

Patient registries

They may ease the challenges of PQRI reporting

Is the Centers for Medicare & Medicaid Services' (CMS) Physician Quality Reporting Initiative (PQRI) the future of reimbursement for quality improvement? If so, is it worth the effort? Can it help your medical practice improve the quality of care? The registry reporting method may help.

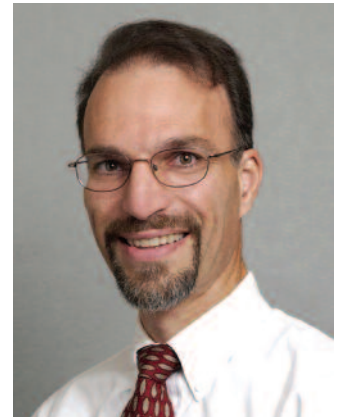
In September 2008, the Medical Group Management Association and the American Medical Association released reports highlighting their members' frustrations with the PQRI, including difficulty capturing and submitting data and little to no guidance on improving patient outcomes.^{1,2} In December 2008, CMS released a 2007 user-experience report that addressed similar concerns.³ The feedback prompted CMS to make substantial changes to the program, including alternative reporting periods and criteria for reporting the quality measures.

CMS established registry reporting as an alternative method for providers to report

PQRI data. Disease registries are databases that collect clinical data on patients with specific conditions, such as diabetes and asthma, or keep track of specific medical tests, such as Pap smears and mammograms. Practices can enter patient data as part of their routine clinical activity (either online or via uploads from their practice management system or electronic health record).

This approach separates the reporting of quality data from claims submission (data can be submitted independently from claims and at one point for the entire year), and significantly lowers the burden (and cost) of reporting in measures groups, defined as "bundling of four or more individual PQRI measures."

see **Solutions**, page 16



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History of PQRI

2006

- CMS establishes PQRI in response to the 2006 Tax Relief and Health Care Act

2007

- Providers are encouraged to participate in the voluntary reporting program by setting up and reporting on CPTII* codes in their claims systems (74 quality measures, 1.5% reimbursement with a cap)
- Medicare, Medicaid and SCHIP Extension Act of 2007 authorizes CMS to offer alternative reporting periods and alternative reporting methods for 2008

2008

- CMS increases the number of quality measures to 119, introduces four measures groups, eliminates the cap on the 1.5% reimbursement
- CMS qualifies 32 registries for submitting data on behalf of providers

2009

- CMS increases the number of quality measures to 153, increases the number of measures groups to seven, Congress increases the reimbursement to 2%
- CMS qualifies 74 registries for submitting data on behalf of providers

2010

- CMS finalizes 175 individual measures and 13 measures groups
- CMS proposes allowing the reporting of a limited subset of measures through qualified EHRs if testing is completed
- CMS announces intention to eliminate claims-based PQRI reporting in 2011

*current procedural terminology codes used for tracking performance measurement

Source: Outcome Sciences Inc.



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Registries flexible, customizable

Organizations ranging from state departments of public health to professional associations to insurance companies rely on clinical registries to report performance measures. Registries focus on clinical information and measure the quality of care provided by the practitioner for the individual patient, as well as the population treated by the clinician.

For PQRI, registry reporting aligns physicians' interests in clinically important patient care and performance information with CMS's goal to collect clinical measurement data through a single process. Providers can choose among registries that simply capture PQRI-related data to more extensive ones for patient management or other specialty-recognition programs. Integrating these goals helps physicians improve care and report to CMS at the same time.

From a practical perspective, the registry reporting method:

- Separates data submission through a CMS-qualified registry from claims submission for billing purposes;
- Gives clinicians an opportunity to review data collected prior to submission;
- Allows review of a group's measures results before submission; and
- Collects data concurrent with seeing patients or retrospectively, as chart review at the end of a cycle, reducing interference with everyday practice responsibilities.

CMS has also created certain measure groups that allow a smaller consecutive sample of patients with particular diagnosis en-

counters (e.g., diabetes) to be used for reporting, significantly lowering the burden of participation. You can report on measures groups through both CMS qualified registries and claims. By reporting a measures group, providers only have to report 30 consecutive patients for the entire year,⁴ whereas when reporting individual measures, they must submit data on 80 percent of all their Medicare patients for three measures. For measures groups reporting through a registry, only two of 30 patients must be covered by a Medicare indemnity plan. Using claims, all 30 patients must be under Medicare Part B.

Registries not for every group practice

As you consider the registry method, remember:

- Not all registries are qualified by CMS for PQRI reporting. Check online at www.cms.hhs.gov.⁵
- Costs vary by registry, but many are a few hundred dollars per provider per year.
- Registry reporting offers an alternative method for PQRI reporting, overcoming some issues with claims-based reporting.

Moving forward with PQRI

The government may eventually make the PQRI a true pay-for-performance program. Currently, it's really a pay-for-reporting program. In 2009, the bonus level is 2 percent. If submitting through a registry, providers have until Jan. 31, 2010, to submit 2009 data.

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- mgma.com/PQRI
- Store: Item 8004 for the Body of Knowledge Review Series: Quality Management; 7058 for the Quality Management Smart Pack

PQRI alternative registry submission work flow

3 individual measures

OR

One measure group

Identifies patients to include

Either 80% of eligible Medicare patients required for individual measure submissions

OR

30 consecutive patients (at least two Medicare)

Enter/upload data into registry for submission


Qualified registry transmits to CMS

AND

Practice (tax ID) received payment according to criteria

Final changes in 2010 include:

- Reporting at the group level;
- An option to report through a qualified electronic health record system for a limited subset of measures if testing is successful
- Removal of the consecutive patient requirement when reporting through measures groups; and
- An increase in the number of individual measures and measures groups.⁶

The alternative reporting methods allow you to select the method that best fits into your practice's work flow. However, claims-based reporting may soon become a method of the past. CMS recently announced its intention to eventually move away from claims-based reporting by 2011, stating that "both [registries and EHRs] hold the promise of more sophisticated and timely reporting on clinical-quality measures."⁷ 

join the discussion: Does your practice use a registry for PQRI reporting? Tell us at mgma.com/connexioncommunity or connexion@mgma.com

notes

1. Medical Group Management Association. Legislative and Executive Advocacy Response Network Physician Quality Reporting Initiative. www.mgma.com/WorkArea/showcontent.aspx?id=21972. Released: Sept. 8, 2008.
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5. Department of Health and Human Services: Centers for Medicare & Medicaid Services. Qualified Registries for 2008 PQRI Reporting. www.cms.hhs.gov/PQRI/Downloads/PQRI-QualifiedRegistries.pdf, accessed Oct. 30, 2008.
6. Department of Health and Human Services: Centers for Medicare & Medicaid Services. Federal Register / Vol. 74, No. 132 / Monday, July 13, 2009 / Proposed Rules. Section II.G.2. pp 41-72. http://www.cms.hhs.gov/PQRI/Downloads/CMS_1413_P.pdf.
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