

Quality Measures in Clinical Training

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Physician Quality Reporting Initiative (PQRI)

- Centers for Medicare and Medicaid Services (CMS) initiative
- 2006 Tax Relief and Health Care Act
 - Requires MD quality reporting system
- Documentation of quality measures provided to Medicare beneficiaries
- Remuneration for quality care
- “Incentive” for this documentation
- In 2009: 2008 Medicare Improvements for Patients and Providers Act
 - Made PQRI permanent through 2010

Physician Quality Reporting Initiative (PQRI) in 2009

- January 1-December 31, 2009 or July 1-December 31, 2009
- 153 Quality Measures
- 7 Quality Groups
- **Incentive of 2%** of the total allowed charges for Physician Fee Schedule (PFS)
 - 2008 was 1.5%
- No registration required!
- Submission of quality codes

Quality Measures Which ones matter?

- Measurement is the first step to start improving care
 - Which practice parameters matter?
 - Quality indicators
 - How to measure these parameters?
 - Quality measures
 - What to do with the measures once measured?

Physician Quality Reporting Initiative (PQRI)

- Osteoporosis
- Rheumatoid Arthritis
- Osteoarthritis
- Back Pain
- General preventive measures

Quality Measures: Osteoporosis

- Communication with MD providing ongoing care following a fracture (Measure 24)
- Screening or Therapy for Osteoporosis for Women ≥ 65 years old (Measure 39)
- Osteoporosis-Management following fracture (Measure 40)
- Osteoporosis-Pharmacologic therapy (Measure 42)

Quality Measures for the Rheumatologist: RA

- DMARDs for RA
- Tuberculosis screening within 6 months prior to receiving first biologic DMARD
- Assessment and classification of disease activity at least once every 12 months
- Functional status assessment at least once every 12 months
- Assessment and classification of disease prognosis at least once within 12 months
- Glucocorticoid management / documented plan within 12 months of prolonged use (>6 months)

Quality Measures for the Rheumatologist

- Other measures
 - OA-Function and Pain Assessment (Measure 109)
 - OA-Assessment for use of anti-inflammatory and analgesic medications (OTC) (Measure 142)
 - Back Pain
 - Preventive measures (tobacco, alcohol)

Quality Measures for the Rheumatologist

- Reporting
 - Individual or group reporting of measures (Osteoporosis)
 - Communication with MD providing ongoing care following a fracture (Measure 24)
 - Screening or Therapy for Osteoporosis for Women \geq 65 years old (Measure 39)
 - Osteoporosis-Management following fracture (Measure 40)
 - Osteoporosis-Pharmacologic therapy (Measure 42)

Quality Measures for the Rheumatologist

- Reporting
 - Individual or group reporting of measures
 - Option of individual or group in Osteoporosis, RA, OA
 - Back pain must be reported as a group
 - Initial visit
 - Physical exam
 - Advice for normal activities
 - Advice against bedrest

Other Quality Measures

- Other measures among many:
 - Diabetes management (HbA1C)
 - Coronary artery disease (anti-platelet therapy)
 - Congestive heart failure (beta-blocker)
 - ASA in acute MI
 - Perioperative care (DVT or antibiotic prophylaxis)
 - Age-related macular degeneration examinations
 - Advanced care plan documentation
 - ESRD: Influenza prophylaxis

Quality Measures Initiated MUSC Rheumatology (2008)

- Osteoporosis
 - Measures available 2007
 - Selected 2 quality measures
 - Incentive through Medicare
 - Lump sum to Medical University Hospital for all departments
 - Division across departments based on coding

Quality Measures Initiated at MUSC

- Osteoporosis
 - 2 Quality Measures selected
 - Screening for osteoporosis: Women \geq 65 years old
 - Pharmacologic therapy in men or women with a diagnosis of osteoporosis: Men or women \geq 50 years old
 - Utilize a PQRI data collection sheet **AND/OR**
 - Proper documentation in the chart and appropriate coding

Osteoporosis Quality Measures Initiated at MUSC

Screening for osteoporosis in women \geq 65 years old

	Patient \geq 65 years female only
	3096F DXA Ordered
	3096F-IP Not ordered as not medically indicated
	3096F-2P Patient Declined
	3096-8P None of the above

DXA Screening Quality Measure

- DXA ordered (3096F)
 - DXA scan for screening
 - Follow-up scan at the most frequent every 2 years
- Not ordered, not medically indicated (3096F-1P)
 - It has been less than 2 years since prior
- Patient declined (3096F-2P)
 - Self-explanatory
- None of the above (3096-8P)
 - Not ordered for other reasons at this visit
 - Patient admitted to hospital
 - Not part of this office visit
 - Equipment not available

Osteoporosis Quality Measures Initiated at MUSC

Pharmacologic Therapy in men or women with osteoporosis diagnosis \geq 50 years old

	Patient \geq 50 years with diagnosis of osteoporosis (either female or male)
	4005F Rx prescribed or continued
	4005F-IP Not ordered as not medically indicated
	4005F-2P Patient Declined
	4005-8P None of the above

DXA Screening Quality Measure

- Medication prescribed or continued (4005F)
 - Documentation of medication in plan
- Not ordered, not medically indicated (4005F-1P)
 - Eg. Chronic kidney disease
- Patient declined (4005F-2P)
 - Self-explanatory
- None of the above (3096-8P)
 - Not ordered for other reasons at this visit
 - Patient admitted to hospital
 - Not part of this office visit

DXA Screening Quality Measures (Competencies)

- Fellow education
 - Osteoporosis screening and management (**Medical knowledge and patient care**)
 - Proper documentation (**Interpersonal skills and communication**)
 - Analyze clinical experience and apply a systematic approach to improvement (**Practice-based learning**)
 - Awareness and application of quality indicators and knowledge of best practice (**Systems-based practice**)

A Rheumatologist's Guide to PQRI Measures

Much broader application

- RA, OA, Back pain, Osteoporosis, Preventive measures
- Start with one or two
- Develop the habit of the requisite documentation
- Develop the PQRI coding on the billing sheet
- Develop the habit of coding for PQRI measures
- Subsequent addition of other measures
- Incentive basis for Medicare
 - Future applications to other insurers?

A Rheumatologist's Guide to PQRI Measures

What the ACR is doing for us

The Rheumatology Clinical Registry (RCR)
ACR partnered with Outcome Sciences
Web-based quality measures recording
and reporting tool
Available June 2009