



# The Physician Feedback Program & Quality and Resource Use Reports (QRURs)

# What is the Physician Feedback Program?

The Physician Feedback Program provides comparative performance information to Medicare Fee-For-Service physicians.

Physician input plays a critical role in this continuously evolving program.

It is one part of Medicare's efforts to improve the quality and efficiency of medical care by

- Helping the Centers for Medicare & Medicaid Services (CMS) provide meaningful and actionable information to physicians so they can improve the care they furnish
- Changing physician reimbursement to reward value rather than volume



# What is the Physician Feedback Program? (Cont'd)

The Program is mandated by legislation:

- The Physician Resource Use Measurement and Reporting Program was created by the Medicare Improvements for Patients and Providers Act of 2008
- The Affordable Care Act of 2010 extended and enhanced the Program – now called the Physician Feedback Program



# What is the Physician Feedback Program? (Cont'd)

The Program contains two primary components:

- Physician Quality and Resource Use Reports (QRURs)
- Development and implementation of a Value-based Payment Modifier



# Which Physicians Will Receive an Individual QRUR in Early 2012?

QRURs that will be disseminated in early 2012 to physicians practicing in Iowa, Kansas, Missouri, and Nebraska provide information about care and costs of Medicare patients during calendar year 2010.

CMS chose physicians in these states because the Medicare Administrative Contractor (MAC) can e-mail QRURs to the physician's points of contact.

We seek broad input from practicing physicians and think that e-mailing the reports will help facilitate that input.



# What are the Quality Resource Use Reports (QRURs)?

QRURs provide comparative information so that physicians can view examples of the clinical care their patients receive in relation to the average care and costs of other physicians' Medicare patients.

**CONFIDENTIAL**  
**2010 QUALITY AND RESOURCE USE REPORT**  
**MEDICARE FEE-FOR-SERVICE**

Dr. Physician Name  
National Provider Identifier (NPI) #                       
Specialty:

ABOUT THIS REPORT FROM MEDICARE	
WHAT	This report presents information about the quality of care provided to Medicare fee-for-service (FFS) patients you treated in 2010 and the amount that Medicare paid you and other Medicare providers to deliver this care. This report is for informational purposes only. It will not affect your Medicare payment or your participation in the Medicare Program.
WHY	<ul style="list-style-type: none"><li>To enable you to compare the quality and cost of your Medicare patients' care with that of Medicare patients treated by physicians in your specialty and by all physicians in Iowa, Kansas, Missouri, and Nebraska.</li><li>To highlight your degree of involvement with all patients you treated, based on claims you submitted to Medicare.</li><li>To identify possible components of a payment modifier required by the Affordable Care Act of 2010. The payment modifier will provide for differential payment to physicians or to groups of physicians under the physician fee schedule based upon the quality of care furnished compared with cost. This report begins to provide you with quality-of-care and cost information that can be used in a future payment modifier.</li></ul>
WHEN	Medicare is required by federal legislation to phase in the payment modifier beginning in 2015. By 2017, Medicare is required to apply the payment modifier to all physicians and groups of physicians.
WHO	Medicare is providing this confidential feedback report to you and other physicians who practice in Iowa, Kansas, Missouri, and Nebraska. We chose physicians in these states because they share a common Medicare Administrator Contractor that could help disseminate the reports.
WHAT YOU CAN DO	<ul style="list-style-type: none"><li>Consider the information in this report to help you identify clinical areas in which you are doing well and those areas that might need improvement.</li><li>Share your thoughts about how to make these reports more meaningful and actionable. You can email CMS at <a href="mailto:CMS_Medicare_Physician_Feedback_Program@mathematica-nprc.com">CMS_Medicare_Physician_Feedback_Program@mathematica-nprc.com</a> with your comments, or you can participate in one of the conference calls that CMS has scheduled with report recipients.</li><li>More information is available at <a href="http://www.cms.gov/physicianfeedbackprogram">http://www.cms.gov/physicianfeedbackprogram</a></li></ul>

*In this slide show, only the QRUR for individual physicians is displayed.*

# What are the Quality Resource Use Reports (QRURs)?

QRURs are confidential reports that show physicians

The portion of their Medicare fee-for-service (FFS) patients who have received indicated clinical services



**Exhibit 1. Physician Performance on Medicare Claims–Based Quality Measures for All Patients for Whom the Physician Filed at Least One Medicare Claim in 2010**

