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## Medicare's P4P program aims to improve care

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FOR MANY PHYSICIANS, their first real experience with pay-for-performance will be through the Center for Medicare and Medicaid Services' (CMS) Physician Quality Reporting Initiative (PQRI). In 2008, approximately 100,000 providers participated in the program. In 2009, along with the incentive payment (increased to 2%) the participation numbers are expected to grow. Facilitating that growth is the fact that in 2009, physicians may submit data via claims or via the new registry reporting method, greatly increasing the ease of participation.

For 2009, CMS has selected 153 quality measures developed through a national consensus process facilitated through the National Quality Forum and the Ambulatory Quality Alliance. The development of these measures included input from many stakeholders, including the American Medical Association and the Association of Health Insurance Plans. The addition of the registry reporting method encourages the collection of quality data for all payers. In other words, practices provide a sample of data that need not be limited to Medicare patients. CMS is qualifying selected clinical registries, some sponsored by medical professional associations, to facilitate data collection and reporting. In this way, CMS is encouraging real quality improvement,

aligning incentives for physicians and establishing transparency in the system.

When the PQRI program began in 2007, claims based reporting was the only option. Although more than 100,000 providers submitted PQRI data using CPT II codes via their daily claims submission, only 52% (56,722) of those actually received payments (with an average payment of a little more than \$600 for six months of data). One challenge with reporting through claims is that providers must report the data along with their billing data and without the opportunity to conduct data quality reviews prior to transmission. Also with this method, data collection is limited to Medicare patients only (unlike registry reporting explained further below) and physicians must learn to work with specialized CPT-II and G codes. Many of these issues have jumpstarted the involvement of some practice management systems and Electronic Medical Records (EMR), which are working to automate data collection for providers.

### Registry Reporting Option for PQRI

In August 2008, CMS selected 31 patient registries as qualified to perform PQRI reporting on behalf of physicians and other providers. Additional registries and an updated PQRI Toolkit are expected to be announced in the spring of 2009 on the CMS website. These registries vary in their intended

audiences and clinical focus. For example, the Society for Thoracic Surgery enables measures relevant for cardiac surgery. Others are designed to serve specific health systems or geographic areas, such as the Presbyterian Health Care Services and the Wisconsin Collaborative. Others offer services across specialties and geography and include all 153 measures. In general, providers can choose a registry at any time during the calendar year, since PQRI data collection can be done retrospectively. However, to get the maximum benefit for quality improvement, practices are encouraged to use their registry throughout the year.

### Improving Care

Performance registries are designed for data collection focused on improving care as well as reporting to CMS or potentially other payers. For measures groups reporting, CMS requires that only two of the minimum 30 consecutive patients be Medicare Indemnity insured, which differs from claims-based reporting where all patients must be Medicare Part B. CMS is encouraging physicians to collect and analyze data on patients, regardless of payer. Tools can include sophisticated benchmarking, reporting, and analytical capabilities as well as guidelines and patient education materials within the program. The ability to enter and to view this data

at any point throughout the reporting year also means that practitioners can perform data entry or perform chart review retrospectively in a batch format. Data automation can help improve the accuracy and timeliness of the information collected while diminishing the cost of data collection.

**How To Use a PQRI Registry**

Each provider needs to report either one measures group (30 consecutive patients, including two Medicare Indemnity) or three individual measures (80% of Medicare Part B Claims) for tracking. For 2009 there are seven measures groups:

- Diabetes (6 measures),
- Chronic Kidney Disease (5 measures)
- Preventive Care (9 measures)
- Perioperative Care (4 measures)
- Rheumatoid Arthritis (6 measures)
- Back Pain (4 measures)
- Cardiac Surgery (2 measures)

CMS has a long track record of performance programs for hospitals, nursing homes and home care agencies. Expect further growth of PQRI and transition to a true pay-for-performance program, where today, it should be considered a “pay-for-reporting” program. Over the next few years, look for an expansion of the total number of quality measures, and the number of measures groups. The percentage of the bonus payment may also rise further. Though claims-based reporting is expected to continue, registry reporting will likely become a preferred method for many physicians as professional associations collaborate with common

**Here are some examples:**

**PQRI Diabetes Mellitus Measures Group:**

Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus
Low Density Lipoprotein Control in Type 1 or 2 Diabetes Mellitus
High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus
Dilated Eye Exam in Diabetic Patient
Urine Screening for Microalbumin or Medical Attention for Nephropathy
Foot Exam

**PQRI Preventive Services Measures Group:**

Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older
Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
Influenza Vaccination for Patients ≥ 50 Years Old
Pneumonia Vaccination for Patients 65 years and Older
Screening Mammography
Colorectal Cancer Screening
Inquiry Regarding Tobacco Use
Advising Smokers to Quit
Universal Weight Screening and Follow-Up

measures. Since PQRI measures are derived from National Quality Forum endorsed measures, they have both credibility and utility for other payers.

There is an opportunity for private payers to adopt or add to the use of the PQRI

measures to help further align incentives for physicians and reduce the burden of different data collection programs.

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