# Gearing Up for PQRI Participation

## Simple Steps That You Can Use To Collect And Report Quality Data To Qualify For Additional Cash From CMS

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# PQRI For The Right Reasons

- If your only interest is in payment from Medicare, then you have missed the whole point of this exercise!
- The world of medicine is moving to a measurement and improvement mode
- The ultimate goal is better patient outcomes

# More on the Right Reasons

- What are the benefits and consequences of participating in PQRI?
- How does the PQRI work help my practice?

# Consequences of PQRI Participation

- Valuable learning about your ability to provide high quality care to your patients
- Some lessons learned about what it takes to improve quality of care
- Satisfaction of knowing what your quality of care is
- Some financial reward for undertaking all this

# Why Participate in PQRI

- This type of measurement and reporting should be part of your overall quality improvement strategy
- As currently designed, PQRI is a “low hurdle.” The only additional work is putting three extra codes on some of your Medicare bills
- Modest financial incentives are likely to increase from both Medicare and commercial payers

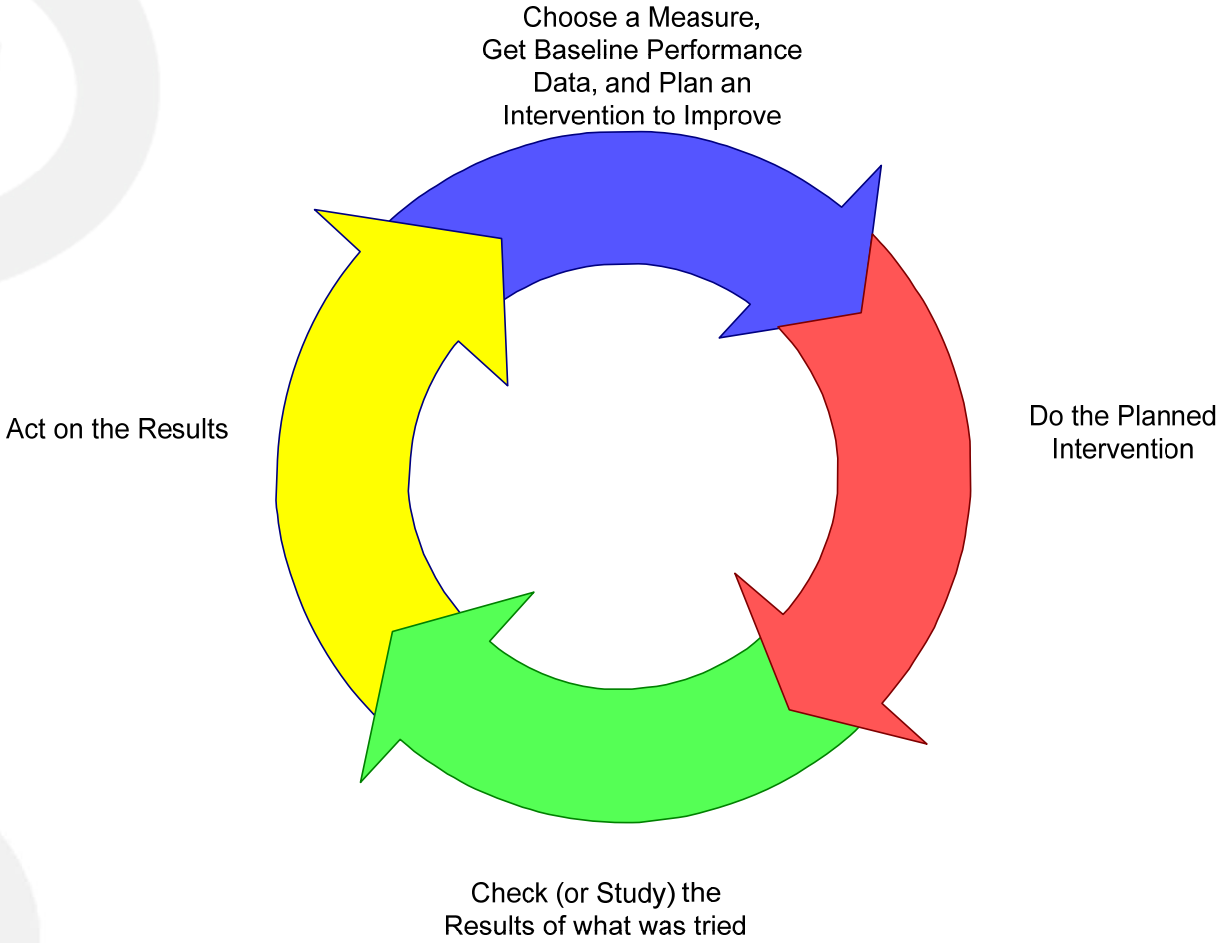
# How does PQRI work?

