

ADVOCACY

GI physicians need to prepare for 2013 reporting mandates



At issue is the decision by the Centers for Medicare and Medicaid Services to back-date reporting requirements under the penalty phases of these programs.

Call it a “perfect storm” or a “train wreck,” but many physicians are unknowingly on the cusp of significant cuts in Medicare payments for failure to successfully participate in several overlapping Medicare quality improvement programs.

The performance periods for the penalty phases of some programs have already been initiated, while others will begin in 2013 and 2014. Additionally, ambulatory surgical centers face a 2 percent payment reduction in 2014 for failure to report quality data this fall.

“Many physicians are not aware of compliance deadlines because the penalties for most of these programs don’t take effect until 2014 and 2015,” said Brian C. Jacobson, MD, MPH, FASGE, ASGE Health and Public Policy Committee Chair.

Blind-sided by back-dating

At issue is the decision by the Centers for Medicare and Medicaid Services (CMS) to back-date reporting requirements under the penalty phases of these programs. As a result, physicians are subjected to payment penalties based on activities that occurred during the one or two years prior to the penalty year specified by law.

For example, CMS is basing the Physician Quality Reporting System (PQRS) 2015 penalty on a physician successfully reporting in 2013. Thousands of gastroenterologists could face multiple penalties if they do not successfully participate in these programs.

“CMS reports show that a majority of physicians have not participated in the voluntary or incentive phases of these quality reporting programs,” said Dr. Jacobson. “One of the primary reasons GI physicians are not participating is that they have not been given the opportunity to participate in a meaningful way in PQRS and the electronic health record (EHR) meaningful use incentive program with specialty-relevant measures.”

Financial and administrative burdens also contribute to the lack of participation in these programs, especially for small, single-specialty practices.

According to the 2010 PQRS and ERx Experience Report published by CMS in April 2012, 11,959 gastroenterologists were eligible to participate in the PQRS program in 2010; however only 2,612 (21.8 percent) participated. Of those gastroenterologists that participated, 1,616 (61.8 percent) of them received an incentive payment.

GI physician participation rate in the e-prescribing incentive program for 2010 and the EHR meaningful use incentive program was equally low.

“ASGE is very concerned about the low participation rates of gastroenterologists in this program and is working to develop educational resources to help get our members on the road to compliance before the 2013 reporting cycle begins,” said Dr. Jacobson.

Additional Resources

- [Summary of proposed rule](#)
- [ASGE ASC Quality Reporting Program Resource Center](#)
- [AMA Webpage on CMS Incentive Programs](#)
- [CMS EHR Incentive Program Webpage](#)
- [CMS PQRS Webpage](#)
- [CMS E-Prescribing Webpage](#)
- [QualityNet](#)

Quality program penalty timelines

E-Rx

2012 = -1 percent (reporting year ended)
2013 = -1.5 percent (last chance to report ends June 31, 2012)
2014 = -2.0 percent (2012 and first six months of 2013)

ASC Quality Reporting

2014 = -2.0 percent (2012 reporting year)
2015 = -2.0 percent (2013 reporting year)

PQRS

2015 = -1.5 percent (suspect 2013 reporting year)

Value Modifier

2015 = select physicians (2013 performance year)
2017 = all physicians (likely 2015 year)

EHR

2015 = -1.0 percent (2013 or 2014 performance year)

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Multi-society letter to CMS sent

ASGE has expressed its opposition to CMS' back-dating proposals and has urged the agency to re-evaluate the penalty timelines associated with these programs. In a multi-society letter to CMS, ASGE urged CMS to "discontinue its plans to back-date penalty programs, while better synchronizing the incentive and penalty programs so that physicians who successfully participate in one program are protected from penalties associated with other programs."

Visit the [Government and Advocacy](#) Web page for updates and information on how you can make a difference, or contact Lakitia Mayo, assistant director, ASGE Health Policy and Quality, at lmayo@asge.org or by telephone at 630-570-5641. ●

PUBLIC AND MEMBER OUTREACH

First ASGE Community Outreach Award winners



Antonio Mendoza Ladd, MD



Michelle Nazareth, MD

The ASGE Community Outreach Award recognizes trainees for doing good works in their community related to digestive health. The 2012 award was given for raising awareness about colon cancer screening by seeing who could send the highest number of ASGE colon cancer screening eCards.

The two winners this year were Antonio Mendoza Ladd, MD, Lenox Hill Hospital, New York and Michelle Nazareth, MD, University of California, San Francisco. They were recognized at the ASGE Crystal Awards on May 20 during Digestive Disease Week® in San Diego.

Check the [ASGE website](#) in the coming months for information on the 2013 Community Outreach Award. ●

Made possible, in part, through the ASGE Foundation. 

In memoriam: Joseph B. Kirsner, 1909–2012



Joseph B. Kirsner, MD,
PhD, FASGE

Renowned gastroenterologist Joseph B. Kirsner, MD, PhD, FASGE, died from kidney failure at his home in Chicago on July 7. He was 102.

Kirsner was a pioneer in the understanding and treatment of inflammatory bowel disease and a role model for physicians learning how to care for patients. He was a leader in understanding the immunology and genetics of inflammatory bowel disease and was one of the first to show the increased risk of colon cancer in patients with ulcerative colitis.

The University of Chicago professor helped found ASGE, the American Gastroenterological Association and American Association for the Study of Liver Diseases. He also was a key player in the creation of the original General Medicine Study Section, a voluntary group of experts who advise the National Institutes of Health on the merits of grant applications. His respected textbook, *Inflammatory Bowel Disease*, was published in six editions.

Dr. Kirsner served on the ASGE Governing Board and as its 1949–1950 president. He received the society's highest honor, the Rudolf V. Schindler Award, in 1984, and the ASGE Distinguished Lecturers Award in 1991. The Crohn's and Colitis Foundation gave him its lifetime achievement award two times, in 1991 and 2002.

Excerpted from a University of Chicago Department of Medicine press release. ●