Measures Matter

How the Joint Task Force on Quality Performance Measures is working to support your role in the National Quality Strategy

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I have no disclosures to report related to the topics presented.

National Quality Strategy

The National Strategy for Quality Improvement in Healthcare was developed by the National Quality Forum-convened National Priorities Partnership, including a range of healthcare stakeholders.

In addition to the report introducing the strategy, NPP resulted in formation of Interagency Workgroup of Healthcare Quality, coordinating federal agencies to align quality efforts, measures, etc among agencies.

See report here:
http://www.ahrq.gov/workingforquality/nqs/nqs2012annlrpt.pdf

Report presented the "triple aim" and 6 National Priorities Partnership priorities:

Triple Aim

Better Care: Improve the overall quality of care, by making health care more patient-centered, reliable, accessible, and safe.

Healthy People/Healthy Communities: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.

Affordable Care: Reduce the cost of quality health care for individuals, families, employers, and government.

Six Priorities

Making care safer by reducing harm caused in the delivery of care.

Ensuring that each person and family are engaged as partners in their care.

Promoting effective communication and coordination of care.

Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.

Working with communities to promote wide use of best practices to enable healthy living.

Making quality care more affordable for individuals, families, employers and governments by developing and spreading new health care delivery models.
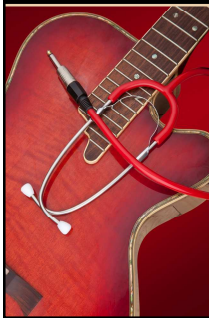
PQRS evolution

Physician Quality Reporting Initiative (later Initiative was changed to System) began as a financial incentive program intended to encourage evidence-based care

Built on process measures, initially targeting mostly primary care, and intended to improve quality care to Medicare patients

CMS contracted with AMA Physicians Consortium on Performance Improvement [PCPI] (among others) to develop quality measures through process focused on evidence and involving stakeholders

PQRS in Changing Quality Context

- The CMS PCPI contract ran out as demands increased for more topics, plus measures development required more work – e-specifications, etc. – as it became more important to have specialty measures as well as primary care measures

- National Quality Forum endorsement is the standard for use in CMS programs *unless CMS determines it needs something that had not been approved*

- NQF requirements for developing and testing of measures grew increasingly complicated, with opportunities to submit measures only in response to call for measures for the specific topic, 2 – 3 years. Model changing again, supposed to be more frequent.

- Incentive programs evolved into penalty programs

- CMS introduced additional programs: E-prescribing, Meaningful Use, etc

- National Quality Strategy moved toward increasing alignment and increased already growing focus on outcome measures

Joint Task Force on Quality Measures activities

Has supported PCPI workgroups on asthma, sinusitis, and atopic dermatitis for measures to be developed for potential national endorsement

- Asthma workgroup stalled since 2009
- Sinusitis, developed with AAO and others, completed and published
- Atopic Dermatitis measures completed and approved, but not yet published

Joint Task Force on Quality Measures activities, con't

Specialties were encouraged to begin their own measures development.

- First A/I workgroup formed in 2010 to develop immunotherapy measures, completed in 2011 and approved in 2012
- Urticaria measures now under consideration by AAAAI and ACAAI
- Rhinitis and Drug Allergy workgroups getting started now
- AAAAI developed food allergy measures for PI Pro: Food Allergy in 2012
- Working to keep up with changes: outcome measures, overuse measures, etc.

Why do you need to know this?

Continuously changing context of quality initiatives impacts your practice

• Importance of following and adopting evidence based guidelines

• Incorporation of measures in EMR systems important in negotiation of new purchases

• **You need to report to PQRS in 2013**

Why do you need to know this?

Incentive and Payment Adjustment Amounts

• 2013: 0.5% Incentive

• 2014: 0.5% Incentive

• 2015: 1.5% Payment Adjustment (will be applied in 2015 based on reporting in 2013, with a few options on how to achieve the reporting needed)

• 2016: 2.0% Payment Adjustment (will be applied in 2016 based on reporting in 2014, and must successfully, fully report PQRS 2014)

More importantly, the Physician Compare Website will report which "quality" physicians participate, and which do not.

PQRS reporting for 2013

CMS goal is to have 50% reporting by 2015, the first year the "payment adjustment" kicks in

Methods available for 2013 include:
- claims (to avoid 2015 penalty ONLY)
- EHR (requires CEHRT, or Certified Electronic Health Record Technology, certification!)
- registry (for participants in previously approved registries), and
- GPRO (group practice reporting option, previously only applied to larger groups, now works for groups as small as 2 doctors)

Benefits of Participating as an Individual Eligible Professional

- There is no requirement to register in advance to participate as an individual

- Exception: If an individual eligible professional wishes to elect the administrative claims-based reporting mechanism to avoid the 2015 PQRS payment adjustment, the eligible professional must affirmatively elect to be analyzed under this reporting mechanism

- For eligible professionals in solo practices, participating in PQRS as an individual is the only option for you to participate to avoid penalty

- Eligible professionals within your group practice may freely choose which PQRS measures to report

PQRS Reporting as a Group Practice: The PQRS Group Practice Reporting Option (GPRO)

Billing and reporting staff may report one set of quality measures data on behalf of all eligible professionals within a group practice, reducing the need to keep track of eligible professionals' reporting efforts separately

How to Participate as a Group Practice:

1. Meet the Definition of a PQRS Group Practice: a single Tax Identification Number (TIN) with 2 or more eligible professionals, as identified by their individual National Provider (NPI), who have reassigned their Medicare billing rights to the TIN

2. Self-Nominate to Participate in the PQRS Group Practice Reporting Option (GPRO)
- Group practices must submit a self-nomination statement via a CMS developed website
- Deadline to Self-Nominate: **October 15, 2013**

PQRS Reporting as a Group Practice: The PQRS Group Practice Reporting Option (GPRO), continued

Note: If participating in PQRS through another CMS program (such as the Medicare Shared Savings Program), please check the program's requirements for information on how to simultaneously report under PQRS and the respective program

3. Choose a Reporting Mechanism and Reporting Criterion
- Available Reporting Mechanisms in 2013: The GPRO Web Interface, Registry, and Administrative Claims (for the 2015 PQRS payment adjustment only)
- Beginning in 2014, the EHR-based reporting mechanism will also be available for use under the GPRO

4. Start Reporting!

Note: Group practices of 100+ eligible professionals are subject to Value-based Payment Modifier beginning in 2013

For more information

See:

<u>How to get Started</u>
Step-by-step Instruction in Getting Started with the Physician Quality Reporting System

http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/How_To_Get_Started.html
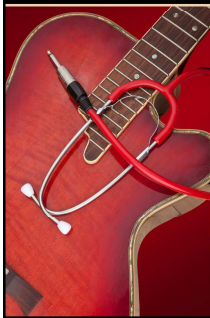
OR see:

http://www.aaaai.org/practice-resources/practice-tools/PQRIwizard.aspx

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Questions

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