- Simply:
  - You select from listed measures those that you think are important to caring for patients (say, knowing the HbA1c level)
  - You systematically (for every applicable patient) see if you did indeed provide the service being measured
  - You report your performance

# Basics Of Improvement Science

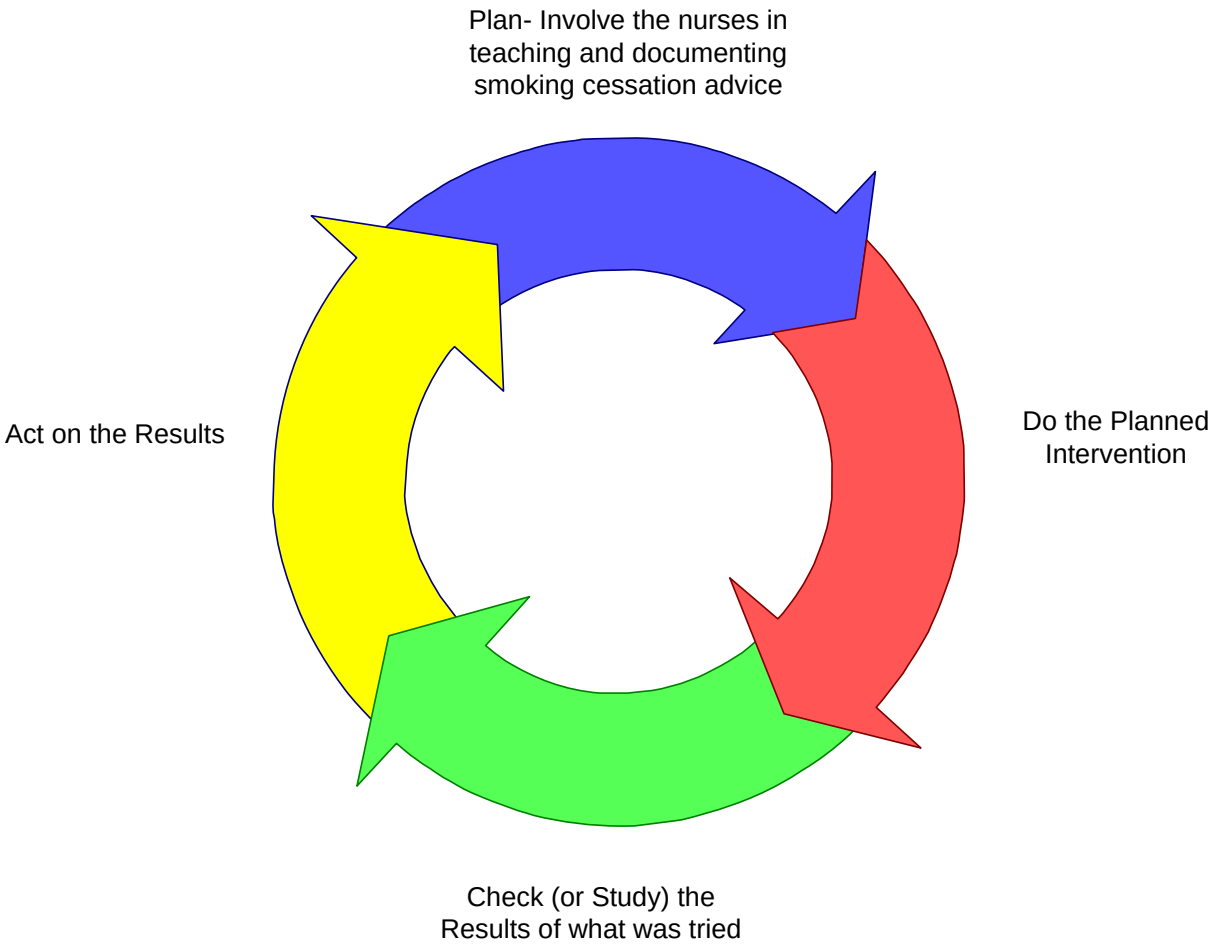
- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?
- Plan, Do, Study, Act cycles