<b>Clinical Condition and Measure</b>  Specifications for these clinical measures are posted at <a href="http://www.cms.gov/PhysicianFeedbackProgram/Downloads/claims_based_measures_with_descriptions_num_denom_excl.pdf">http://www.cms.gov/PhysicianFeedbackProgram/Downloads/claims_based_measures_with_descriptions_num_denom_excl.pdf</a>	Physician Performance for All Medicare Patients			
	YOU		Physicians in Iowa, Kansas, Missouri, and Nebraska	
	Number of Medicare Patients for Whom This Service Was Indicated	Percentage of Medicare Patients Who Received the Service	Number of Physicians Included	Percentage of Medicare Patients Who Received the Service
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>				
<b>Pharmacotherapy Management of COPD Exacerbation</b>				
1. Dispensed Systemic Corticosteroid Within 14 Days of Event				
2. Dispensed Bronchodilator Within 30 Days of Event				
<b>Use of Spirometry Testing to Diagnose COPD</b>				
<b>Bone, Joint, and Muscle Disorders</b>				
<b>Osteoporosis Screening for Chronic Steroid Use</b>				
<b>Osteoporosis Management in Women ≥ 67 Who Had a Fracture</b>				

# What are the Quality Resource Use Reports (QRURs)?

QRURs are confidential reports that show physicians

How their patients have used various types of service such as inpatient hospital stays, outpatient visits to physicians, etc.



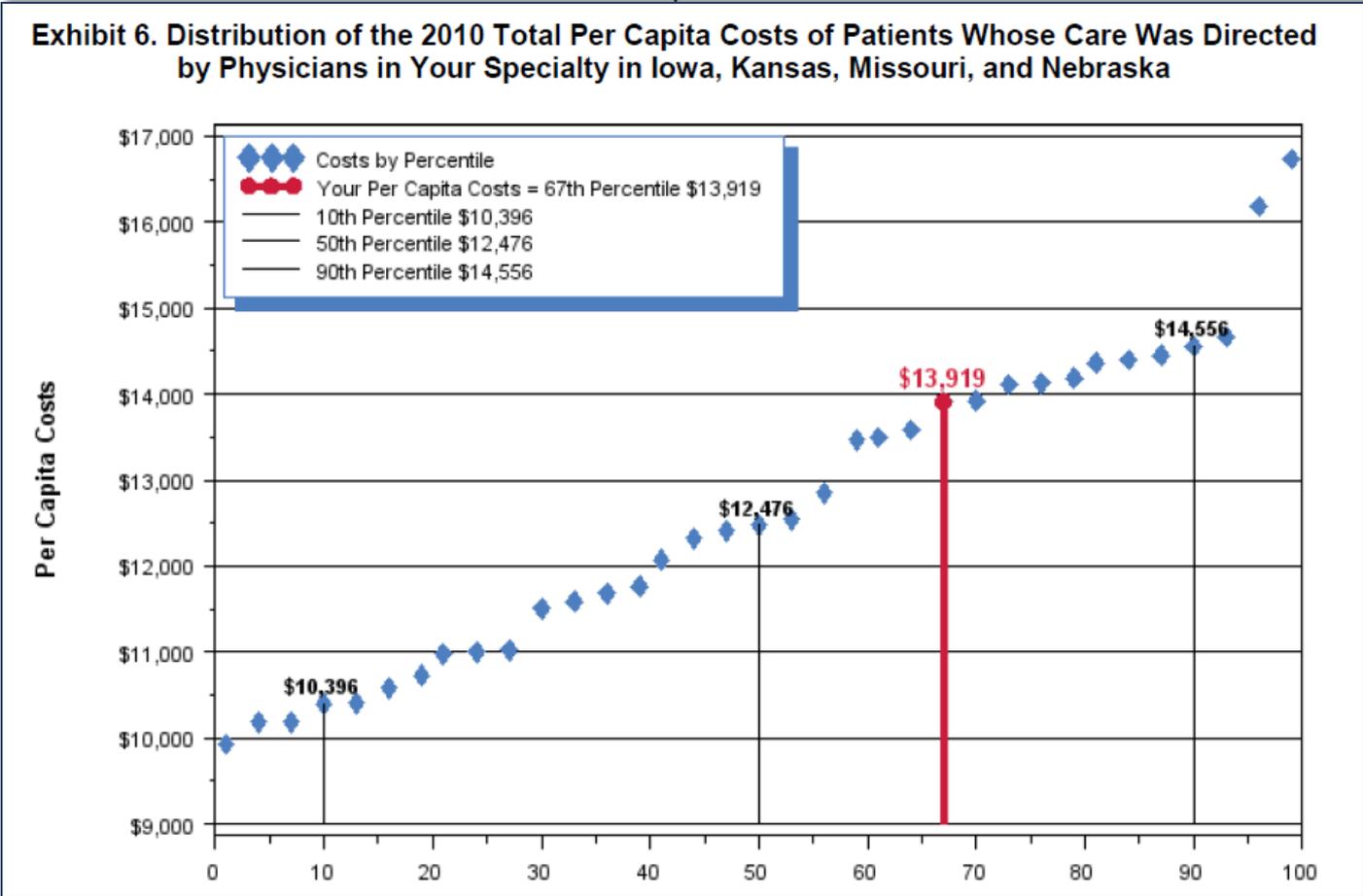
**Exhibit 4. 2010 Total Per Capita Costs for Specific Services for the [#] Patients Whose Care You Directed**

