Physician Quality Reporting System (PQRS):
The Carrot or the Stick?
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Who, what, when, where and why did the Government get involved in Health Care Quality?

Who?
- The Institute of Medicine is a National Academy that provides science-based advice on biomedical science, medicine and health.
- IOM is a private organization and does not receive federal appropriations for their work.
- Their mission is to be an adviser to the nation to improve health.
- Composed of volunteer scientists to avoid bias or conflict of interest.
- The IOM has been in existence since 1970.
What?

- Crossing The Quality Chasm: A New Health Care System for the 21st Century 2001
  - Effective: providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit.

What? Measuring Medicare quality

- Tax Relief and Health Care Act 2006
  - Physician Voluntary Reporting Program 6/2007
  - 36–74 evidence based measures
- National consensus measures and indicators that will allow physicians to report quality information on the health services provided to Medicare beneficiaries
- Data submitted through administrative claims
  - G codes (HCPCS) or CPT-II
  - Billed with a $0.00 charge
  - Submitted in addition to an ICD-9 and CPT code
- 2% bonus of E & M charges
PVRP→PQRI
Physician Quality Reporting Initiative

- 74 measures
- Provider must do minimum of 3 measures where eligible
- Across multiple specialties
  - Derm, Ophthalmology, Oncology, Cardiology, Radiology
- CPT Category II codes or temporary G Codes must be on claim at time of submission
- 80% of eligible encounters must have CPT II or G codes

Measure Development

- Evidence-based, clinically valid measures
  - Derived from guidelines that were developed and endorsed by physicians and their medical specialty societies
  - Majority were developed by the AMA’s Physician Consortium for Performance Improvement
    - American College of Surgeons
    - Ambulatory Quality Alliance (AQA)
Do words mean anything?

Physician Voluntary Reporting Program
2006

↓

Physician Quality Reporting Initiative
2007

↓

Physician Quality Reporting System
2011
Public Reporting

- For a group practice to participate in 2010 and 2011 GPRO, they must agree to be listed on the CMS Physician Compare Website as GPRO Participants.
- Starting in 2012, group practices must agree to have their PQRS rates reported on the CMS Physician Compare Website.

### Evolution

<table>
<thead>
<tr>
<th>Year</th>
<th>% bonus</th>
<th>Measures</th>
<th>eRx’ing</th>
<th>Reporting mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>PVRP 2007</td>
<td>2%</td>
<td>36 → 74</td>
<td></td>
<td>administrative</td>
</tr>
<tr>
<td>PQRI 2008</td>
<td>2%</td>
<td>119</td>
<td></td>
<td>Admin Registry,EHR</td>
</tr>
<tr>
<td>PQRI 2009</td>
<td>2%</td>
<td>153</td>
<td>2% bonus claims</td>
<td>Admin, registry, EHR</td>
</tr>
<tr>
<td>PQRI 2010</td>
<td>2%</td>
<td>216</td>
<td>2% bonus claims</td>
<td>admin,GPRO registry,EHR</td>
</tr>
<tr>
<td>PQRS 2011</td>
<td>1%</td>
<td>235</td>
<td>2% bonus claims</td>
<td>admin,GPRO registry,EHR</td>
</tr>
<tr>
<td>PQRS 2012-14</td>
<td>.5%</td>
<td>318</td>
<td>1% bonus/-1% claims</td>
<td>admin,GPRO registry,EHR</td>
</tr>
<tr>
<td>PQRS 2015</td>
<td>-1.5%</td>
<td>?</td>
<td>-1.5% bonus claims</td>
<td>admin,GPRO registry,EHR</td>
</tr>
<tr>
<td>PQRS 2016</td>
<td>-2%</td>
<td>?</td>
<td>?</td>
<td>admin,GPRO registry,EHR</td>
</tr>
</tbody>
</table>
2011 PQRI

- Incentive drops to 1.0% for PQRI and e-Rx
- Opened Group Practice Reporting Option to smaller groups of physicians
  - GPRO I = 200 or more eligible providers submitting claims under the same Group Tax ID
    - Report on 411 sample patients provided by CMS for each measures group
    - 4 disease measures and 4 preventive measures
  - GPRO II = 2-199 eligible providers submitting claims under the same Group Tax ID
    - Claims or registry reporting for group measures

Measure #125
Adoption/Use of e-Prescribing

- Prescriptions Generated via Qualified e-Prescribing System
  - G8443: All prescriptions created during the encounter were generated using a qualified e-Prescribing system
  OR
  - Qualified e-Prescribing System Available, Prescription(s) not Generated or not Generated Via Qualified e-Prescribing System for System/Patient Reasons
    - G8445: No prescriptions were generated during the encounter. Provider does have access to a qualified e-Prescribing system
  OR
  - G8446: Some or all prescriptions generated during the encounter were handwritten or phoned in due to one of the following: required by state law, patient request, or qualified e-Prescribing system being temporarily inoperable
Why?