# Plan, Do, Study, Act



# A PDSA Example

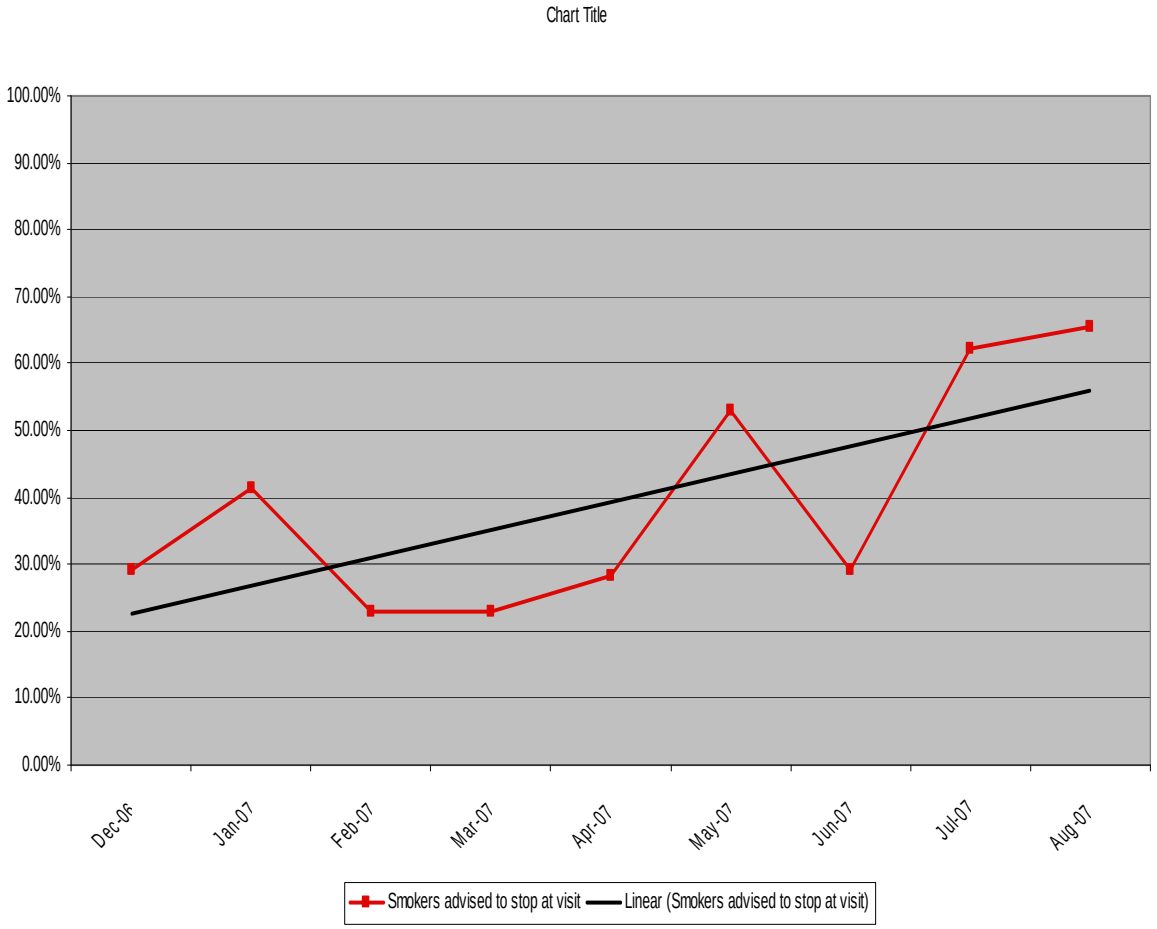
"I bet we can do better with instructing patients to stop smoking!"



