Lessons Learned Earlier Spur PQRI Updates

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WASHINGTON — Data from the first 6 months of the Physician Quality Reporting Initiative (PQRI) are spurring improvements for 2009, a Medicare official testified at a meeting of the Practicing Physicians Advisory Council.

In the summer of 2008, the CMS 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 Centers for Medicare and Medicaid Services. 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.

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DR. RAPP

There will be a number of changes for reporting in 2009. In all, there will be 153 reportable measures. Fifty-two 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 different ways physicians can qualify for the 2% PQRI bonus in 2009, said Dr. Rapp. Physicians also can receive an additional 2% bonus for satisfying requirements under the separate e-prescribing incentive program.

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, 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 PQRI 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 identification (NPI) number 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.

He said that the 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 that will hopefully reduce the number of rejected reports going forward. The CMS said that it would continue to conduct provider education and outreach to make sure that physicians understand the specifications for reporting each measure.

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

Also, 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 under the PQRI program were missing an NPI, according to the agency's report. The CMS expects less than 0.5% of PQRI claims to be without an NPI.

Dr. Rapp said that the agency would make it easier to get PQRI reports for 2008 and that they would be more meaningful to providers. The feedback reports are being redesigned and will better explain what percentage of quality codes are accepted, indicate why the provider did not earn an incentive, and provide information on how well they performed on each measure.

The PPAC panel recommended that the CMS find a way to make the quality reports available to physicians on a real-time basis so that they can more quickly adjust their data collection and reporting. The agency should also work toward greater transparency with the PQRI program, including measurement development, the panelists said. ■

POLICY & PRACTICE

Psych Disorders in Young People

Almost half of Americans aged 18-24 could be diagnosed with a psychiatric disorder in a given 12-month period, according to an analysis of the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions. The face-to-face survey found that alcohol use disorder was more prevalent in college students, affecting 20% of the 2,188 respondents in this group, compared with 16% of the 2,904 respondents who had not attended college. Nicotine dependence was more common in noncollege youths (21% vs. 15%), as was personality disorder (22% vs. 18%). Few of the young people had sought treatment, especially for alcohol and drug disorders, reported researchers at Columbia University and the National Institute on Alcohol Abuse and Alcoholism. Only 5% of college students and 10% of nonstudents with alcohol or drug disorders had sought treatment in the past year. The researchers published their analysis in the December issue of the Archives of General Psychiatry.

Project Examines Early-Onset AD

Researchers are recruiting the adult children of individuals diagnosed with inherited Alzheimer's disease. The volunteers will undergo genetic analysis, cognitive testing, and neuroimaging, and will provide blood and cerebral spinal fluid samples for an international database. The Dominantly Inherited Alzheimer's Network study is a 6-year, $16 million effort aimed at identifying the sequence of brain changes in the early-onset form of the disease before symptoms occur. Funded by the National Institutes of Health, researchers in the United States, England, and Australia will participate. "By sharing data within the network, we hope to advance our knowledge of the brain mechanisms involved in Alzheimer's," Dr. Richard J. Hodes, director of the NIH's National Institute of Aging, said in a statement. More information about the study is at www.dian-info.org.

IOM Sets Health Indicators

The Institute of Medicine said that policy makers, the media, and the public should focus on 20 "health indicators" for Americans. In a report issued last month, the IOM proposed the indicators and said that the new nonprofit organization, State of the USA Inc., would use them to monitor the nation's progress. The measures include such usual gauges as life expectancy, infant mortality, and smoking, but also some departures such as unhealthy days, serious psychological distress, excessive drinking, and condom use. The IOM also suggested monitoring Americans' insurance coverage and their unmet medical, dental, and prescription drug needs. Copies of the report are available from the IOM, and the monitoring project may be followed at www.stateoftheusa.org.

Generic Growth Slowed

The market research company IMS reported that the worldwide sales growth of generic drugs slowed to 3.6% in the year ended in September. In the previous year, ending September 2007, generic sales grew 11.4%. In a statement, IMS Senior Vice President Murray Aitken attributed the slowdown to price competition among generic companies. The year's $78 billion worth of generics was sold largely in the United States, Germany, France, the United Kingdom, Canada, Italy, Spain, and Japan. Sales were actually down 2.7% in the United States, which accounts for 42% of global sales. On the other hand, generics made up about two-thirds of the U.S. pharmaceutical market, with about $33 billion in sales in the 12 months ending Sept. 30. In the next few years, generics can go after $139 billion in sales of products losing their patents, said IMS.

Incentive Exception May Reappear

Under current Medicare and Medicaid rules governing patient referrals, physicians can't share incentive payments for quality improvement. But a proposal to make an exception may reappear, a Centers for Medicare and Medicaid Services official told the Practicing Physicians Advisory Council in December. The CMS proposed an exception under the physician payment rules for 2009, but opposition—mainly from medical device manufacturers—killed it, said Lisa Ohrin, acting director of the division of technical payment policy at the CMS's Center for Medicare Management. She said, however, that allowing incentive payments is a priority for the CMS, so the agency will again propose allowing physicians to share the payments.

RAC Program Is Heavily Criticized

Medicare's effort to recover overpayments made to physicians and hospitals and to make good on underpayments—dubbed the Recovery Audit Contractor program—was lambasted by members of the Practicing Physicians Advisory Council in December. The program is on hold while the Government Accountability Office studies whether the CMS has properly implemented it. During a demonstration project, however, RAC auditors found $1 billion in improper payments among $317 billion worth of claims, a CMS official reported to PPAC. But as of July 2008, about 7% of those determinations were overturned on appeal. Once the program is restarted—expected to occur by February—there will be limitations on the number of years of claims an auditor can examine and how many records can be requested from practices of various sizes. Even with those plans, PPAC panelists recommended further limits and suggested that the CMS require auditors to reimburse providers for fulfilling records requests.

—Alicia Ault