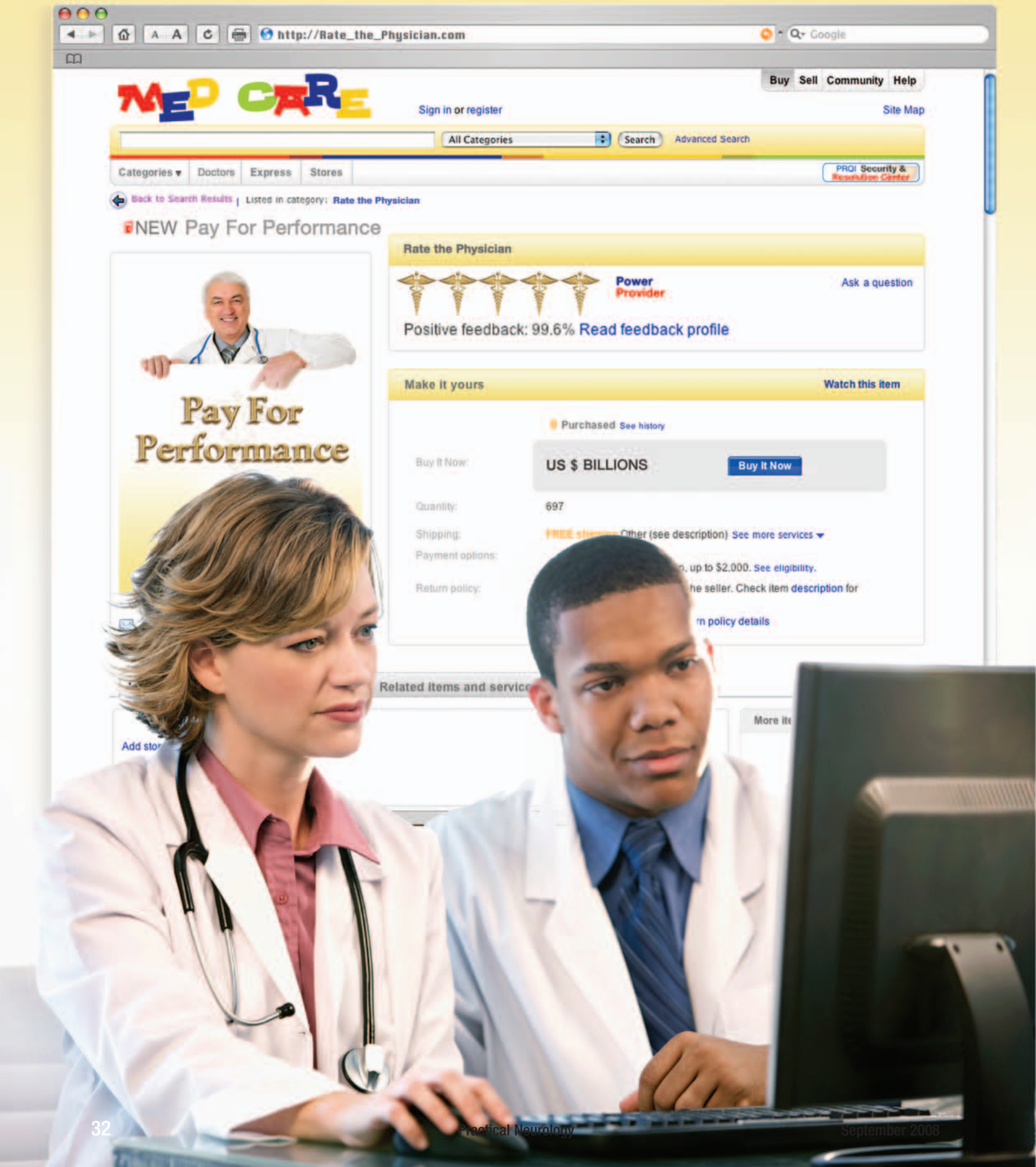
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PQRI: Buy or Sell? An In-depth Look at Pay for Performance

The feedback on the first year of PQRI is in, and the new proposals for 2009 are out. We take a look at the initiative's first year and what's in store for the future.