# PDSA Example

## Run Chart

- Points-
  - Continuous Improvement
  - First try doesn't always work
  - Consolidate gains

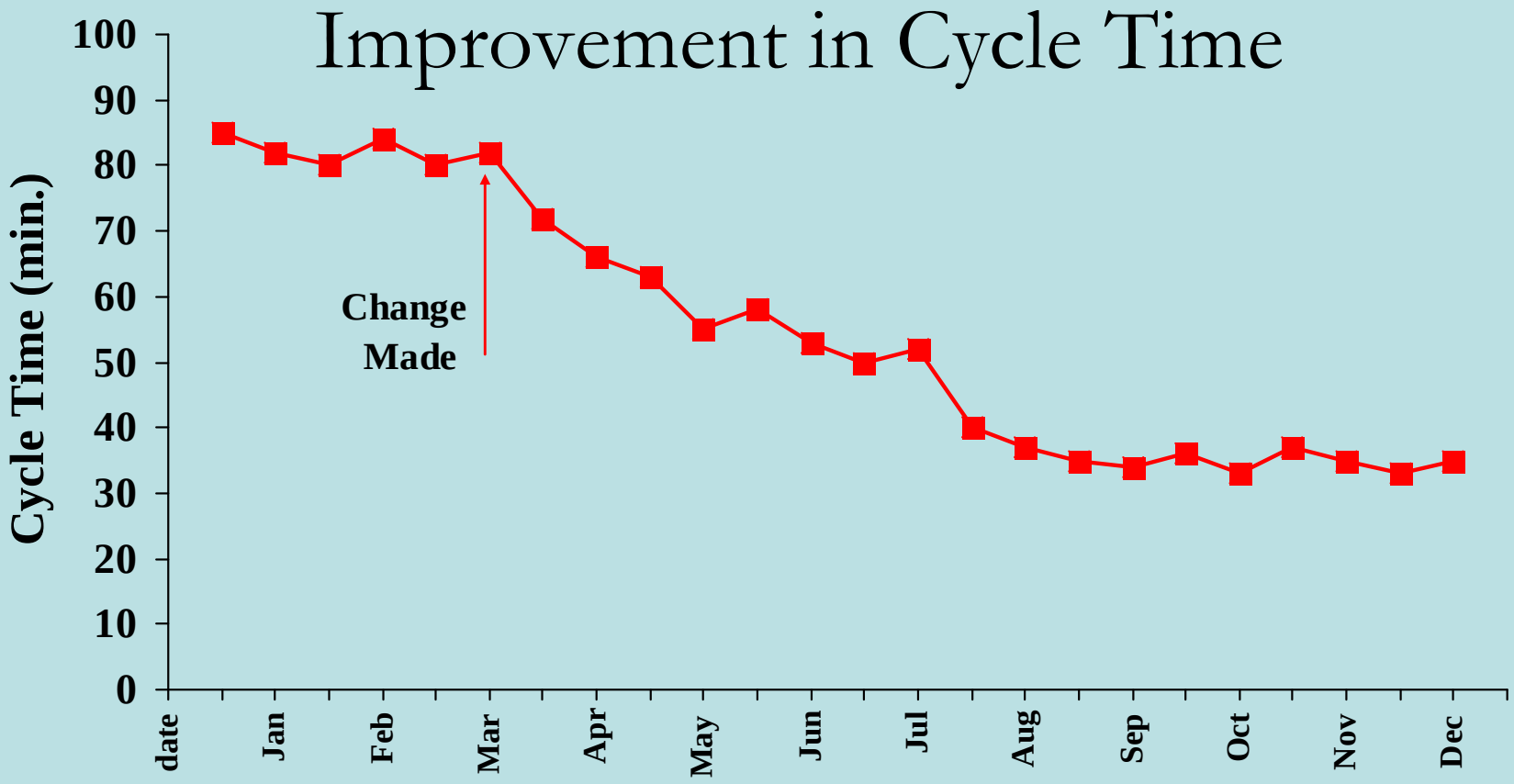


# Work Flow and Process Improvement

- Teamwork, communication and standing orders
- Phone message flow and priority systems
- Lab tracking-order, review and call back patients with results
- Waits and delays
- Stations vs. full service in room
- Facility promotes team function and supports EHR use

# Importance of Time Order Graph

Run Chart



# Data Collection Efficiency

## Retrospective

***Chart review***

- Labor intensive and time consuming
- Poor data quality
  - Documentation
  - Definitions
- No immediate quality improvement
- Spot check, not really tied to ongoing process

## Prospective

***Data collection***

- Data collection becomes a byproduct of the care, not a separate task
- Check list with common data definitions
- Instant quality improvement
- Patients are engaged

# Efficient Data Collection

- Build quality measurement into process of care
- Data collection as a byproduct of care
- Process measures (e.g. cycle time)
- Measure-improve-measure (analysis and feedback)
- Satisfaction surveys (patients, staff and physicians)

