

MedPAC and what we can learn regarding the use of ultrasound to guide procedures

By Jill Rathbun

The Medicare Payment Advisory Commission (MedPAC) is a nonpartisan legislative branch agency that provides the Congress with analysis and policy advice on the Medicare program. It also responds to the Centers for Medicare and Medicaid Services (CMS) on the various proposed rules for the Medicare fee schedules, demonstration projects and Medicare Advantage. Each March, MedPAC puts out a report sharing its analysis regarding the payment adequacy of fee for service Medicare and beneficiary access.

In this year's report, MedPAC has five themes:

- Payment accuracy and encouraging efficiency.
- Care coordination and quality.
- Broadening information available to patients and providers.
- Engaging Medicare beneficiaries.
- Aligning the health care workforce.

Integrating the use of ultrasound into a practice would help a health care delivery system to embrace these areas, particularly increasing efficient care that is high quality and provided by a health care workforce that is aligned toward providing value-based care.

In the report, MedPAC reminds its readers that for 2016, between the Value-based Purchasing, Hospital-Acquired Conditions Reduction Program and the Re-Admissions program, hospitals are getting anywhere from a 3 percent bonus to a 5.75 percent penalty, based on previously reported quality data, particularly elements under the Patient Safety Indicator (PSI).

Twenty-five percent of hospitals will see a net average increase of \$70,000 in 2016 because they had the lowest numbers of complications and the best "scores" on these performance-based, quality programs. Two-thirds of Medicare participating hospitals will see an average net decrease in Medicare revenue of \$380,000 because they still have not integrated clinical interventions, such as the use of ultrasound to guide paracentesis and thoracentesis procedures, which could help to reduce their number of complications.

ments to applicable hospitals that rank in the worst-performing quartile of all subsection (d) hospitals with respect to risk-adjusted HAC quality measures. These hospitals will have their payments reduced to 99 percent of what would otherwise have been paid for such discharges.

There are several available resources for hospitals regarding patient safety activities that could be incorporated to help with reducing hospital-acquired conditions. The National Patient Safety Foundation at

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For the Hospital-Acquired Conditions Reduction Program in 2016, MedPAC states in its March report that 735 hospitals will be penalized under this program. This will be an average penalty of almost \$500,000 per hospital. Forty-six percent of the major teaching hospitals in this country will be receiving this penalty in 2016. Section 3008 of the Patient Protection and Affordable Care Act (ACA) established the Hospital-Acquired Condition (HAC) Reduction Program to provide an incentive for hospitals to reduce HACs. Beginning in Fiscal Year (FY) 2015 (discharges beginning on Oct. 1, 2014), the HAC Reduction Program required the Secretary of the Department of Health and Human Services to adjust pay-

<http://www.npsf.org/> has various toolkits and other pieces of information that offer help in this area. The Agency for Healthcare Research and Quality (AHRQ) also has resources at <http://www.ahrq.gov/health-care-information/topics/topic-patient-safety.html> that could be helpful.



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issues of interest to health care professionals.

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