

## Letter to the Editor

By Lori Kelsey

A law firm recently posted full-paged ads in the Union County Leader soliciting for depositions involving Clayton Nursing Home and Rehabilitation. *Such ads should be taken with a grain of salt.* They mislead the public by taking advantage of information that the Patient Protection and Affordable Care Act (PPACA) makes transparent to all.

As pointed out by Sue Richardson in a rebuttal article, it is obvious that law firms scan *Medicare.gov Nursing Home Compare* for leads. The public has access to the same information. However, in order to have unbiased opinions, *Medicare.gov* reports must be read in FULL - *not just the portions law firms focus on.* After doing so, my opinion of Clayton Nursing Home and Rehabilitation is good, especially in comparison to other nursing homes in the region.

Another article pointed out how *Medicare.gov Nursing Home Compare* is a 5-star rating system from the Centers for Medicaid and Medicare (CMS). It aims for transparency on issues surrounding the quality of healthcare and healthcare choices. There is also *Medicare.gov Physician Compare, Hospital Compare, Home Health Compare, Dialysis Compare, and Plan Compare.*

After doing some research I can elaborate further on my point. Under the PPACA, all healthcare entities and providers who serve Medicare and/or Medicaid patients are now required to participate in a CMS quality-reporting program. This includes hospitals, nursing homes, physicians, dentists, chiropractors; nurse practitioners, physician's assistants; physical therapists etc.

For example the Physician Quality Reporting System (PQRS) facilitates appropriate care and outcomes within an appropriate timeframe with a high level of quality, and patient satisfaction. To these ends, CMS has developed a database of quality measures that address key aspects of patient care and safety for specific illnesses, prevention, and Essential Healthcare Benefits (EHB). Patient opinion surveys are required as well.

PQRS participants attest to fulfill these aspects of care on a regular basis. Those who meet PQRS reporting requirements will be rewarded. Those who fail will be penalized. The rewards or penalties are above and beyond the usual CMS reimbursement schedule. A detailed schedule on rewards and penalties is also accessible.

In reality, PQRS quality measures reflect the same patient care that any prudent provider/entity gives. *The point is to systematically report it.* However, providers/entities who do not or cannot serve CMS patients are not required to report that they are fulfilling quality measures, hence are not listed on a *Medicare.gov Compare* site.

*Medicare.gov Physician Compare* indicates if a provider participates in PQRS. But since it is a new process instituted in phases the results have not been posted yet. I am sure law firms will be ready to place ads the moment *Physician Compare* results appear. Might this deter private providers from accepting CMS patients?

I look forward to articles on similar healthcare topics in the UCL for continued well-rounded discussion. This is because misrepresented publically reported healthcare information potentially undermines the actual goals, which are to enhance healthcare quality, choices, and accessibility.