**All are expected to participate and should be valued for their contribution!**

# A Hint for those new to PQRI

- Look at the AMA PCPI forms
- See
  - http://www.ama-assn.org/ama/pub/category/2946.html

***Physician Consortium for Performance Improvement***
***Adult Diabetes Core Physician Performance Measurement Set***
**Prospective Data Collection Flowsheet**

**Provider No.** _____ **Patient Name or Code** _____ **Birth Date** ___/___/_____ **Gender** M ❑ F ❑
**Treatment** (Select all that apply): Diet ❑ Oral Agent ❑ Insulin ❑ (mm/dd/yyyy)

| | | Initial Measurement | Subsequent Measurements | | | |
|---|---|---|---|---|---|---|
| | Date of Visit (mm/dd/yyyy) | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ | ___/___/___ |
| | Blood Pressure | L R<br>sitting supine standing | L R<br>sitting supine standing | L R<br>sitting supine standing | L R<br>sitting supine standing | L R<br>sitting supine standing |
| Laboratory | Hemoglobin A1c (%) | | | | | |
| | Lipid Profile (mg/dl) | | | | | |
| | Fasting (Yes/No) | Y or N | Y or N | Y or N | Y or N | Y or N |
| | Total Cholesterol | | | | | |
| | HDL-C | | | | | |
| | LDL-C | | | | | |
| | Triglycerides | | | | | |
| | Urine Protein | | | | | |
| | Patient Excluded (Yes/No)[a] | Y or N | Y or N | Y or N | Y or N | Y or N |
| | Urinalysis (Dipstick) Positive/Negative (or trace) | P or N | P or N | P or N | P or N | P or N |
| | Microalbumin Dipstick (Yes/No) | Y or N | Y or N | Y or N | Y or N | Y or N |
| | Quantitative Microalbumin Determination (Yes/No) | Y or N | Y or N | Y or N | Y or N | Y or N |
| Preventative Care | Influenza Vaccination | Given ___/___/___<br>❑ Not given (medical reasons*)<br>❑ Not given (patient reasons*) | Given ___/___/___<br>❑ Not given (medical reasons*)<br>❑ Not given (patient reasons*) | Given ___/___/___<br>❑ Not given (medical reasons*)<br>❑ Not given (patient reasons*) | Given ___/___/___<br>❑ Not given (medical reasons*)<br>❑ Not given (patient reasons*) | Given ___/___/___<br>❑ Not given (medical reasons*)<br>❑ Not given (patient reasons*) |
| | Foot Examination[b] Yes/No/Excluded[c] | Y or N / E | Y or N / E | Y or N / E | Y or N / E | Y or N / E |
| | | Date Performed | Date Performed | Date Performed | Date Performed | Date Performed |
| | Dilated Retinal Eye Exam | ___/___/___<br>❑ Report received | ___/___/___<br>❑ Report received | ___/___/___<br>❑ Report received | ___/___/___<br>❑ Report received | ___/___/___<br>❑ Report received |
| | Funduscopic Photograph[d] | ___/___/___<br>❑ Report received | ___/___/___<br>❑ Report received | ___/___/___<br>❑ Report received | ___/___/___<br>❑ Report received | ___/___/___<br>❑ Report received |
| | Smoking | Y or N | Y or N | Y or N | Y or N | Y or N |
| | Smoker (Yes/No) | | | | | |
| | Counseling | Y or N | Y or N | Y or N | Y or N | Y or N |
| | Pharmacologic | Y or N | Y or N | Y or N | Y or N | Y or N |
| Aspirin Use | Aspirin Use[e] | ❑ Prescribed<br>❑ Not prescribed (medical reasons*)<br>❑ Not prescribed (patient reasons*) | ❑ Prescribed<br>❑ Not prescribed (medical reasons*)<br>❑ Not prescribed (patient reasons*) | ❑ Prescribed<br>❑ Not prescribed (medical reasons*)<br>❑ Not prescribed (patient reasons*) | ❑ Prescribed<br>❑ Not prescribed (medical reasons*)<br>❑ Not prescribed (patient reasons*) | ❑ Prescribed<br>❑ Not prescribed (medical reasons*)<br>❑ Not prescribed (patient reasons*) |

*Specify medical (eg, influenza vaccination not given due to allergy to eggs) or patient (eg, economic, social, religious) reasons for not prescribing therapy:

[a] Because of ESRD or gross proteinuria
[b] Examination includes visual inspection, sensory exam with monofilament, and pulse exam
[c] Because of bilateral foot amputation
[d] Examination includes interpretation by an ophthalmologist or optometrist, see clinical recommendations
[e] Excludes patients <40 years, aspirin contraindication/allergy

**This flowsheet is intended for prospective data collection only.**

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# Misunderstandings about Clinical Measures

- “My patients are sicker.”
- Physicians often focus on their most difficult patients when evaluating a measure.
- The “right answer” for a measure should be 100%.
- There should be plenty of exclusion criteria so that everyone can do well.
- I want to be able to eliminate the non-compliant patients.

