2007's Lessons Will Spur Improvements in PQRI

BY ALICIA AULT
Associate Editor, Practice Trends

WASHINGTON — Data from the first 6 months of the Physician Quality Reporting Initiative (PQRI) 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 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, 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 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.

He said 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.

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.

It 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," said 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 CMS find a way to make the quality reports available to physicians on a real-time basis so that they can perform more timely adjustments of their data collection and reporting. The CMS should also work toward greater transparency with the PQRI program, including measurement development, the panel said. ■

POLICY & PRACTICE

Medical Emissions Curbed

The Environmental Protection Agency has proposed tougher air pollution standards for medical waste incinerators, which environmental groups said have been among the country's worst emitters of mercury and dioxins. The new rule, which is subject to public comment until late January, resulted from an 11-year legal challenge to existing standards by environmental groups Earthjustice, the Sierra Club, and the Natural Resources Defense Council. Earthjustice attorney Jim Pew said in a statement that, in recent years, incineration of medical waste has shifted from individual hospitals to commercial incinerators. Pollution reductions at these larger facilities will be significant under the new rules, said Mr. Pew, which is especially good for nearby communities.

Clinic Discloses Industry Ties

The Cleveland Clinic has begun public disclosure of the business relationships its staff physicians and scientists have with drug and medical device makers. The organization said its Web site will list the names of companies with which each staff professional has collaborations. It also will identify whether a physician or scientist owns equity or has the right to royalties, a fiduciary position, or a consulting relationship that pays $5,000 or more per year. Cleveland Clinic physicians and researchers are subject to the organization's conflict of interest rules, and must submit for approval all industry relationships. "We want our patients to have abundant information about our physicians and let them decide what's relevant to their situations," said Dr. Joseph Hahn, Cleveland Clinic chief of staff. Dr. Hahn added that to the best of his knowledge, Cleveland Clinic is the first academic medical center in the United States to disclose these ties.

HHS Issues Final PSO Rules

The Department of Health and Human Services has issued the final requirements for Patient Safety Organizations, new entities through which health care providers can collect and analyze data to identify and reduce patient care risks. PSOs allow this activity in an environment that is legally secure for practitioners and confidential for patients, according to the HHS. The Agency for Healthcare Research and Quality, which administers the PSO program, already has listed 15 PSOs. "The Patient Safety Organization final rule describes the clear, legally protected framework for how hospitals, clinicians, and health care organizations can work together to improve patient safety and the quality of care nationwide," said AHRQ director Dr. Carolyn Clancy in a statement.

Lawmaker Asks for Heparin Review

U.S. Rep. Joe Barton (R-Tex.), ranking minority member of the House Energy and Commerce Committee, has asked the Government Accountability Office for a thorough review of the Food and Drug Administration's handling of the recent problems with tainted heparin coming from China. In February 2008, Baxter Healthcare Corp. recalled several heparin products and the FDA identified a previously unknown contaminant in the heparin. According to the FDA, 246 people died after heparin administration between Jan. 1, 2007, and May 31, 2008, and 149 of those deaths involved allergic symptoms or the appearance of hypotension, the group of symptoms that prompted the drug recalls. Rep. Barton's letter to the FDA challenges the agency's attribution of several deaths to heparin and questions whether the FDA used "all of the tools available" to investigate the deaths. "My hope is that the GAO's review will determine the strengths and weaknesses in the FDA's response to the heparin drug safety problem, and will make recommendations on what the FDA could do better in dealing real-time with an emerging drug safety problem in the future," Rep. Barton wrote.

Defensive Medicine Widespread

Defensive medicine—physicians ordering tests, procedures, referrals, hospitalizations, or prescriptions because of fear of being sued—is widespread and adds a minimum of $1.4 billion per year to the cost of health care in Massachusetts, according to a physician survey conducted by the Massachusetts Medical Society. The physicians' group said that defensive practices also reduce access to care and may be unsafe for patients. The survey queried nearly 900 physicians in eight specialties between November 2007 and April 2008 about their use of seven tests and procedures. Of the respondents, 83% said they practice defensive medicine. The survey also found that 13% of hospitalizations and 18%-28% of various tests, procedures, referrals, and consultations were ordered for defensive reasons. The society said that patients are unnecessarily exposed to radiation and possible severe allergic reactions when subjected to tests ordered for defensive purposes.

Workers Have Uninsured Children

About 8.6 million children in the United States are uninsured, and most of these are in working families, according to a report from the advocacy group Families USA. In fact, almost 90% of uninsured children are in families where one parent works, and more than two-thirds live in households where at least one family member works full-time, year-round. The report, based on new Census Bureau data from 2005 through 2007, does not reflect the worsening economic situation in 2008, Families USA Executive Director Ron Pollack said at a press briefing. Mr. Pollack said the report points out the need for Congress to move quickly to pass legislation to reauthorize and expand the State Children's Health Insurance Program, now scheduled to expire on March 31.

—Jane Anderson