

# Medicare Changes Quality Reporting Initiative

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Physicians now have nine options for submitting quality data to Medicare under the Physician Quality Reporting Initiative.

The new options include three ways to submit claims-based data and six registry-based methods for reporting (see box). For example, physicians will have the option of reporting data on groups of related clinical measures or individual measures and they can report for a full or half year. Officials at the Centers for Medicare and Medicaid Services announced the changes in April.

Under the Physician Quality Reporting Initiative (PQRI), launched last July, physicians can earn up to a 1.5% bonus on all of their total allowed Medicare charges for covered services for reporting on certain quality measures to CMS.

"We are encouraged by the success of the program so far, and with the new options for data reporting, more health professionals should take advantage of the reporting system," the acting administrator of the CMS, Kerry Weems, said in a statement.

In the meantime, physicians who reported data in 2007 are still waiting for their bonus checks and feedback on their performance. CMS accepted 2007 data until the end of February and is currently analyzing the information. CMS officials expect to provide results and bonus payments to physicians in mid-July.

Preliminary data show that in 2007, more than 100,000 physicians and other eligible professionals submitted quality data at least once to the voluntary reporting program. CMS estimates that about half of those who participated in 2007 will receive an incentive payment.

In 2007, CMS officials selected 74 quality measures to be used across various specialties. If three or more measures applied,

physicians had to report on at least three measures for at least 80% of applicable patients. If fewer than three measures were applicable, physicians had to report on each measure for at least 80% of the eligible patients. All reporting was claims based and covered the period from July 1 to Dec. 31, 2007.

This year, CMS has expanded the list of measures to 119, with 117 clinical measures and 2 structural measures. The structural measures relate to e-prescribing and electronic health record adoption and use.

CMS will also allow physicians to report on their clinical interactions for a full year from Jan. 1 to Dec. 31, 2008, or a half-year starting on July 1. Those physicians who haven't started reporting yet should still consider the full-year option, Dr. Michael T. Rapp, director of the quality measurement and health assessment group at CMS, said during a CMS-sponsored provider call on PQRI. Because 60 of the measures require only once-a-year reporting, physicians could still meet the 80% threshold if they started in May or June, he said.

CMS is also allowing providers to report either individual measures or "measures groups." CMS has created four measures groups with at least four measures each. The groups include diabetes, end-stage renal disease, chronic kidney disease, and preventive care.

For example, the end-stage renal disease group includes four measures: vascular access for hemodialysis patients, influenza vaccination, plan of care for patients with anemia, and plan of care for inadequate hemodialysis. In order to qualify for payment using measures groups, physicians have to submit data for each of the measures in the group.

Eligible professionals will also be able to report to clinical registries instead of submitting claims directly to CMS. Physicians would report data to the registry, which would in turn report to CMS. Currently, CMS is testing submission from registries and plans to publish a list of qualified registries in late August.

Despite the late announcement of qualified registries, physicians can still consider full-year participation with this option, Dr. Rapp said, because data are often sub-

mitted to registries months after the clinical encounter has occurred.

It appears that the changes will make it easier to report data, said Dr. James King, president of the American Academy of Family Physicians. "We want to be able to get our data in."

However, more details will be needed on registry-based reporting, said Brian Whitman, who monitors regulatory and insurer affairs at the American College of Physicians. The extent to which internists will be able to use registry-based reporting will be unclear until CMS releases the list of participating registries in late August, he said. While subspecialties such as thoracic surgery do have well-established registries, there is not a registry commonly used by all internists at this point, he said.

Another unanswered question is how CMS will ensure that the data being submitted by registries are accurate, Mr. Whitman said.

More information about the different reporting options is available online at [www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri).