# Monitoring Your Progress To Drive Improvement

- Goals should support the big picture, but be focused enough to accomplish.
- Goals should be doable, but enough of a stretch for everyone so that you can make positive changes.
- Create a dashboard of measures that will help plot your progress to the practice goals.

# Chose Your Measures Wisely

- Select measures with an easily defined denominator
- Ideally all measures should be for the same denominator (e.g. diabetes)
- The measures should be data that you would want to know about the patient in front of you anyway (BP, HgbA1c, LDL, Urine Micral for diabetics)
- Collect data prospectively as the patient receives visit based care

# Choose the Method and Reporting Period

- 80% of claims for a condition are accompanied by a quality code
- 15 or 30 consecutive patients with a condition
- Full year or 6 months beginning July 1, 2008
- Registry option if available to you

# What is a Registry?

- An organized and searchable collection of patient data
- Created to meet specified objectives
- Used to support analysis of deviation from established goals

# Types of Registries

- *Hand written logs*- effective, but time consuming to extract data
- *Spreadsheets* – still require entry by someone and may be difficult to access during patient visits
- *Embedded Electronic Health Record Registries* – offer both effectiveness and ease of patient-centered use (but not common yet)

# Free Registry Information

- California Healthcare Foundation
  - http://www.chcf.org/topics/view.cfm?itemID=133586
- COMMAND
  - http://www.iqh.org/index.php?area=command&topic=101671

# Measures That Require Only One Report Per Year

- 31 measures in the usual scope of family medicine can be reported once in the reporting period
- Requires a systematic way to identify those patients when they come in to the office
- Could pick three screening type measures (e.g. Flu vaccine, Pneumovax and fall risk assessment)

# Measures Groups

- A measures group is a group of measures covering patients with a particular condition or preventive services.
- Each of the applicable measures in a measures group must be reported for each patient in the measures group.

# 2008 Reporting Options - Overview

- Two Reporting Periods
  - 12 months (January 1 - December 31, 2008)
  - 6 months (July 1 - December 31, 2008)
- Total of 9 PQRI Reporting Methods
  - 3 claims-based
  - 6 registry-based

# Physician Quality Reporting Initiative (PQRI) Participation Decision Tree

## I WANT TO PARTICIPATE IN 2008 PQRI FOR INCENTIVE PAYMENT

(Select Reporting Method)

## CHOOSE CLAIMS-BASED REPORTING OPTIONS

REGISTRY REPORTING

< 3 MEASURES APPLY

ONLY OPTION IS TO REPORT CLAIMS FOR **12-MONTH** REPORTING PERIOD

1/1/08-12/31/08

REPORT EACH MEASURE ≥ **80%** OF APPLICABLE PATIENTS

Subject to Measure-Applicability Validation (MAV)

3 OR MORE MEASURES APPLY

CHOOSE TO REPORT ON ≥ 3 MEASURES FOR

**12 MONTHS**

1/1/08-12/31/08

REPORT ≥ **80%** OF APPLICABLE PATIENTS ON AT LEAST 3 MEASURES

CHOOSE TO REPORT **MEASURES GROUP** FOR

**6 MONTHS**

7/1/08-12/31/08

REPORT ≥ **80%** OF ELIGIBLE PATIENTS FOR A MEASURES GROUP THE FULL 6 MONTHS

REPORT 100% OF **15 CONSECUTIVE** ELIGIBLE PATIENTS ANYTIME WITHIN 6 MONTHS

# I WANT TO PARTICIPATE IN 2008 PQRI FOR INCENTIVE PAYMENT

(Select Reporting Method)

