

QUALITY

Quality measurement: Will it have a positive or negative impact on GI practices?

by Irving M. Pike, MD, FASGE

Quality corner



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The impact that quality measurement will have on a practice may depend on practice location and payer mix. The financial implications of not complying with this requirement could be quite significant.

The answer to the question posed in the headline is, “it depends.” What will you spend on performing the measures? What will you do with your results? What will others do with your results if you make them available? What will it cost your practice not to measure quality?

Required registry participation

The impact that quality measurement will have on a practice may depend on practice location and payer mix. For example, to participate in the Blue Cross Blue Shield of North Carolina (BCBS NC) gastroenterology network for an employer with a large number of covered employees, physicians will be required to submit specific quality performance measures to BCBS NC from a specialty run quality registry beginning in January 2013.

The financial implications of not complying with this requirement could be quite significant. Although this a single employer, albeit a large one, information suggests that 70 percent of the commercial health insurance market in North Carolina is through BCBS NC.

Imagine being out of network for 70 percent of your commercial payers while other gastroenterologists in your area are in network. Physicians could use their practice financial data to estimate the financial pain their practices could face.

BCBS NC's policy is much different than other insurance companies' plans of “awarding” practices a designation of “Premier Practice” if you participate in their quality program. If you are out of network, you will lose 0 to 70 percent of your gross revenue from those patients who choose not to see you out of network should BCBS NC decide to expand the requirements to include all insured.

In other words, if each physician in your practice has an annual gross revenue of \$1 million, your decline in annual gross revenue for each physician could be \$700,000 annually if you are not measuring quality and submitting it to BCBS NC through a GI specialty registry. For example, if the per physician cost for your group is \$500 to participate in the GIQuIC registry, which is qualified for submission to BCBS NC, in this particular scenario, there is a \$699,500 favorable swing.

Regulatory compliance implications

In the near future, GI practices will face financial implications for regulatory non-compliance issues. Some of these are soft and indirect and others will directly impact net revenue. Participation in quality improvement programs will move from voluntary to required in the next two years.

The Centers for Medicare and Medicaid Services (CMS) is required by law to have a “physician compare” website available to the public for all CMS participating physicians by January 2013. Physician participation in the Physician Quality Reporting System (PQRS) will be highlighted for the public on the physician compare website.

Armed with this knowledge, some believe that patients will prefer to see physicians who measure their quality performance rather than those who choose not to measure. Today's informed patients want to know about the quality of care being provided. Many patients already flock to private websites and other ranking sources to evaluate their choices in healthcare providers and practices, in a fashion similar to that for other consumer-based purchases.

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With quality reporting systems increasingly becoming mainstream and advocated on a governmental public policy level, third-party commercial insurers will likely utilize these data to stratify physicians and practices to potentially drive patient (consumer-based) market forces.

Beginning in 2015, physicians who do not satisfactorily report PQRS measures will be subject to negative payment adjustments. Negative payment adjustments will be based on the physician's total allowable Medicare charges for a given year.

Physicians who fail to participate in PQRS in 2015 will receive a 1.5 percent fee schedule cut that year. An additional 2 percent fee cut will be levied in 2016, and yet another in 2017. Using the same example of \$1,000,000 annual gross revenue per physician, the practice will have a revenue decline in 2015 of \$15,000 per physician. In 2016 physician reimbursement could decrease by \$35,000 per physician, and in 2017, by \$55,000.

Compliance makes sense

While the financial implications of not participating in quality measurement can be significant, I think we can all agree that there is enough evidence demonstrating that measuring clinical quality indicators brings about improved quality of care. As physicians, this is reason enough for us to do so.

If the public is going to have access to our quality performance measures, it makes sense for us to spend time and effort to document our performance accurately to find out if there are gaps in our skill set that could use some improvement. Improving now will result in a better report for all to see when our performance measures become transparent and available to all.

The GIQuIC difference

Gastrointestinal Quality Improvement Consortium (GIQuIC)* is a quality benchmarking registry that is raising the bar on efficiency, effectiveness and reliability and easily integrates into the practice of the busy GI clinician seeking to maximize patient outcomes based on sound clinical science while exercising responsible economic behavior.

GIQuIC participants include physicians, hospitals, ambulatory surgery centers, physician offices and endoscopy units that are able to run a myriad of customizable reports from the registry based on real-time clinical data, which are benchmarked against local, regional or national cohorts.

With GIQuIC you can:

- Gather data based on the ASGE and American College of Gastroenterology-established "Quality Indicators for Gastrointestinal Endoscopic Procedures"
- Leverage, in real time, actual clinical data, which have been shown to be more accurate than claims-based data in representing clinical performance
- Upload data directly from a number of endoscopic reporting systems

With healthcare administrative costs climbing, GIQuIC is a business solution for efficiently managing data, streamlining operations and truly transforming your practice, allowing you and your staff greater focus on the core of your practice — your patients.

For more information, visit [GIQuIC](#), call 301-263-9000 or send email to info@giquic.org.

**GIQuIC is an organization incorporated jointly by ASGE and ACG to collect and oversee a national GI quality data repository open to all endoscopy units. ●*