

1 VERMONT MEDICAL SOCIETY RESOLUTION

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3 **Burden of Quality Reporting**

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5 *Adopted October 19, 2013*

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7 Whereas, The time spent by US physicians interacting with payers equals \$82,975 per physician per
8 year¹ and these interactions include dealing with multiple formularies; claims and billing procedures;
9 credentialing requirements; prior authorization; and quality reporting requirements; and

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11 Whereas, There is a lack of harmony among various quality reporting requirements and a need for
12 additional research to determine if current quality reporting requirements actually improve health
13 outcomes and help achieve greater efficiency; and

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15 Whereas, Payer-specific variation in quality reporting makes it difficult for practices and policy makers
16 to use information technology to measure health care system improvement and there is a clear need to
17 coordinate these efforts to better deploy scarce resources and minimize burden on providers; ²

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19 Whereas, The state of Vermont is in the process of adopting quality reporting requirements by
20 physicians and other health professionals for commercial and Medicaid Accountable Care Organizations
21 (ACO) that are in addition to the 33 measures required under the Medicare Shared Saving Plan ACOs
22 and those required under the Blueprint for Health; and

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24 Whereas, The lack of harmonization associated with quality reporting have been recently highlighted
25 with the passage by the House Energy and Commerce Committee leaders of legislation to repeal the
26 Medicare's Sustainable Growth Rate (SGR) system and replace it with physician fee schedule payment
27 updates being based on performance on new measures of care quality; now, therefore be it

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29 **Resolved, The Vermont Medical Society will work with other organizations to identify ways to**
30 **standardize the definitions and calculations for quality metrics used by the federal and state**
31 **government entities, insurance payers, and others; and be it further**

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33 **Resolved, The Vermont Medical Society will encourage the documentation of the various quality**
34 **reporting requirements imposed on physicians and their practices by payers and demonstrate any**
35 **lack of harmony in the use of different measures and the use of different definitions for the same**
36 **measures, as well as quantify the cost to physicians and their practices of the administrative**
37 **burden of quality reporting; and be it further**

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39 **Resolved, The Vermont Medical Society will seek to determine if there is research indicating**
40 **that quality reporting requirements improves health outcomes and helps to achieve greater**
41 **efficiency; and be it further**

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43 **Resolved, The Vermont Medical Society will work with federal and state government entities,**
44 **insurance payers, and others to recommend the elimination of reporting requirements where**
45 **there is a lack of evidence supporting their benefits in order to reduce the administrative burden**
46 **on physicians and their practices.**

¹ Morra, D et al, US Physician Practices Versus Canadians. Health Aff, Aug 2011 . P 1445-1448

² Damberg, C. *Efforts to Reform Physician Paymen t*Rand Office of External Affairs, Feb 2013. p.7