CLAIMS-BASED REPORTING

## CHOOSE REGISTRY-BASED REPORTING OPTIONS

CHOOSE TO SUBMIT DATA ON **80%** OF ELIGIBLE PATIENTS ON AT LEAST 3 MEASURES

- CHOOSE TO REPORT **12 MONTHS** 1/1/08-12/31/08
- CHOOSE TO REPORT **6 MONTHS** 7/1/08-12/31/08

CHOOSE TO SUBMIT DATA ON **MEASURES GROUP**

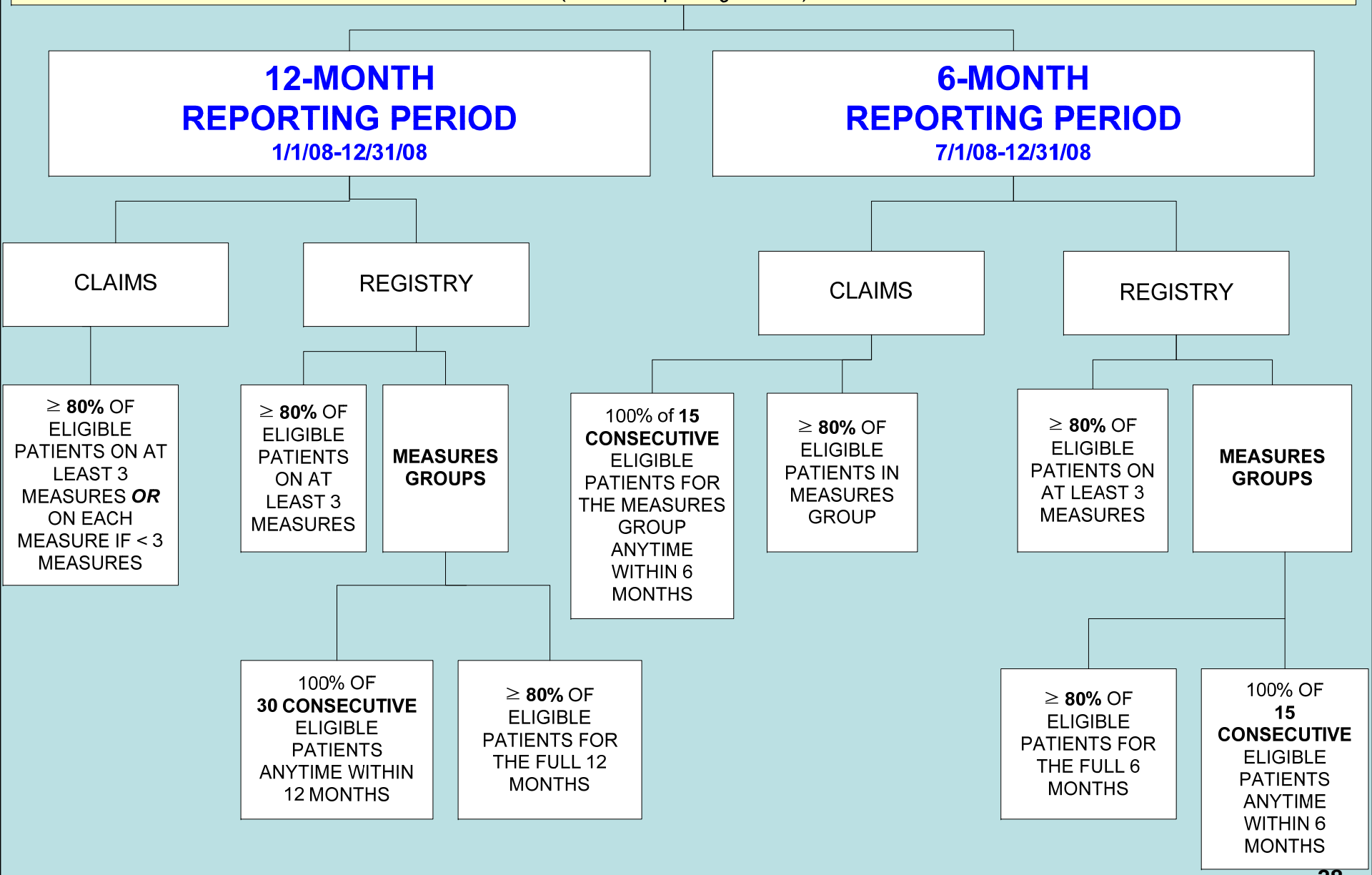
- SUBMIT DATA ON 100% OF **30 CONSECUTIVE** ELIGIBLE PATIENTS WITHIN 12 MONTHS
- SUBMIT DATA ON **80%** OF APPLICABLE PATIENTS FOR THE MEASURES GROUP
- SUBMIT DATA ON 100% OF **15 CONSECUTIVE** ELIGIBLE PATIENTS WITHIN 6 MONTHS
- SUBMIT DATA ON **80%** OF ELIGIBLE PATIENTS FOR A MEASURES GROUP

