

Appendix B: Recommendations adopted by the Practicing Physicians Advisory Council December 16, 2002. Report Number 42.

(Key: Numeric and Alpha organization refer to the following: 42 refers to the meeting number; A, B, etc. refers to agenda item; and 1, 2..., refers to number of recommendation under each agenda item.)

42-C: Federal Register Notice

42-C-1: PPAC recommends that the Old Business list from the PPAC minutes be included in the agenda published in the *Federal Register* for the purpose of discussion at future meetings.

42-C: Carrier Medical Directors

42-C-2: PPAC recommends that CMS instruct carriers to ensure that carrier medical directors be available through current toll-free telephone lines.

42-E: Physician Fees

42-E-1: For its future meetings, PPAC recommends the agenda include, under new business items, the outcomes of research on the costs of reestablishing practices that were lost (i.e., no longer participating in Medicare) due to decreases in the physician fee schedule.

42-E-2: PPAC recommends that it get updates from the appropriate entity on the assumption that physicians can accommodate an annual 30% increase in productivity ad infinitum.

42-F: Doctors Office Quality Project

42-F-1: PPAC recommends that the DOQ project take steps to minimize the paperwork and time required by participating physicians in order to avoid creating a financial disincentive to participation.

42-F-2: PPAC recommends that CMS explore future demonstration projects on the use of financial incentives to achieve quality improvement goals.

42-F-3: PPAC recommends that CMS use the AMA Physician Consortium for Performance Improvement's evidence-based performance measures and any resulting data for quality improvement purposes only.

42-F-4: PPAC recommends that CMS continue to work with the AMA and the Consortium to ensure the appropriate development and implementation of evidence-based clinical performance measures that enhance the quality of patient care and advance the science of clinical performance measurement and improvement.

42-F-5: PPAC recommends that CMS use information gleaned from implementing the measures in the pilot tests of the DOQ project to further refine the measures, if necessary,

in collaboration with the Consortium, and the Consortium should be involved in future implementation efforts.

42-F-6: PPAC recommends that CMS recognize the state-of-the-art of physician performance measurement, which supports the use of measurement to promote continuous quality improvement; existing methodologies do not warrant the use of measures for purposes of individual accountability, comparison, or choice.

42-F-7: PPAC recommends that CMS acknowledge the serious limitations in using performance measurement to assess physician competence and to work with the AMA and the Consortium to ensure that data from the DOQ project are used to improve the overall quality of patient care and not to assess individual physician performance.

42-F-8: PPAC recommends that CMS consider the burden of data collection; consider the use of electronic medical systems to collect and process data; and agree to collect data for the DOQ project prospectively only.

42-F-9: PPAC recommends that CMS involve the national medical specialty societies and boards in addressing what constitutes the appropriate specialty-specific variance in clinical practice.

42-F-10: PPAC recommends that CMS indicate physician participation only as the sole criterion for public recognition by the DOQ project.

42-F-11: PPAC recommends that the DOQ project measure physician productivity within the context of the current study.

42-F-12: PPAC recommends that specialist physicians be included in the DOQ project.

42-G: Immunoassay Fecal Occult Blood Testing (FOBT)

42-G: PPAC recommends that the existing rule related to coverage of guaiac-based fecal occult blood tests for screening for colorectal cancer be changed to allow other types of fecal occult blood tests to be considered for coverage.

42-H: Customer Service Survey

42-H-1: PPAC recommends that when a comparative billing report on an individual is requested, that the request does not trigger an investigation of the individual.

42-H-2: PPAC recommends that CMS publish the results of the Program Integrity Customer Service Initiative survey and the resulting workplan and that CMS use those vehicles available through specialty and other medical societies to widely distribute the survey results and workplan.

42-H-3: PPAC commends the Program Integrity Customer Service Initiative for efforts to make the project more understandable.

42-H-4: PPAC recommends that Program Integrity Staff continue efforts to have contractors make their articles on coverage and coding policies and frequently asked questions available for the Medicare coverage database and searchable.

