What Neurosurgeons Need to Know About Medicare's Physician Quality Reporting Initiative (PQRI)

The Centers for Medicare & Medicaid Services (CMS) will continue to offer incentive payments to physicians who report quality data in 2010 under the Physician Quality Reporting Initiative (PQRI). The PQRI is a voluntary pay-for-reporting program that began in 2007, and was reauthorized by Congress in 2008. Physicians who successfully report quality measures to CMS in 2010 are eligible for an incentive payment of 2% of total allowed Medicare Part B charges furnished during the reporting period. Physicians can choose to report measures for the entire year (January 1-December 31, 2010) or half the year (July 1-December 31, 2010).

Quality Measures

Physicians may report quality data using either individual measures or measure groups (a set of individual measures that must be reported together).

- Measures that may apply to a neurosurgical practice are listed in **Table A** below.
- More detailed specifications for individual quality measures and measure groups are available at: http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp#TopOfPage

Reporting Options

Individual physicians may choose to submit quality data to CMS via claims or via a qualified registry. In an effort to phase out claims-based reporting, CMS has designated multiple measures as reportable only through a qualified registry.

In 2010, group practices (minimum of 200 physicians) are also eligible to report measures as an entity. Since the required set of measures is mostly primary care-related, few neurosurgical group practices will likely qualify under this option at this time.

Reporting periods and requirements differ according to the reporting mechanism selected.

- 2010 PQRI reporting options and requirements are listed in **Table B** below.
- Detailed instructions on how to report individual measures via claims are available at: http://www.cms.hhs.gov/PQRI/Downloads/2010_PQRI_ImplementationGuide_111309(2).pdf
- Detailed instructions on how to report measure groups are available at: http://www.cms.hhs.gov/PQRI/Downloads/2010_GettingStartedwithPQRIReportingofMeasuresGroups_111309.pdf
- A list of registries qualified to submit quality data to CMS on behalf of physicians for 2010 is available at: http://www.cms.hhs.gov/PQRI/Downloads/QualifiedRegistriesPhase1Rvsd120709_1.pdf

Medicare e-Prescribing Incentive Program

In 2008, Congress authorized CMS to provide incentive payments to physicians and group practices who are successful electronic prescribers, as defined by the statute. Incentive payments for successful e-prescribers will be 2% of total allowed charges for 2010, 1% for 2011-2012, and 0.5% for 2013. This incentive can be earned in addition to the PQRI incentive, so qualified professionals may be eligible for up to 4% in bonuses for 2010. Beginning in 2012, the program will impose penalties on those who do not successfully e-prescribe.

- More information about the e-Prescribing Incentive Program is available at: http://www.cms.hhs.gov/ERXincentive/

Should Neurosurgeons Participate in These Quality Programs?

Although organized neurosurgery supports efforts to improve physician quality, we feel the PQRI will likely have little effect on the quality of neurosurgical care. The program is still largely dependent on claims-based process-of-care measures, which are often of little relevance to surgery and not necessarily linked to improved clinical outcomes. Furthermore, the small financial incentive is unlikely to generate enough money to cover the administrative costs of participating in the program. That being said, the PQRI provides neurosurgeons the opportunity to gain experience with reporting quality data, to earn a small bonus payment, and to learn about the quality of their care *before* these programs become mandatory and payments are linked to performance. Neurosurgeons should also be aware that CMS is required to publicly post the names of individuals and group practices that qualify for the 2010 PQRI and e-Prescribing Incentive programs. In deciding whether to participate in these programs, neurosurgeons should carefully weigh these factors.

If you have any questions about the PQRI or e-Prescribing Incentive Program, please contact Rachel Groman, Senior Manager for Quality Improvement and Research in the AANS/CNS Washington Office at rgroman@neurosurgery.org or 202-446-2030.

See **Table A. 2010 PQRI Measures Applicable to Neurosurgery** below.

See **Table B. 2010 PQRI Reporting Options** below.

Table A. 2010 PQRI Measures Applicable to Neurosurgery

The following list includes individual and group quality measures that a neurosurgeon may be qualified to report on under the 2010 PQRI. Interested participants should review the complete list of measure specifications to determine whether additional measures may apply