SUBMIT **12 MONTHS** 1/1/08-12/31/08

SUBMIT **6 MONTHS** 7/1/08-12/31/08

# I WANT TO PARTICIPATE IN 2008 PQRI FOR INCENTIVE PAYMENT

(Select Reporting Period)



# 3 Claims-Based Options

**January 1, 2008 –December 31, 2008 (full-year)**

1. Claims-based reporting of Individual PQRI Measures

   --if <3, report each for ≥80% of eligible patients (this is the only way to report less than 3 measures)

   --if ≥3, report at least 3 for ≥80% of eligible patients

**July 1, 2008 –December 31, 2008 (half-year)**

2. Claims-Based Reporting of 1 Measures Group

**OR**

3. for 80% of eligible patients for the measures group

*Note: claims-based reporting for 6-month reporting period only available for reporting of Measures Groups*

# Seven Easy Steps For PQRI Success

- *Step One* -Select the measure option you will use
- *Step Two* -Use a data collection flow sheet
- *Step Three* -Attach a copy of the flow sheet to the super-bill (template in the EHR)
- *Step Four* -Coders must be alerted to enter the CPT Category II codes for selected measures (G-code to start a consecutive reporting period)
- *Step Five* -Include the NPI for each provider
- *Step Six* -Have someone in the office analyze your data in order to improve in early 2009
- *Step Seven* -Look for other opportunities and bonus payments in your market

# Coding Is Key

- The coder is the most important link in the chain
- Must be alert to the need for entry of quality codes for the chosen diagnosis
- Coders should not submit claims for the chosen diagnosis without quality codes
- Include the NPI
- Keep a log of information for QI and on-site analysis

# Analyze Your Own Data

- Medicare will not be providing timely feedback
- Regular analysis of data will allow improvement before the 2009 reporting year
- Get systems in place that will help the practice succeed in the future

# Suggestions For Office Flow

- Enlist the entire care team
- Keep in mind that this year it is just pay for reporting
- Assign specific roles and responsibilities
- Use standardized flow sheets and data collection tools
- Monitor your progress through measurement
- Submit quality codes (CPT II codes) at the same time as the bill for payment
- Foster a culture of improvement

# Useful Tools

- Patient registries
- Data collection sheets or templates
- Team approach
- Reminders and checklists
- Positive attitude about measurement and improvement

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# How Does Your Practice Measure Up?

**The ability to collect and use data to improve performance is becoming an essential practice management skill.**

Bruce Bagley, MD

"Measure, improve, measure" is the mantra of most quality improvement gurus, yet most family medicine offices are not currently measuring the care they provide. The culture in medicine has been for physicians to train earnestly, follow a strong work ethic that puts patients first, complete hours of ongoing continuing medical education and assume

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# Measuring for Medicare: The Physician Quality Reporting Initiative

**The new initiative from CMS can add a little to your bottom line and prepare your office for future reporting programs.**

Bruce Bagley, MD

In January of 2006, the Centers for Medicare & Medicaid Services (CMS) launched the Physician Voluntary Reporting Program to collect performance measurement data in seven areas of clinical care. During the program's first year, physician participation was low because of the burden of collecting and reporting the data and the lack of financial incentives for doing so. However, with passage of the Tax Relief and Health Care Act of 2006, Congress enabled CMS to reward physicians' reporting efforts under what is now called the Physician Quality Reporting Initiative (PQRI). The remuneration, while not large, is a step in the right direction.

Reporting on just three measures 80 percent of the time for fee-for-service Medicare patients who are eligible for those measures can lead to an incentive bonus equal to

# Conclusions

- The payment environment for physicians is changing. Now is the time to gear up for clinical performance measurement
- Quality and efficiency metrics will be the focus of employers, plans and eventually patients in the foreseeable future
- Participation in PQRI is an easy way to get started on quality measurement and reporting
- Use your energy and resources to install process and system changes that help collect and report data efficiently

# Questions?