## Options Involve Claims-Based and Registry-Based Reporting

Three of the nine options outlined by the Centers for Medicare and Medicaid Services for reporting data to PQRI in 2008 allow claims-based reporting. Here are details on the claim-based option:

► Physicians can choose to report on individual measures for a full year from Jan. 1 to Dec. 31, 2008. Under this option, physicians with three or more applicable measures would report on at least three measures for at least 80% of their patients. Those with fewer than three applicable measures would report on all of those measures for at least

80% of their eligible patients.

► Physicians also can choose from two reporting approaches for the half-year reporting period from July 1 to Dec. 31. Physicians could report on all measures in a measures group for 15 consecutive patients with the relevant condition or 80% of eligible patients.

Six options are registry-based:  
► CMS will allow three reporting options for a full-year reporting period. Those who chose to report on individual measures must report on 80% of applicable cases for a minimum of three measures. Physicians can also report on

a measures group for 30 consecutive patients with the applicable condition or 80% of the applicable cases.

► CMS also has established three reporting options for reporting to a registry for a half-year from July 1 to Dec. 31. For example, physicians could report on individual measures for 80% of applicable cases for a minimum of three measures. It also is possible to report for a half-year using measures groups. For example, physicians can report on a measures group for 15 consecutive patients with the applicable condition or 80% of applicable cases.

# Medicare Advisers Protest Agency's Plan to Publish PQRI Data

BY JOEL B. FINKELSTEIN  
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WASHINGTON — A panel of Medicare advisers warned agency officials against moving forward with a proposal to make public a list of doctors participating in a voluntary federal quality reporting effort.

The Physician Quality Reporting Initiative was created under a provision of 2006 tax relief and offers physicians a 1.5% Medicare bonus for sending data on several quality measures to the Centers for Medicare and Medicaid Services.

So far, about 16% of Medicare participating physicians have elected to participate in PQRI, although about half of those who are not participating see fewer than 50 Medicare patients a year,

according to agency officials.

"We have had in place for a number of years public reporting of quality information and now cost information for a number of settings, hospitals most prominently, dialysis facilities, nursing homes, and home health agencies," Dr. Barry Straube, CMS chief medical officer, said at a meeting of the Practicing Physicians Advisory Council.

"The agency, the [Health and Human Services] department, the White House, [lawmakers], and many consumer advocates and employers would like for us and everyone to start focusing more on physician office public reporting," he said.

Dr. Straube announced at the meeting that the CMS was considering whether to publish the names of physicians who have

agreed to participate in the PQRI as well as to indicate whether those physicians were paid the incentive, a proxy for whether they met or exceeded the agency's reporting requirements.

That proposal didn't sit well with several PPAC members.

"I'm concerned that you are taking these PQRI data that were presented to the physician community for one reason and now you're taking that information garnered out of that and you're going to put it on a Web site," said Dr. Tye Ouzounian, an orthopedic surgeon in Tarzana, Calif.

Publishing the names of PQRI participants could create a public perception that physicians who are not on the list are not quality providers, he told Dr. Straube.

The perception might be even worse for those physicians who chose to participate, but were not able to fully comply, said Dr. Fredrica Smith, an internist in Los Alamos, N.M.

"It's not that they are not listed as having participated. They are listed as participating and failing, which has horrible implications," said Dr. Smith. A solo practitioner, Dr. Smith said that she spent 1-2 hours a week trying to comply with the reporting requirement only to be left confused by them.

CMS officials told the council that they were applying the reporting requirements flexibly and that they expected most physicians who chose to participate to receive the incentive payment.

Despite such assurances, PPAC recommended that the CMS give

physicians and their colleagues enough lead time to consider whether they want to participate in the initiative, knowing their participation will be published, before that information is made available to the public.

"If you are going to put [those] data up there, you need to advise the physician community, with ample notice," Dr. Ouzounian said.

Dr. Straube said he understood council members' concerns, but that it was inevitable, given the push for transparency, that such information will some day be made public.

"I suspect that this is going to happen sometime in the future. I don't see how the physician office setting will not have some need to be publicly accountable," he said.