

# Public Listening Session for the 2011 Physician Quality Reporting Initiative (PQRI)

## Slide 1

### Public Listening Session for the 2011 Physician Quality Reporting Initiative (PQRI)

February 2, 2010

Public Listening Session: CMS Auditorium or via Teleconference/WebEx

## Slide 2

### Title – Disclaimers

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## Slide 3

### Title – Agenda

10:00-10:15	Welcome and Opening Remarks
10:15-10:35	Individual PQRI Measure Suggestions Submitted Measures Groups Suggestions Submitted PQRI Measure Process for Measure Developers
10:35-12:15	Public Comment
12:15-1:15	Lunch Break (Cafeteria)
1:15-1:40	Reporting Options for Individual Eligible Professionals
1:40-2:50	Public Comment
2:50-3:00	Break
3:00-3:20	GPRO Public Reporting
3:20-4:15	Public Comment
4:15-4:30	Closing Remarks
4:30	Adjourn

## Slide 4

### Title – **Session Purpose/Background**

- CMS continues seeking ways to improve PQRI
  - CMS routinely requests measure suggestions through a Call for Measures such as in 2008, 2009, and 2010
- Provide public comment opportunities on:
  - Individual quality measures/measures groups to consider for 2011 PQRI
  - Key program components: Reporting mechanisms, reporting periods, criteria for satisfactory reporting, group practice reporting option (GPRO), and public reporting
- Outline PQRI measure development process, key dates
- 2011 PQRI goals:
  - Increase participation in voluntary reporting program
  - Leverage benefits of reporting mechanisms such as registry-based, electronic health record (EHR)-based, and GPRO

## Slide 5

### Title – **Eligible Professionals**

- A list of EPs eligible to participate can be found on the CMS PQRI website at [http://www.cms.hhs.gov/PQRI/10\\_EligibleProfessionals.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/10_EligibleProfessionals.asp#TopOfPage)
- Many EPs have been participating in PQRI since inception
- Participation continues to grow as the program expands

## Slide 6

### Title – **2011 PQRI Measure Suggestions and Measure Timeline**

## Slide 7

### Title – **2011 PQRI Individual Measure & Measures Groups Suggestions Submitted**

- Summaries of each posted on CMS Sponsored Calls section of CMS PQRI website
  - [http://www.cms.hhs.gov/PQRI/04\\_CMSSponsoredCalls.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/04_CMSSponsoredCalls.asp#TopOfPage)

## Slide 8

### Title – **2011 PQRI Call for Measures High-Level Analysis Summary**

#### Summary of 146 Individual Measures Analysis

- 32 respondents to Call for Measures
- NQF measure findings:
  - 20 fully endorsed
  - 17 time-limited
  - 109 measures not endorsed

## Slide 9

### Title – **2011 PQRI Call for Measures High-Level Analysis Summary (cont.)**

- New clinical conditions/topics suggested include:
  - Functional status assessment
  - Inflammatory bowel disease
  - Chronic wound care
  - Epilepsy
  - Parkinson's disease
  - Care transition
  - Female abdominal pain

- Bipolar disorder
- Postoperative hemorrhage or hematoma
- Substance use disorder
- Essential hypertension
- Palliative and end of life care
- Pulmonary embolus
- Endotracheal tube placement
- Cardiac rehabilitation
- Deep vein thrombosis
- Sepsis
- Barrett's esophagus

## **Slide 10**

Title – **2011 PQRI Call for Measures High-Level Analysis Summary (cont.)**

- Summary of Measures Groups Analysis
  - 8 respondents to Call for Measures
  - Of the 9 measures groups requested for 2011 PQRI consideration, there were 2 requests for modifications to existing measures groups
  - New clinical conditions/topics suggested include:
    - Asthma
    - Audiology
    - HIV/AIDS and Hepatitis C co-infection
    - Stroke
    - Cataracts
    - Diabetic retinopathy

## **Slide 11**

Title – **Future PQRI Considerations**

- How can individual quality measures be expanded to be collected through qualified EHRs?
- Can codes and specifications for new/revised measures be completed by CMS' critical timelines?
  - Suggestions for addressing/improving measures on a more timely basis?
- Suggestions for retiring measures?
- What activities can CMS and stakeholders undertake to improve education and outreach for participants?

