

# ACP calls for a 'time out' to assess and revise approach to performance measurement

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In "Time Out—Charting a Path for Improving Performance Measurement," published today in the *New England Journal of Medicine*, the American College of Physicians (ACP) reports that the majority of quality measures for ambulatory internal medicine in Medicare's Merit-based Incentive Payment System (MIPS) program are not valid based on criteria developed by ACP.

ACP performed this analysis in response to [physician](#) concerns that the current measures are not meaningful in improving patient outcomes. ACP analyzed 86 [performance](#) measures included in Medicare's MIPS and Quality Payment Program (QPP) and found that 32 were valid (37 percent), 30 (35 percent) were not valid, and 24 (28 percent) were of uncertain validity.

Of the 30 measures rated as not valid, 19 were judged to have insufficient evidence to support them. A characteristic of measures rated as not valid was inadequately specified exclusions, "resulting in a requirement that a process or outcome occur across broad groups of [patients](#), including patients who might not benefit," the authors wrote.

"ACP has long supported and advocated improving performance measures so they help physicians provide the best possible care to their patients without creating unintended adverse consequences," said ACP President Dr. Jack Ende, MD, MACP.

ACP identified performance measures that had poor specifications that

might misclassify high-[quality](#) care as low-quality care. The paper notes that using flawed measures is not only frustrating to physicians but potentially harmful to patients. Physician practices spend \$15.4 billion per year, or about \$40,000 per physician, to report on performance. In a recent survey, nearly two-thirds of physicians said that current measures do not capture the quality of the care they provide.

ACP also identified troubling inconsistencies among leading U.S. organizations in judgments of the validity of measures of physician quality. ACP suggests that a single set of standards, such as those developed by the National Academy of Medicine for clinical practice guidelines, would allow others to evaluate the trustworthiness of performance measures before they are launched.

ACP believes the next generation of [performance measurement](#) should not be limited by the use of easy-to-obtain (e.g., administrative) data and not function as a stand-alone, retrospective exercise.

"A possible solution is to have physicians with expertise in clinical medicine and research develop measures using clinically relevant methodology," Dr. Ende said. "Performance measures should be fully integrated into care delivery so they can help to address the most pressing performance gaps and direct quality improvement."

With more than 2,500 performance measures used inconsistently in various programs, ACP called for a "time out" to assess and revise the approach to assessment of physician performance.

**More information:** *New England Journal of Medicine* (2018).  
[www.nejm.org/doi/full/10.1056/NEJMp1802595](http://www.nejm.org/doi/full/10.1056/NEJMp1802595)

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