Service Category	Medicare Patients Whose Care You Directed			Average for Medicare Patients Whose Care Was Directed by [#] Physicians in Your Specialty in Iowa, Kansas, Missouri, & Nebraska		Amount by Which Your Medicare Patients' Per Capita Costs Were Higher (or Lower) than Average	
	Your Medicare Patients Using Any Service in This Category		Total Risk-Adjusted Per Capita Costs	Medicare Patients Using Any Service in This Category			
	Number	Percentage		Number	Percentage		
All Services	#	100%	\$XX,XXX	#	100%	(\$X,XXX)	
<b>Evaluation and Management Services in All Settings</b>							
Provided by YOU for Your Patients	#	%	\$XX,XXX	#	%	\$XX,XXX	(\$X,XXX)
Provided by OTHER Physicians Treating Your Patients							
<b>Procedures in All Settings</b>							
Provided by YOU for Your Patients							
Provided by OTHER Physicians Treating Your Patients							
<b>Inpatient and Outpatient Facility Services</b>							
Inpatient Hospital Facility Services							
Outpatient and Emergency Services							
Clinic or Emergency Visits							

# What are the Quality Resource Use Reports (QRURs)?

QRURs are confidential reports that show physicians

How Medicare spending for their patients compares to average Medicare spending across the region and specialty



# Is CMS working with the Medical Community to Develop the QRURs?

Throughout the development process, CMS has sought input in the following ways:

- Collaborating with public and private industry stakeholders
- Working with physician and medical specialty groups
- Holding public listening sessions to hear providers' suggested approaches
- Holding focus groups with QRUR recipients each year

CMS uses input to make the next QRURs more useful.



# What is the Value-based Payment Modifier?

The Affordable Care Act of 2010 requires that, under the physician fee schedule, Medicare begin using differential payment to physicians, or groups of physicians, based upon the quality of care furnished compared with cost.

CMS is working to develop the Value-based Payment Modifier which will affect payment to some physicians beginning in 2015.



# How will CMS use the Value-based Payment Modifier?

- The Value-based Payment Modifier will result in a differential payment to physicians or groups of physicians based upon the quality of care furnished compared to cost
- Congressional and CMS intent is to more closely tie payment for medical care to value - for beneficiaries and for Medicare
- In defining value, CMS expects to weigh quality more heavily than efficiency
- Evidence-based criteria and comparative performance among peers will be vital building blocks as CMS combines quality and cost components into a Value-based Payment Modifier
- CMS has made no decision upon which physicians to apply the value modifier starting in 2015



# What is the Implementation Timeline for the Value-based Payment Modifier?

2013

- The initial performance period is slated to begin in 2013, meaning services provided during calendar year 2013 will be used in calculating the 2015 modifier.

2015

- Beginning in 2015, the Value-based Payment Modifier will be phased-in over a two-year period
- In 2015 the HHS Secretary has discretion to apply the Value-based Payment Modifier to specific physicians and/or groups of physicians that he/she deems appropriate.

2016

- In 2016 the HHS Secretary will continue his/her efforts to apply the Value-based Payment Modifier to specific physicians and/or groups of physicians that he/she deems appropriate.

2017

- Beginning in 2017, the Value-based Payment Modifier will apply to most or all physicians who submit claims under the Medicare physician fee schedule.

# How are the QRURs Related to the Value-based Payment Modifier?

## **Now:**

- QRURs help CMS share comparative indicators of quality and cost performance with physicians and receive input prior to making changes in Medicare payment based on the value-based payment modifier.
- CMS views the QRURs as an important means of comparing performance and examining care delivery, use of various types of services, and costs of services.