By Zac Haughn, Associate Editor

And they say doctors don't have a sense of humor. In a tongue-in-cheek review of the Pay for Performance system, Hayward and Kent pull the curtain back and show physicians can in fact experience an activation of the ventromedial prefrontal cortex and in turn production of endorphins after a rewarding activity—also known as laughter to the laymen:

"Measuring 'quality of care' using arbitrary standards is difficult enough; measuring genuine quality of care is simply unrealistic. Rather, one-size-fits-all, all-or-nothing performance measures are EZ-for-all. EZ to measure. EZ to game. Just follow our 6 EZ steps to EZ Street, where P4P will Pay 4U!"[1]

While their biting medical commentary would please Comedy Central's political roast masters Stewart and Colbert, Hayward and Kent highlight the real frustrations and reluctance physicians face with pay for performance systems, including the possible precursor of it in the US—the Physicians Quality Reporting Initiative.

As part of the Tax Relief and Health Care Act of 2006, the Centers for Medicare and Medicaid Services' (CMS) voluntary "low-effort program" authorized a financial incentive for eligible professionals to participate in the quality-reporting program. Eligible professionals could earn a bonus payment of up to 1.5 percent of their charges during the initial period between July 1 and December 31, 2007. Those who chose to participate needed to report on a designated set of quality measures (clinical outcomes, clinical processes, structural factors, patient satisfaction) for services paid under the Medicare Physician Fee Schedule.

The initiation of PQRI was "a first attempt by the government to satisfy the growing public demand for accountability. There will be more, not less, in the way of public reporting in the future," says Dirk Elston, MD, Director of the Department of Dermatology and Director of the Dermatopathology Fellowship Program at Geisinger Medical Center, who has written and spoken on PQRI numerous times.

The formation of the measures was a result of work by organizations such as the American Medical Association Physician Consortium for Performance Improvement, the National Committee on Quality Assurance, the National Quality Forum, (NQF) and other physician and non-physician professional organizations. The AAN has no formal position on PQRI.

The first-year program paid out more than $36 million to the roughly 56,700 heath professionals who satisfactorily reported information to Medicare. Physicians, physician group practices, and other PQRI-eligible professionals should have received their payments by August 2008. The average incentive amount for individual professionals was about $600, and average incentive payment for a physician group practice was about $4,700, with the largest payment to a physician group practice totaling over $205,700. More than 109,000 professionals submitted paperwork.

While CMS says the 2007 PQRI was a positive step toward reporting quality information, the 2008 PQRI program included significant changes in terms of the scope of measures that could be reported, the opportunity to receive incentive payments for the entire year, ability to report measures within a group for a speci-

Neurology-Related PQRI Measures

The current 23 measures of PQRI that pertain to neurologists:

Measure No. 4	Falls Screening
Measure No. 9	Prescribing of Antidepressants
Measure No. 10	Stroke Imaging
Measure No. 11	Stroke Imaging
Measure No. 31	DVT Prophylaxis
Measure No. 32	Antiplatelet Therapy
Measure No. 33	Anticoagulation Therapy
Measure No. 34	Consideration of t-PA
Measure No. 35	Dysphagia Screening
Measure No. 36	Consideration of Rehab
Measure No. 46	Medication Reconcilliation
Measure No. 47	Advance Care Plan
Measure No. 106	Major Depressive Disorder
Measure No. 107	MDD Suicide Assessment
Measure No. 114	Inquiry About Tobacco Use
Measure No. 115	Advising Smoking Cessation
Measure No. 124	Adoption of EHR
Measure No. 125	Adoption of e-Prescribing
Measure No. 126	Peripheral Neuropathy
Measure No. 128	Universal Weight Screening
Measure No. 130	Medication Verification
Measure No. 133	Cognitive Impairment Screening
Measure No. 134	Clinical Depression Screening

fied number of patients, and the use of registries to report quality measures.

