Issue: Physician Pay-for-Performance

CAP Position:
The College of American Pathologists (CAP) believes that physicians are in the best position to assure that performance measures reflect quality physician work and lead to improved patient care. To that end, CAP is the lead organization in developing pathology performance measures. CAP also advocates for performance programs that support the patient-physician relationship, and recognize the unique contributions of pathologists to cost-effective, high-quality care without penalizing physicians who do not currently have applicable quality measures.

Status:
Since 2006, CAP has led the development of measures that enable pathologists’ participation in the CMS Physician Quality Reporting System (PQRS). CAP secured the approval of the five current pathology measures that have been approved for use by pathologists as part of the CMS PQRS program. In 2010, 3,354 pathologists out of 4,749 who participated in the PQRS received an average bonus of $1,563.89 for participating in the program. The CAP is currently working to secure the approval of three additional measures for pathologists to utilize in the program. CMS is currently exploring expanding group reporting options that may benefit pathologists that currently do not have applicable measures.

Background:
The College has worked independently and with the AMA Physicians Consortium on Performance Improvement (PCPI) to assure that pathology measures are available that reflect pathologists value to patients. CAP has convened multi-stakeholder working groups to develop measures, worked with the Advisory Committee to the CPT Editorial Board to assure proper coding of those measures, sought outside expert review to test the measures, and worked with the PCPI and the National Quality Forum for approval and endorsement of the measures. Pathologists can earn a 0.5% bonus for successful participation in the 2013 and 2014 PQRS. Penalties for non-participation in the PQRS program are set to begin in 2015 based on 2013 PQRS reporting.
In addition, as part of efforts to move away from pure fee-for-service, CMS is implementing a “value-based modifier” (VBM) that will adjust payments in 2015 based on the quality and cost of the care provided in 2013. CMS has proposed using performance on PQRS measures as a basis for measuring quality in its calculation of the VBM. CMS has proposed that VBM initially apply only to for group practices of 25 or greater however the Accountable Care Act mandates that it apply to all physicians by 2017.

For More Information:
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