

---

February 21, 2006

## A.M.A. to Develop Measure of Quality of Medical Care

By [ROBERT PEAR](#)

WASHINGTON, Feb. 20 — The American Medical Association has signed a pact with Congress promising to develop more than 100 standard measures of performance, which doctors will report to the federal government in an effort to improve the quality of care.

The deal comes as the Bush administration pushes "pay for performance" arrangements with various health care providers in an effort to publicize their performance and link Medicare payment to quality. And it mirrors efforts in the private sector, where consumer groups, insurance companies and large employers who pay for health care are demanding more information on the quality of care.

The performance measures are supposed to focus on diagnostic tests and treatments that are known to produce better outcomes for patients — longer lives, improved quality of life and fewer complications. Federal officials say tracking how well and efficiently doctors or hospitals treat heart attacks and illnesses like [diabetes](#) or pneumonia could provide consumers with useful information.

The idea has strong support in Congress and from AARP, the lobby for older Americans, but some medical specialists said they were surprised by the deal. Many doctors said they feared that the information could be used by the government to justify cutting their Medicare fees.

"We are concerned that the push to measure quality will become just a smoke screen to cut costs and to reduce the resources devoted to health care," said Dr. Frederick C. Blum, president of the American College of Emergency Physicians.

But leaders of the American Medical Association said they had agreed to help develop uniform measures of the quality of care because otherwise doctors would have dozens of disparate measures foisted on them by insurance companies, health plans and government programs.

President Bush, speaking Thursday at a panel discussion on health care, emphasized potential benefits for consumers. "People are able to shop based upon price and quality in almost every aspect of our life, with the exception of health care," he said.

Under the accord between leaders of Congress and the A.M.A., doctors groups are to develop "a total of approximately 140 physician performance measures covering 34 clinical areas" by the end of this year.

In 2007, the agreement says, doctors will voluntarily report to the federal government "on at least three to five quality measures per physician." The agreement says doctors "should receive" some additional payment to offset the costs of collecting and reporting the data.

"By the end of 2007," the pact says, "physician groups will have developed performance measures to cover a majority of Medicare spending for physician services." Medicare spent more than \$57 billion under its physician fee schedule last year.

The agreement, dated Dec. 16, was signed by Dr. Duane M. Cady, chairman of the American Medical Association, and by three Republican members of Congress responsible for Medicare legislation: Senator [Charles E. Grassley](#) of Iowa and Representatives [Bill Thomas](#) of California and Nathan Deal of Georgia.

"Medicare now pays the same amount regardless of quality," said Mr. Grassley, the chairman of the Senate Finance Committee.

Medical specialists, including emergency doctors, orthopedic surgeons, neurosurgeons and gynecologists, said they wanted to improve the quality of care and were already developing performance measures. But they objected to the confidential pact, titled a "joint House-Senate working agreement with the A.M.A.," and its ambitious timetable for assessing doctors' performance.

In a letter this month to Dr. Cady, the presidents of seven medical specialty groups said they had not been consulted or informed. "The A.M.A. acknowledged the existence of this agreement only after we uncovered it," it said, adding, "The A.M.A. agreed to the imposition of a pay-for-performance system" without getting an assurance that doctors would be adequately paid for treating Medicare patients.

The Medicare payment for each physician service was frozen this year. Under current law, doctors face cuts of more than 4.5 percent in each of the next eight years. Congress has often intervened to prevent or delay such cuts. It could easily stipulate that doctors must report measures of clinical performance as a condition of getting even a small increase in Medicare fees.

The letter to the A.M.A. said, "Many specialty societies will find it difficult if not impossible" to meet the timetable set in the agreement.

In a separate letter to Congressional leaders, 10 national doctor groups representing a wide range of specialties said: "We are dismayed that an agreement was reached on issues that are critical to the future of our specialties and our patients without our participation or knowledge. The American Medical Association cannot be the sole representative for the groups who are paramount to the development and implementation of quality measures."

Quality measures are supposed to indicate whether doctors follow best practices in treating patients. Federal officials gave these examples of quality measures: the proportion of diabetic patients with blood sugar and [cholesterol](#) at the recommended levels; the percentage of surgical patients who receive medications to prevent blood clots; the proportion of patients with pneumonia who receive [antibiotics](#) within a few hours of diagnosis; and the percentage of heart attack patients who receive [blood pressure](#) drugs known as beta-blockers when they arrive at a hospital.

Thomas Thames, an AARP board member, said his group supported efforts to measure performance and link Medicare payment to quality because "rewarding quality can improve results." He said, "We support moving to pay-for-performance on an aggressive timetable."

Dr. Mark B. McClellan, administrator of the Centers for Medicare and Medicaid Services, said Medicare should reward doctors for "efficiency and high-quality care, not simply pay for more services."

But Dr. Stuart L. Weinstein, a University of Iowa professor and president of the American Academy of Orthopaedic Surgeons, said the timetable endorsed by the A.M.A. and Congressional leaders was unrealistic. "Performance measures need to be developed by specialty societies, then tested and validated, to confirm that they really affect patient care in a positive way," he said.