there have been many Pay for Performance (P4P) programs available that allow providers to earn cash incentives for participating in what is deemed to be a quality improvement program. These have included:
• Meaningful Use
• E-Prescribing
• PQRS

Over the past few years, the blogs, email newsletters, articles and lectures have provided details on each of these programs. The incentives associated with each of these programs are winding down and some now have payment adjustments associated with not participating in the program. But this is only the tip of the iceberg in terms of incentives and potential payment adjustments that will impact future reimbursement paradigms that will impact our practices.

ACOs
ACOs are one type of program that can result in payment incentives and possible payment adjustments. If you look to the CMS website, an ACO is defined as “groups of doctors, hospitals, and other healthcare providers, who come together voluntarily to give coordinated high quality care to the Medicare patients they serve. Coordinated care helps ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds in both delivering high-quality care and spending healthcare dollars more wisely, it will share in the savings it achieves for the Medicare program.”

What does this mean for your practice and how can you share in the incentive provided should the ACO achieve this goal?

There are some rules associated with ACOs that you as a podiatrist need to be aware of.
• First, membership in an ACO is limited to MDs and Dos. We as DPMs cannot be a member of an ACO, and therefore are not eligible to share in the shared savings.
• Second, each MD and DO can only be part of a single ACO and cannot be part of multiple ACOs.

These two factors present limitations and potential opportunities for a podiatry practice. ACOs are looking to provide the most effective quality care to the patients that they serve. If your practice can utilize the reports in your EHR to demonstrate that you provide cost-effective quality care, you can put yourself in a position to negotiate arrangements with ACOs to become the preferred podiatry practice for the ACO.

In addition, you are able to negotiate with any and all ACO programs and are not limited to negotiating with a single ACO. By utilizing the tools within your EHR and providing quality reporting to the ACO organizations, you can
position your practice to continue to grow and thrive with a constant stream of new patient referrals coming to your office. Should another practice in your area achieve this relationship, you may find that physicians in the ACO are recommending that your current patients visit that other practice for their podiatric care.

The potential incentives and penalties associated with ACOs are indirect in that these programs can impact upon the number of patients who come into your office but do not have a direct impact on your fee schedules.

**PQRS**

The PQRS program is undergoing some major changes in how the incentives and penalties will be calculated. Up until now, if you successfully reported quality measures, you were eligible for an incentive or avoided a penalty. If you did not report PQRS, you would be subject to payment adjustments. The important metric was the reporting frequency. You could have reported that you did not meet quality metrics and still have earned a reporting incentive payment.

In addition, reporting that you did not meet quality metrics did not have a negative impact on your practice. As of this year, that is changing in a number of ways.

You can no longer earn an incentive for reporting, but you will be subject to a penalty if you do not successfully report. The government will not only be looking at your reporting percentage, it will also be looking at your performance percentage. The website physician compare (http://www.medicare.gov/physiciancompare/) will report both your reporting and your performance metrics. This website is available to patients, insurance companies, and doctors review sites such as healthgrades (http://www.healthgrades.com), Wellness.com (http://www.wellness.com), U Compare Healthcare (http://www.ucomparehealthcare.com), as well as others.

Google your name and see what comes up in the top results. This is what patients will see should they google your name. It is good business to put your best foot forward on the Internet and look as good as possible on these doctor-rating websites. Some of the sites already have links to sanctions, board actions, and malpractice claims. There is nothing to prevent the information from Physician Compare from being reported on these sites.

In addition to the indirect costs and benefits associated with how you report on the quality metrics, there can also be incentives and penalties based upon your performance percentage. These incentives and penalties currently only have a major impact on large practices.

**Meaningful Use Penalties**

Meaningful Use penalties have started to kick in for those providers who are not participating in the program, and for those who have not yet participated, there is no longer an opportunity to earn any incentive payments. For those providers who participated in 2014 or earlier, there is still the opportunity to earn incentive payments, but with each year, those incentive payments become less and less.

On the flip side, the penalties increase each year and the penalty amount can increase if less than 75% of providers meet Meaningful Use. The penalties only apply to your Medicare fees. It is important to realize that your participation in the Meaningful Use program is also listed on the Physician Compare website.

**Pay for Performance**

The set of programs that may impact your practice are commercial P4P programs. There are numerous commercial insurance companies that have P4P programs that you may be eligible for. Very often, the program is announced to you via an insurance newsletter or email. These notifications provide you with the information you need in order to take advantage of these opportunities. There is no single resource available to help you identify programs that are in your area, and reaching out to your local insurance representatives or your local and state organizations is the best way to find out about these potential opportunities.

In addition to individual participation in these P4P programs, you may be a member of an IPA that has already developed a P4P relationship with a hospital or insurer. These contracts can make you eligible for additional incentive payments based upon the IPA contract that you are party to. Reach out to each of the IPA organizations and find out if they have any programs in which you can participate.

The common denominator for each of these programs is quality metrics. You may or may not agree that the information being collected and reviewed has anything to do with quality of care, but the organizations that are writing the checks do believe that the data do provide feedback on quality care. The fiscally prudent move for your practice is to be aware of each of these programs, determine the costs associated with participating in the program, the costs associated with electing not to participate in a program, and the financial benefits of participating in a program.

When evaluating each of the programs, you need to include not only the direct impact upon your fee schedules but the impact each of these programs may have on the number of patients who come to your practice for their podiatric care. PM

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