MISSOURI HOSPITALIST SOCIETY

Publisher:

Division of General IM

University of Missouri

Columbia, Missouri

Editor:

Robert Folzenlogen MD

Inside this issue:

MISSOURI HOSPITALIST

Issue 29 May 27, 2010

Hospitalist Update

Physician Quality Reporting Initiative (PQRI): Is it worth an Investment by Hospitals?

Jaya Buddineni MD

PQRI is a voluntary individual reporting program that provides an incentive payment to identified Eligible Professionals who satisfactorily report data on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B beneficiaries (1).

In December of 2006, President Bush signed the Tax Relief and Health Care Act (TRHCA). Under section 101 of the Act, TRHCA authorized the establishment of PQRI measures by CMS. Over the past few decades, the Medicare fee schedule was based on quantity and resources consumed and gave less significance to the quality and value of services. In the last few years, Medicare emphasized and incentivized the quality of care given to patient populations and the avoidance of unnecessary costs (2).

Providers (including physicians, podiatrists, dentists, chiropractors, optometrists, NPs and PAs), certified RNs, social workers and therapists (PT, OT, qualified speech therapists and psychotherapists) can report PQRI measures to CMS (3). One hundred and seventy nine Physician Quality Reporting measures have been established in 2010 by various organizations and have been approved by CMS.

These measures are established methods of practice which may result in improved patient care and outcomes. Amidst the variety and extent of PQRI measures, there are a few that may be appropriately assessed and reported using our current EMR. These measures can be reported from the hospitalists' documentation, ranging from admission to discharge notes (8); this mode of formulating a report is easy and remains conducive to the current workflow. The process can be streamlined for all patient populations by utilizing EMR reported categories combined with billing codes provided by the medical billers. CMS guidelines stipulate the need to report a minimum of three measures in up to 80% of the patient population in order to be eligible for the incentivized payment plan. The breadth of the list allows practices to (cont)

(cont) choose the PQRI measures which can be best harvested from their current data storage and processing systems. At the University of Missouri, the following measures have been identified by our Quality Improvement Department:

Inquiry into smoking habits of patients (measure #114)

Prescribing DVT prophylaxis in stroke patients (measure #31)

Prescribing ACE Inhibitors in heart failure (LVD) patients (measure #5)

Documentation of advance health care directives (measure #47)

Measuring Hemoglobin A1C levels in poorly controlled diabetics (measure #1)

Prescribing antiplatelet therapy in patients with coronary artery disease (measure #6)

As of 2010, the following methods were approved by CMS for reporting the PQRI measures (2):

1. to CMS on their Medicare Part B claim form
2. to a qualified PQRI registry
3. to CMS via a qualified electronic health record (EHR) product

The advantages of participating in the PQRI program are many fold. It helps in the collection of data and improves the quality of care. It also provides a basis for incentive payments tied to performance. In addition, this program may serve as an adjunct to Quality Improvement projects throughout the institution. Finally, it may lead to improved documentation by providers, an area in which we are often deficient.

One of the most common reasons for hospitalist groups not to participate in the PQRI program is the need for extra resources to initiate the process and to incorporate it into their existing practice. Many administrators conclude that it is a cumbersome and time-consuming process; some consider it to be a financial burden, concluding that the CMS reimbursement is not sufficient to cover the overhead costs of the program (9). Physicians may also feel pressured to alter their management style, knowing that their records will be monitored and reported.

What does the future hold? PQRI reporting by hospitalists broadens the horizon for incentives tied to performance. However, this plan may be a harbinger of penalties that CMS might impose if PQRI measures are not documented (10). The program may serve as a platform for future investment strategies by hospital administrators who might also use the reporting data to advertise the quality of their services.

CMS has set up three help desk resources to assist participating professionals (5): the Provider Call Center Directory, External User Service and the Quality Net Help Desk. Many organizations, including the AMA and Society of Hospital Medicine, are actively promoting use of PQRI measures by hospitalist groups (6,7).

References:

1. http://www.facs.org/ahp/pqri/2010/2010implementationguide.pdf

2. http://www.cms.gov/PQRI/01_Overview.asp

3. See reference 1

4. http://www.cms.gov/PQRI/Downloads/EligibleProfessionals.pdf

5. http://www.cms.gov/PQRI/36_HelpDeskSupport.asp

6. http://www.hospital medicine.org/Content/NavigationMenu/AdvocacyPolicy/ThePhysicianQualtiyReportingInitiative/The_Physician_Qualit.htm

7. http://www.the-hospitalist.org/details/article/187046/Report_on_PQRI_.html

8. Russell, TR., Physician Quality Reporting Initiative (PQRI) and other performance measurement programs. *Bull Am Coll Surg*, Jun 2008; 93(6):4-6

9. Stinson, P., The PQRI Catch-22. The CMS 1.5 percent reimbursement may incentivize IT adoption but will it do so equally and is it enough? *Health Manag Technol*, Oct 2007; 28(10): 42-44

10. Freeman, PB, PQRI-deux, *Optometry—Journal of the American Optometric Association* 2008; 79(3):115

HOSPITAL MEDICINE VIRTUAL JOURNAL CLUB

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

Abstracts and Full-text Links from recent journals of interest to Hospitalists:

http://beckerinfo.net/JClub

Hospitalists are invited to peruse the articles and to post comments