## **Slide 12**

Title – **PQRI Measure Process for Measure Developers**

- Measure development process
  - Approximately 12-18 months minimum needed for measure development
  - NQF endorsement status
- Regulatory process
  - Proposed Rule and public comment period
  - Final Rule

## Slide 13

### Title – 2011 PQRI Measure Work Timeline

- **June 2010**  
PFS Proposed Rule published for Public Comments on 2011 PQRI & eRx
- **August 11, 2010**  
Measure owner responses to all coding and non-coding open issues due
- **October 7-8, 2010**  
Measure Specifications review meeting
- **October 29, 2010**  
2011 HCPCS tape published (all codes due as stated above)
- **November 2010**  
PFS (PQRI & eRx) Final Rule is published
- **November 15, 2010 (tentative date)**  
Web posting of final 2011 PQRI & eRx measure specifications documents

## Slide 14

### Title – Criteria for Measure Performance

- Evaluation of 2008 PQRI measures data broad categories or themes:
  - Does the measure address a significant gap in care for Medicare beneficiaries?
  - Measure retirement: How does retirement affect the EPs who can report?
  - Does CMS consider all disciplines and their ability to report at least one measure?
  - Does the measure address its underlying clinical recommendation statement(s)?

## Slide 15

### Title – Public Comment

- 10:35-12:15

## Slide 16

### Title – Lunch Break

- 12:15-1:15 CMS Cafeteria

## Slide 17

### Title – PQRI Reporting Options for Individual EPs

## Slide 18

### Title – 2010 PQRI Reporting Options

- 2010 has 2 reporting periods
  - 12-month (January 1-December 31)
  - 6-month (July 1-December 31)
- PQRI reporting options available:
  - Claims-based
  - Registry-based
  - EHR-based (new)
  - GPRO (new for group practices)
- See *2010 PQRI Decision Tree* in *2010 PQRI Implementation Guide* for complete list

## Slide 19

### Title – Reporting Criteria

- Individual Measures:
  - Threshold for satisfactorily reporting of at least 80% of patients or encounters eligible for each measure
- Measures Groups:
  - Reporting of 30 unique patients within the measures group 30 patient sample method
  - Reporting 80% of applicable measures within the measures group for at least 80% of all Medicare Part B PFS patients

## Slide 20

### Title – Key Questions

- See the *2011 PQRI Background Paper for Listening Session*

## Slide 21

### Title – Public Comment

- 1:40-2:50

## Slide 22

### Title – Break

- 2:50-3:00

## Slide 23

### Title – Group Practice Reporting Option (GPRO)

## Slide 24

### Title – Group Practice Reporting Option (GPRO): Participation Requirements

- A group practice (TIN with 200+ individual EPs or NPIs) must have self-nominated
- See [http://www.cms.hhs.gov/PQRI/22\\_Group\\_Practice\\_Reporting\\_Option.asp#TopOfPage](http://www.cms.hhs.gov/PQRI/22_Group_Practice_Reporting_Option.asp#TopOfPage)
- As individual EP, if assigned billing rights to TIN and group practice is selected, EP must report via GPRO and may not participate in PQRI as individual EP using that TIN/NPI
  - EP participating in PQRI through different TIN/not participating in GPRO may report PQRI measures individually through that TIN

## Slide 25

### Title – Reporting Criteria: PQRI GPRO

- Satisfactory Reporting
  - Participants must report completely on all 26 measures included in tool
  - Must complete partially pre-populated data collection tool for first 411 ranked and assigned beneficiaries
  - Reporting Period: January 1-December 31, 2010

## Slide 26

### Title – Public Reporting

## Slide 27

### Title – Public Reporting – PQRI & GPRO

- CMS is considering public reporting of GPRO results for 2011

## Slide 28

### Title – Example

- Screenshot of public reporting website mock-up – for posting of 2008 PQRI participation results on the Physician and Other Healthcare Professionals Directory (on Medicare.gov). “Example” is displayed in the upper right of the image, noted in red.



## Slide 29

### Title – Example

- Screenshot of the “What is PQRI” tab in the public reporting website mock-up. “Example” is displayed in the upper right of the image, noted in red.



### **Slide 30**

Title – **Public Reporting – PQRI & GPRO (cont.)**

1. What information should be published?
2. How should EPs'/group practices' performance results be displayed?

### **Slide 31**

Title – **Public Comment**

- 3:20-4:15

### **Slide 32**

Title – **Closing Remarks**

- Next steps
- Thank you!

*End of Presentation*