The 2008 PQRI program measures grew from 74 quality measures in 2007 to include 119, all of which were published in the Physician Fee Schedule for 2008. Some estimates thought the 2008 number would reach 200. The original list included nine measures relating to neurology—eight of which were stroke-related—before growing to 23 measures that could potentially pertain to neurologists. These included the stroke care measures along with two regarding electronic reporting tools and the rest of a general nature, including screening for cognitive impairment or clinical depression.

Dr. Elston's prediction that public reporting will become more of a norm in the future isn't a fact CMS is trying to hide. The agency says that it is contemplating a "Physician Compare" Website, similar to those now in place that allow the public to compare the performance of hospitals and other providers. CMS says it does not plan to make 2008 PQRI data publicly available at the individual physician or group practice level, though that may change. CMS does anticipate making information on the quality of care for services provided by professionals available to the public at some point in the future.

In fact, in 2007, CMS published notice of a new system of records under the Privacy Act, establishing a new routine use that would enable the agency to make individual physician-level performance measurement data available to Medicare beneficiaries, by posting such data on a public website and by various other methods of data dissemination. CMS also warns it may decide to publicly report the names of eligible professionals who report and/or satisfactorily report quality data under the 2008 PQRI.

PQRI in 2009

CMS has proposed a set of PQRI quality measures for 2009 and notes funding for PQRI incentive payments was approved through the passage of Medicare Improvement for Patients and Providers Act (MIPPA) on July 15, 2008 and includes an increase in the bonus payment amount from 1.5 percent to two percent. Congress also authorized Medicare to fine eligible doctors who don't e-prescribe one percent in 2012, 1.5 percent in 2013, and two percent in 2014 and beyond. CMS has scheduled an e-prescribing conference October 6-8 in Boston to educate physicians about the subject.

For 2009, CMS proposes to select from among 175 measures, including:

- 111 current 2008 PQRI measures (eight of the 2008 measures are not being brought forward because the NQF has declined to endorse them or they are being retired and replaced by another measure);
- 17 new NQF-endorsed measures;
- 21 new measures that have been adopted by the AQA Alliance (AQA); and
- 26 new measures contingent on NQF endorsement or AQA adoption.

Of these proposals, 19 may be broadly applied to neurology, though two of these are fall-related and are more of a reformation of an old measure on the first PQRI measure list:

- Use of Imaging Studies in Low Back Pain
- Back Pain: Initial Visit
- Back Pain: Physical Exam
- Back Pain: Advice for Normal Activities
- Pain: Advice Against Bed Rest
- Stroke/Cerebrovascular Accident
- Anti-platelet Medications at Discharge
- Radiology: Computed Tomography (CT) Radiation Dose Reduction
- Radiology: Exposure Time Reported Procedures Using Fluoroscopy
- Falls: Plan of Care
- Falls: Risk Assessment

Neurology-Specific Reporting Rates by Measure* July-November 2007

Measure Statement	# NPI/TIN Submitting	Opportunities to Report	Reported Instances	National Reporting Rate
Fall Risk				
#4 Screening for Future Fall Risk	6,112	495,945	224,216	45.21%
Depression				
#9 Antidepressant Meds During Acute Phase for Patients with New Episode of Major Depression	373	5,031	3,420	67.98%
Imaging Stroke				
#10 CT or MRI Reports	4,513	59,642	38,417	64.41%
#11 Carotid Imaging Reports	2,838	17,599	11,649	66.19%
Stroke and Stroke Rehabilitation				
#31 DVT Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage	578	3,353	2,179	64.99%
#32 Discharged on Antiplatelet Therapy	974	4,898	2,823	57.64%
#33 Anticoagulant Therapy Prescribed for Afib at Discharge	23	34	34	100.00%
#34 t-PA Considered	498	2,508	1,659	66.15%
#35 Screening for Dysphagia	433	2,699	1,732	64.17%
#36 Consideration of Rehabilitation Services	614	3,121	1,968	63.06%
Medication Reconciliation				
#46 Medication Reconciliation	1,190	20,301	6,681	32.91%
Advance Care				
#47 Advance Care Plan	5,695	660,313	334,715	50.69%

CMS data as reported by AAN: www.aan.com/globals/axon/assets/4123.pdf.