- Handwritten process prone to errors
- 530,000 adverse drug events take place among CMS beneficiaries because of drug-drug interactions
- According to some estimates, almost 30% of prescriptions require pharmacy callbacks

Don’t write like this

Because

Prescription - Prescription blank merges in prescription and patient demographic information and digital signatures.
Hardship exemption to eRx’ing penalty 2012

- Physicians who have fewer than 100 Medicare patient visits between January 1, 2011 and June 30, 2011 are exempt from e-prescribing for 2011 and will automatically avoid the 2012 penalty.
- Physicians with 90% of their services coded using a CPT code that are for outpatient services only (office, outpatient clinic, nursing home, adult home and patient’s home).
- Physicians who engaged in electronic prescribing at least 10 times during the first six months of 2011
- Inability to Electronically Prescribe due to Local, State or Federal Law or regulation.
- Limited Prescribing Activity
  - Physicians that prescribed fewer than 10 prescriptions between 1-1-11 and 6-30-11

E-Prescribe Incentive

- In 2009
  - CMS separated the e-Rx measure from PQRI for an additional 2% incentive potential
- e-Rx codes were placed onto the OMR and a hard stop was implemented that would not allow the OMR to scan unless one of 3 codes are bubbled
- HFMG had to report one of these codes on 50% of all Medicare Claims for each physician
- HFMG received $581,232.02
Measure #130
Universal **Documentation & Verification** Of current Medications in the Medical Record

- **Current Medication Verification Documented**
  - G8427: Written provider documentation was obtained confirming that current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) were verified with the patient or authorized representative or patient assessed and is not currently on any medications.

OR

- **Current Medications not Documented, Patient not Eligible**
  - G8430: Documentation that patient is not eligible for medication assessment

OR

- **Current Medications not Documented and/or Patient Verification not Documented, Reason not Specified**
  - G8428: Current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) were documented without documented patient verification

OR

- G8429: Incomplete or no documentation that patient’s current medications with dosages (includes prescription, over-the-counter, herbals, vitamin/mineral/dietary [nutritional] supplements) were assessed

**Why?**

- **Medicine reconciliation**
  - Medicine reconciliation is an evidence-based process
  - It has been demonstrated to significantly reduce medication errors that occur at transition points of care (admission, transfer and discharge)
  - Decrease readmissions
    - CMS not paying for readmissions 2012
      - Discharge to non-acute setting and readmitted to acute care hospital within 30 days of discharge
      - AMI, Heart Failure and Pneumonia
Total earned since 2007

- eRx  $1,864,182
- PQRS $2,797,971

Total  $5,780,124

PQRS Program Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
<th>Notes</th>
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<tbody>
<tr>
<td>2011</td>
<td>1% bonus</td>
<td>CMS must establish informal appeals process and include PQRS info on the Medicare Physician Compare website</td>
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<tr>
<td>2012-2014</td>
<td>0.5% bonus</td>
<td>CMS must provide timely feedback to participants</td>
</tr>
<tr>
<td>2015</td>
<td>1.5% penalty</td>
<td>If practices are not successfully participating in PQRS</td>
</tr>
<tr>
<td>2016 and beyond</td>
<td>2% penalty</td>
<td>If practices are not successfully participating in PQRS</td>
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An additional 0.5% is available if the physician participates in qualified Maintenance of Certification (MOC) reporting. MOC is a continuous professional development program created by the member boards of the American Board of Medical Specialties (ABMS). MOC goes beyond traditional recertification at 10-year intervals to include more frequent requirements for education and self-assessment.
“This is about business, not quality”
CQO anonymous

- Pay for reporting vs Pay for Performance
- No differential payment for successful completion of evidence based medicine measures
- Hawthorne effect?
- 2013?

Does thinking about the measure translates to better quality

Tobacco Assessment
- Patients 18 years and older who had an office visit
- If patient is a non-tobacco user:
  - Tobacco Use Assessed - Current Tobacco Non-User
  - Tobacco Use Assessed - Current Tobacco User and Cessation Counseling Given (1P, 8P)
- Patient is a tobacco user and you counsel them to stop
  - Tobacco Use Assessed - Current Tobacco Non-User
  - Tobacco Use Assessed - Current Tobacco User and Cessation Counseling Given (1P, 8P)
- Patient is a tobacco user but there is a med reason cessation was not offered (limited life expectancy)
  - Tobacco Use Assessed - Current Tobacco Non-User
  - Tobacco Use Assessed - Current Tobacco User and Cessation Counseling Given (1P, 8P)
- You did not assess tobacco use and/or did not provide cessation counseling
  - Tobacco Use Assessed - Current Tobacco Non-User
  - Tobacco Use Assessed - Current Tobacco User and Cessation Counseling Given (1P, 8P)
Summary

- PQRS is an attempt to deliver evidence based medicine to CMS beneficiaries
- Pay for reporting not performance
- Multiple ways to submit data
- Initial incentive payments transitioning to penalties