PQRS is insulting to the integrity of physicians

I am very upset about losing my appeal with the CMS Physician Quality Reporting System (PQRS).

Because of an unfair and arbitrary process, my practice will lose thousands of dollars this year. We made a perfectly valid appeal and were harshly denied: "This decision is final."

I run a solo practice of internal medicine in a small town. My wife, an RN, is my office manager and she worked diligently in 2014 to fulfill the "quality" inputs. Three measures were performed, as we were supposed to do. Two, we did perfectly well and passed (hundreds of patient encounters and data entries). The third was denied because the CMS "denominator" was misunderstood and/or inappropriately determined.

For example, it included patients who died, lived elsewhere, or changed to a new doctor, so it was impossible to reconcile their medications after a hospitalization. Also, the wording of the policy is confusing.

So, CMS said we were five patients short on Measure 46 and they did not show any understanding or sympathy on our appeal – the space for which on the online form was very limited.

We then get NO credit, only penalization, for all our many hours of efforts over the whole year. We did 99% right, spending a ton of resources on this "quality" project, and get worse than zero for all our efforts! This is unfair and insulting to our integrity and professionalism.

This sort of governmental arbitrariness embitters well-meaning physicians trying to make a living, particularly those of us without the resources of big groups.

Physicians should be spared this major frustration. Practicing medicine is difficult enough.

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Agree on tort reform's role in solving defensive medicine

In "Tort reform necessary to solve defensive medicine" (Your voice, June 25, 2016) Calvin S. Ennis, MD, was right to express his frustration with the way our tort system deals with medical malpractice.

Making plaintiffs' attorneys (if they lose their case) pay the defense attorneys' fees as he suggests would probably go a long way to cutting down on frivolous law suits.

But special health courts presided over by judges with special training in medical malpractice should also be considered as a solution. They have the potential to resolve cases quickly, and cut down on administrative costs and excessive payouts.

Both patients and doctors would be treated in a reasonable way, reducing the fierce hostility and adversarialism that now prevail. And defensive medicine, though it would not disappear, entirely would be lessened significantly.

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CMS saddling primary care with too many burdens

I read with interest the various report cards on the different challenges medicine is currently facing.

As a general internal medicine physician, the primary care incentive pay article was particularly interesting. I think it is important to understand that this bonus was simply a lifeline to primary care practices that had heavy exposure to Medicare patients.

In a busy and mature internal medicine practice, Medicare is frequently well over 50% of the practice. In my case, the bonus amounted to an additional one-half month of revenue. This is certainly a significant amount of money for any practice. I don't think there is any real expectation from CMS that this incentive pay would change behaviors. It was simply an attempt to help maintain financial stability for these practices.

Unfortunately, our leaders in organized medicine were focused solely on getting rid of the SGR.

During their rush to make a deal on this, they basically gave away too much. They have saddled primary care with additional burdens under MIPS. Eventually, specialists will have some of these burdens as well.

However, primary care will remain the most heavily burdened with these programs. In addition to having more bureaucratic burdens, we gave up the money from the primary care incentive program. I don't think there was anything similar that was given up by the specialist community.

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