Measure Number	Measure Title	Reporting Options *Claims (C)/Registry (R)*
Individually Reportable Measures		
Perioperative Care		
20	Timing of Antibiotic Prophylaxis – Ordering Physician	C, R
21	Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin	C, R
22	Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	C, R
23	Venous Thromboembolism Prophylaxis (When Indicated in ALL Patients)	C, R
30	Timing of Prophylactic Antibiotics – Administering Physician	C, R
45	Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)	C, R
Stroke and Stroke Rehabilitation		
10	Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports	C, R
31	Deep Vein Thrombosis Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage	C, R
33	Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	R
35	Screening for Dysphagia	C, R
36	Consideration of Rehabilitation Services	C, R
158	Use of Patch During Conventional Endarterectomy	C, R
187	Thrombolytic Therapy	R
195	Stenosis Measurement in Carotid Imaging Studies	C, R
Ischemic Vascular Disease		
201	Blood Pressure Management Control	C, R
202	Complete Lipid Profile	C, R
203	Low Density Lipoprotein Control	C, R
204	Use of Aspirin or Another Anti-Thrombotic	C, R
Osteoporosis		
24	Communication with Physician Managing Ongoing Care Post-Fracture	C, R
39	Screening or Therapy for Osteoporosis for Women Aged 65 or Older	C, R
40	Management Following Fracture of Hip, Spine, or Distal Radius for Women/Men Aged 50 or Older	C, R
41	Pharmacologic Therapy for Men/Women Aged 50 or Older	C, R
Osteoarthritis		
109	Function and Pain Assessment	C, R
142	Assessment for Use of Anti-Inflammatory or Analgesic Over-the-Counter Medications	C, R
Falls		
154	Risk Assessment	C, R
155	Plan of Care	C, R

Urinary Incontinence

48	Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older	C, R
49	Characterization of Urinary Incontinence in Women Aged 65 Years and Older	C, R

Preventive Care and Screening

114	Inquiry Regarding Tobacco Use	C, R
115	Advising Smokers to Quit	C, R

Miscellaneous

46	Medication Reconciliation After Discharge from an Inpatient Facility	C, R
47	Advance Care Plan	C, R
124	Adoption/Use of Electronic Health Records	C, R

Measure Groups

**NOTE: each individual measure within a group must be reported to satisfy the measure group reporting requirement*

Perioperative Care Group

20	Timing of Antibiotic Prophylaxis – Ordering Physician	C, R
21	Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin	C, R
22	Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)	C, R
23	Venous Thromboembolism Prophylaxis (When Indicated in ALL Patients)	C, R

Low Back Pain Group

148	Initial Visit	C, R
149	Physical Exam	C, R
150	Advice for Normal Activities	C, R
151	Advice Against Bed Rest	C, R

Ischemic Vascular Disease Group

114	Inquiry Regarding Tobacco Use	C, R
115	Advising Smokers to Quit	C, R
201	Blood Pressure Management Control	C, R
202	Complete Lipid Profile	C, R
203	Low Density Lipoprotein Control	C, R
204	Use of Aspirin or Another Anti-Thrombotic	C, R

Table B. 2010 PQRI Reporting Options

The following reporting options are available for the 2010 PQRI. While physicians may potentially qualify under more than one reporting option, only one incentive payment will be made based on the longest reporting period for which the physician satisfactorily reports.

2010 Individual Physician Reporting Options (Individual Measures)

Reporting Mechanism	Reporting Criteria	Reporting Period
Claims-based reporting	At least 3 PQRI measures for 80% of applicable Medicare Part B FFS patients of each eligible professional	January 1, 2010 – December 31, 2010
Claims-based reporting	At least 3 PQRI measures for 80% of applicable Medicare Part B FFS patients	July 1, 2010 – December 31, 2010
Registry-based reporting	At least 3 PQRI measures for 80% of applicable Medicare Part B FFS patients	January 1, 2010 – December 31, 2010
Registry-based reporting	At least 3 PQRI measures for 80% of applicable Medicare Part B FFS patients	July 1, 2010 – December 31, 2010
EHR-based reporting	At least 3 PQRI measures (selected from a limited subset of 10 measures) for 80% of applicable Medicare Part B FFS patients	January 1, 2010 – December 31, 2010

2010 Individual Physician Reporting Options (Measure Groups)

Reporting Mechanism	Reporting Criteria	Reporting Period
Claims-based reporting	At least 1 measure group for 30 non-consecutive Medicare Part B FFS patients	January 1, 2010 – December 31, 2010
Claims-based reporting	At least 1 measure group for 80% of applicable Medicare Part B FFS patients (at least 15 patients)	January 1, 2010 – December 31, 2010
Claims-based reporting	At least 1 measure group for 80% of applicable Medicare Part B FFS patients (at least 8 patients)	July 1, 2010 – December 31, 2010
Registry-based reporting	At least 1 measure group for 30 non-consecutive patients. Patients may include, but may not be exclusively, non-Medicare patients.	January 1, 2010 – December 31, 2010
Registry-based reporting	At least 1 measure group for 80% of applicable Medicare Part B FFS patients (at least 15 patients).	January 1, 2010 – December 31, 2010
Registry-based reporting	At least 1 measure group for 80% of applicable Medicare Part B FFS patients (at least 8 patients, NEW for 2010).	July 1, 2010 – December 31, 2010
*(*NOTE: EHR reporting option not available for measure groups in 2010)*		

2010 Group Practice Reporting Option

Reporting Mechanism	Reporting Criteria	Reporting Period
A pre-populated data collection tool provided by CMS	▪ Report on all 26 measures included in CMS' data collection tool; and ▪ Complete the tool for the first 411 consecutively ranked and assigned beneficiaries in the order in which they appear in the group's sample for each disease module or preventive care measure	January 1, 2010 – December 31, 2010