure."