

# Data Reporting In The CMS Physician Quality Reporting Initiative

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# IHA, CMS, and PVRP

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- IHA tried to work with CMS to integrate as many PVRP Measures as possible in 2006.
- IHA chose 7 measures to test in 2006.
- IHA agreed to work on implementing 4 other measures and leave 5 for later.
- Issues of implementation were mainly attribution and ability to gather data from administrative data only.
- 7 measures tested, not only for reporting, but also for results.

# IHA Rating of PVRP Measures

PVRP Measure	Comments	Rating
Aspirin at arrive for AMI	Depends on action of ER doc; not attributable to PCP or managing doc	No
Beta blocker at arrive for AMI	See above	No
HbA1c control for DM	Good	A
LCL control for DM	Good	A
BP control for DM	Good	A
ACE/ARB for left ventricular systolic dysfunction	Good	A
Beta blocker for prior MI	Good	A
Assessment for falls	Potentially good but needs work; NCQA working on it; difficult	B
Dialysis dose in ESRD	Not sure of potential impact because involves so few docs	C
Hematocrit level in ESRD	See above	C
Autogenous arteriovenous fistula in ESRD	See above	C
Antidepressant meds	Issue with carve-outs / contracting	B
Antibiotic prophylaxis in surg pt	Currently in NQF process; not ready now but good measure for future	B
Thromboembolism prophylaxis in surg pt	See above	B
Internal mammary artery in CABG	Affects small number of docs, but valid measure	C
Pre-operative beta blocker in isolated CABG	Denominator problem?	B/C

A = good measure; could test now

B = potential measure, but needs work before could be tested

C = questionable measure; not sure of impact; but could be tested

No = not feasible

# IHA Medicare Test Measures

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- Actual 2005 test data results
  - HgbA1c Testing 85%
  - HgbA1c control 68%
  - LDL Testing in Diabetics 93%
  - LDL control in Diabetics 73%
- Other than PVRP measures
  - Breast CA screening 76%
  - Colorectal CA screening 47%
  - Nephropathy Monitoring 54%
  - LDL Testing in CV dx 80%
  - LDL control in CV dx 65%

# Changes To PQRI For 2007

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- More measures (current count 66 +8 = 74)
- Measures may be submitted to CMS until the end of February
- Measures are NQF or AQA vetted
- Pay for reporting feature starts July 1, 2007
- Physicians must report on at least three measures to qualify (80% level)
- A 1.5% bonus will be paid for all Medicare billings
- There will be caps on some payments – high dollar, low volume – more claims will reduce chances to avoid cap

# More Details and Issues

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- The 1.5% bonus will apply to six months of all allowed claims starting July 1, 2007
- The exact nature of the caps related to some services or procedures still need to be worked out
- The final set of measures could change up to July 1, 2007
- If no measures are available for a specialty, no money will be paid

# PQRI-Implications Of Pay For Reporting in 2007

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- This is clearly Pay for Reporting and not Pay for Performance at this time
- The bonus amount may not be enough to cause some physicians to make the needed changes to comply
- Quality data must be reported using G-codes or CPT category II codes
- Reporting any G-code or CPT II code triggers the denominator calculation

# How to Report

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- By Claim Form (electronic UB 1500)
  - ICD-9
  - CPT
  - CPT II or G code
- CPT becomes denominator, CPT II or G code is numerator
- May report on paper claim form also
- Worksheet is helpful
- Data will be reported by individual Physician's NPI, payment will be made in one check to billing entity
- 2008 – Registry-based will be available and data can be used by some specialties for maintenance of certification



# PQRI In 2008 And Beyond?

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- Further Medicare conversion factor updates are likely to be tied to reporting
- At some point, performance targets will be part of the program formula (P4P)
- There may be bonuses attached to improvement as well as targets
- The set of measures and the number that must be reported will expand as the capability of electronic health records is enhanced to do this work



No one has all the  
answers yet



Questions?

# Still Seeking The Ideal Payment Environment

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- **Salary-** problems with productivity
- **Fee for service-** problems with overuse
- **Capitation-** problems with under use
- **Pay for performance-** problems with ignoring the things not attached to pay

**Some blend of all four is  
probably the answer!**

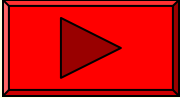
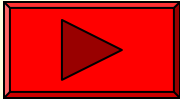
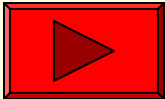
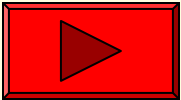
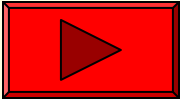
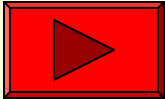
# Misconceptions About Clinical Performance Measurement

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- My patients are sicker!
- All my patients are like my most difficult patient
- “Non-compliant patients”
- The “right answer” for every measure is 100%
- There should be exclusions for every unique situation

# CMS Physician Quality Reporting Initiative

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- AAFP Resources
- FPM Article 
- Work flow suggestions 
- Data collection sheets 
- Coding help 
- CMS PQRI web site 
- Latest list of 2007 measures 

# Resources

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- Integrated Healthcare Association  
[www.ihc.org](http://www.ihc.org)
- Family Practice Management  
<http://www.aafp.org/online/en/home/publications/journals/fpm.html>
- Academy Practice Support Division  
[bbagley@aafp.org](mailto:bbagley@aafp.org)