- Unhealthy Alcohol Use: Screening & brief counseling.
- Lipid Screening
- Rheumatoid Arthritis: Tuberculosis Screening
- Rheumatoid Arthritis: Appropriate Use Biologic Disease Modifying Anti-Rheumatic Drugs (DMARDs)
- Rheumatoid Arthritis: Periodic Assessment of Disease Activity.
- Rheumatoid Arthritis: Functional Limitation Assessment.
- Rheumatoid Arthritis: Assessment and Classification of Disease Prognosis
- Rheumatoid Arthritis: Glucocorticoid Management.

CMS gives preference to measures endorsed by the NQF and says it is targeting finalization and publication of the detailed specifications for all 2009 PQRI measures on the CMS Website by November 15, 2008.2 CMS does give itself some wiggle room saying final specifications will be published no later than December 31, 2008.

CMS also proposes to maintain alternative reporting periods for reporting measures groups and for registry-based reporting. Measures groups are a subset of PQRI measures that have a particular clinical condition or focus in common. Each eligible professional electing to report a group of measures must report all measures in the group that are applicable to each patient or encounter to which the measures group applies, at least up to the required minimum number of patients. Previously, none of these was applicable to neurologists, but of those now proposed, six additions are in rheumatoid arthritis.

If ongoing testing is successful, CMS expects to accept PQRI data for up to 15 individual PQRI measures from electronic health records, beginning January 1, 2009 or soon thereafter. The electronic specifications for the measures under consideration for EHR-based submission will be posted on the CMS Web site.

Also in store for 2009, CMS proposes the following data reporting options:

- Claims-based reporting of at least three PQRI measures (or one to two if fewer than three apply to an eligible professional)

Questions about PQRI?

If you have questions or are seeking guidance on PQRI, contact the AAN's P4P representative at p4p@aan.com

for 80 percent of applicable Medicare Part B fee-for-service (FFS) patients for full-year reporting.

• Registry-based reporting of at least three PQRI measures for 80 percent of applicable Medicare Part B FFS patients, either for all of 2009 or only for the second half of the year.

• Claims-based reporting of one measures group for 30 consecutive.

• Medicare Part B FFS patients for full year reporting, or for 80 percent of applicable Medicare Part B FFS patients (with a minimum of 30 patients for full year reporting or a minimum of 15 patients if reporting only for the second half of 2009).

• Registry-based reporting of one measures group for 30 consecutive patients for full year reporting (may include, but not be exclusively non- Medicare patients); a 2008 option of registry-based reporting for 15 consecutive patients for 6-month reporting has been dropped because CMS has concluded it provides an inadequate sample size.

• Registry-based reporting of one measures group for 80 percent of applicable Medicare Part B FFS patients (with a minimum of 30 patients for full year reporting and a minimum of 15 patients if reporting only for the second half of the year).

• EHR-based reporting of at least three PQRI measures (or one to two if less than three apply) for 80 percent of applicable Medicare Part B FFS patients; no EHR- based reporting is proposed for measures groups for 2009.

Or Forever Hold Your Peace

It's not too late to have some say in the shape of PQRI. CMS is asking for comments on a number of issues relating to the use and disclosure of PQRI data. These include:

• How to engage stakeholders in the development and evaluation of a valid and reliable public reporting system;

• The venue and format for how PQRI information should be made publicly available;

• Types of data and types of measures that would be most useful to consumers and health professionals; and

• The level at which PQRI information should be publicly reported (for example, at the individual physician or group (TIN) level).

To provide comment, visit the CMS website at cms.gov. **PN**

1. 6 EZ Steps to Improving Your Performance (or How to Make P4P Pay 4U!) R. Hayward, and D. Kent, JAMA. 2008;300(3):255-256.

2. Centers for Medicare and Medicaid Services. Health Policy Alternatives, July 3, 2008.