PQRI Will Use Lessons From 2007 to Improve

BY ALICIA AULT

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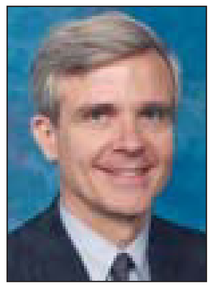
WASHINGTON — Data from the first 6 months of the Physician Quality Reporting Initiative are spurring improvements for the upcoming year, a Medicare official testified at a meeting of the Practicing Physicians Advisory Council.

In the summer of 2008, the Centers for Medicare and Medicaid Services paid $36 million in bonuses to 56,000 physicians for their 2007 reporting, said Dr. Michael T. Rapp, director of the quality measurement and health assessment group at the CMS. The average payment was $600 for 6 months' of data; for 2008 reports, the 1.5% bonus is likely to be around $800 on average, he said.

There will be a number of changes for reporting in 2009. In all, there will be 153 reportable measures, of which 52 are new, and 18 are reportable only through registries. There are seven measures groups: diabetes mellitus, chronic kidney disease, preventive care, coronary artery bypass graft surgery, rheumatoid arthritis, perioperative care, and back pain. Each group contains a number of measures; physicians can report these only as groups.

There will be nine ways for physicians to qualify for the 2% PQRI bonus in 2009, and they also can receive 2% bonus for satisfying requirements under the separate e-prescribing incentive program.



Physicians can qualify for the 2% PQRI bonus in 2009 in nine different ways, with an extra 2% for e-prescribing.

DR. RAPP

Under last year's Medicare Improvements for Patients and Providers Act, the CMS is required to eventually post on its Web site the names of physicians who satisfactorily report quality measures for 2009. That proposal has been controversial.

PPAC panelist Dr. Frederica Smith, an internist and rheumatologist in Albuquerque, N.M., called the idea a "terrifying concept," given that it might appear that physicians who were not on the list did not care about quality.

And physicians had many problems complying with the CMS process for reporting measures in 2007, she noted.

Dr. Rapp agreed that the first phase of the program had been frustrating. But "the way it was for 2007 doesn't mean that's the way it will be for 2008," he said. The agency posted a detailed report on the 2007 experience at its Web site last month (www.cms.hhs.gov/PQRI/Downloads/PQRI2007ReportExperience.pdf).

Overall, there were submissions from 109,349 national provider identifier/tax identification numbers with at least one quality data code. Of those, about 93% (101,138) submitted at least one valid code. More than 14 million codes were reported; more than 50% of those (7.3 million) were validly submitted.

There were three major reasons for code nonvalidity: the provider did not adhere to the measure specification; the codes were not submitted with the same claim as the billing and diagnosis code submitted for the procedure; or there was no national provider number (NPI) on the claim.

Many of the submission errors were for patients who did not meet the reporting specifications regarding gender, age, or diagnosis or procedure code for a particular measure. For instance, the PQRI does not accept reports for diabetes measures on patients over age 75, said Dr. Rapp.

CMS plans to rerun reports for providers who did not qualify for the bonus, with the idea that mistakes could have been made and some providers could be found eligible for the bonus on reanalysis. If that is the case, the CMS will issue checks retroactively, he said.

The agency also aims to make some changes to reduce the number of rejected reports. It said it would continue conducting provider education and outreach to ensure physicians understand the specifications for reporting each measure.

The agency also is working with local Medicare carriers to ensure that when claims are split—where the quality codes are separated—they will be "reconnected and counted," said the agency.

Claims that were submitted to carriers for payment in 2008 without an NPI were automatically rejected. As a result, in the first half of 2008, less than 1% of claims submitted were missing an NPI, said the report. The CMS expects less than 0.5% of PQRI claims to be without an NPI. ■

Task Force Builds Reform Agenda

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Institutes of Health, which has remained the same in recent years, and medical liability reform in 2009.

"The Academy leadership has formed a Health Reform Task Force with broad representation from our legislative, medical economics, and practice committees to develop our reform agenda, engage our members, and bring our message to Congress and the Obama administration," Mr. Larson said. "We are already reaching out to the neurologic patient groups to coordinate on common issues as well as other medical specialties [that] share our concerns."

The economy is one reason that health reform may have a greater chance for success now than it did during the Clinton administration, said Dr. Nancy H. Nielsen, president of the American Medical Association. As more Americans lose their jobs, they are also losing their health insurance, she said, driving policy makers to address the issue of the uninsured. "There may be more tension for change now than there has been in the past," she said.

While still President-elect, Barack Obama addressed that tension head-on during a press conference last month to announce former Sen. Tom Daschle (D-S.D.) as his choice for Health and Human Services secretary.

In addition to serving as HHS secretary, Sen. Daschle is slated to serve as director for a new White House Office on Health Care Reform. Jeanne M. Lambrew, Ph.D., a health policy expert who coauthored the health care book "Critical: What We Can Do About the Health-Care Crisis" with Sen. Daschle, was chosen as deputy director of the new White House office.

Sen. Daschle's HHS position must be confirmed by the Senate; however, the health care czar position does not.

Mr. Obama and congressional Democrats have signaled their interest in including health information technology incentives as part of an economic stimulus package, said Robert Doherty, senior vice president of Governmental Affairs and Public Policy at the American College of Physicians.

The Obama transition team appears to be learning from some of the mistakes made during the Clinton administration's attempt at health reform, Mr. Doherty said. For instance, there has been a much greater effort by the Obama staff members to be open about their process and to gather input from the physician community.

The AMA is pushing Congress and the administration to enact permanent Medicare physician payment reform by eliminating the sustainable growth rate formula, which ties physician payments to the gross domestic product. Without congressional action on the payment formula within the next year, physicians will be faced with a projected 21% cut in Medicare payments starting in 2010, Dr. Nielsen said. ■

Associate editor Denise Napoli contributed to this report.