## **In the future:**

- QRURs will display quality of care and cost data that will comprise the Value-based Payment Modifier.
- CMS envisions using QRURs to inform each physician of how his or her Medicare payment will be impacted by the Value-based Payment Modifier in the upcoming year.



# Who Will Receive QRURs this year?

## 2010 Group Reports

- In September 2011, CMS sent QRURs to 35 large group practices that chose to participate in the Physician Quality Reporting System via the Group Reporting Option (GPRO I) in 2010.

## 2010 Individual Physician Reports

- In early 2012, CMS will provide physician-level QRURs to more than 20,000 individual physicians who participated in Medicare FFS in 2010, and practiced in Iowa, Kansas, Missouri, or Nebraska.

*In this slide show, only the QRUR for individual physicians is displayed.*



# Could an Individual Physician's Performance be Reflected in both an Individual and Group – Level QRUR?

In some cases, physicians practicing in the designated four-state region are also members of large medical group practices.

- If the medical group practice participated in the group reporting option of Physician Quality Reporting System in 2010, it is possible that a physician receiving an individual report in early 2012 may also have seen a differently-focused QRUR that assessed the relative performance of his or her medical practice group, as a whole. Individual physician information is not shown in group reports.
- QRURs for individual physicians are geared to individual physicians. They do not include group/practice-level information.



# What Clinical Information is Contained in This Year's Individual QRURs?

Information on clinical quality (the portion of your Medicare fee-for-service patients that received recommended care) comes from two sources:

- Medicare fee-for-service claims
- Enhanced claims-based quality information you successfully submitted to CMS via the Physician Quality Reporting System (PQRS)



# What Clinical Information is Contained in This Year's Individual QRURs?

We have displayed information derived from Medicare fee-for-service claims showing what portion of your Medicare fee-for-service patients that you saw once or more, received recommended care represented by measures of clinical quality:

- Preventive care or treatment measures
- Clinical measures to assess quality of care related to:

Chronic obstructive pulmonary disease
Bone, joint, and muscle disorders
Cancer
Diabetes
Gynecological problems
Heart conditions
Human immunodeficiency virus
Mental health issues
Medication management

# What Physician Quality Reporting System Clinical Information is Contained in This Year's Individual QRURs?

**The report also contains the information you successfully reported to the CMS Physician Quality Reporting System about the patients you cared for in 2010.**

The portion of your Medicare FFS patients who received recommended care is compared to the average portion of patients receiving such care from physicians in the four state area.

Measures of clinical quality included any of the following measure groups as well as more than 200 individual measures:

Preventive Care
Rheumatoid Arthritis
Perioperative Care
Back Pain
Hepatitis C
Ischemic Vascular Disease (IVD)
Community-Acquired Pneumonia

# How Do QRURs Categorize Patients?

For utilization of services and cost measures, the QRURs categorize your Medicare patients based on the extent of interaction you had with each during calendar year 2010:

- Patients whose care you **Directed** (> 35% of outpatient E&M visits)
- Patients whose care you **Influenced** (<35% of outpatient E&M visits or >20% of professional costs)
- Patients to whose care you **Contributed** (<35% of outpatient E&M visits & <20% of professional costs)

**Exhibit 3. Categories of Your Medicare Patients**

	Your Medicare Patients			
	Number of Patients*	Total Per Capita Costs, Institutional and Professional	Average Number of E&M Office Visits You Billed	Percentage of Total Physician Professional Costs You Billed
Total for Whom You Filed Any Claim	#	\$XX,XXX	#	%
Patients Whose Care You Directed				
Patients Whose Care You Influenced				
Patients to Whose Care You Contributed				

\*The number patients is the total included in calculating per capita costs, after risk adjustment. Because some patients with missing data were dropped from the analysis during the risk-adjustment process, this number may be smaller than the total shown in the Highlights section and in Exhibit 1.

# What Cost Information is Contained in This Year's Individual QRURs?

For your patients, several types of cost information are displayed.

- Per capita spending for various types of services
- Average per patient Medicare spending (total per capita cost) in 2010
- Average per patient Medicare spending for patients with several chronic conditions

All cost data have been payment standardized and risk adjusted to account for differences in patients' age, gender, Medicaid eligibility, and history of medical conditions so we can make an apples to apples comparison among physicians.



# What Cost Information is Contained in This Year's Individual QRURs?

For each category of patient, average per capita costs are displayed.

- Average per patient Medicare spending (total per capita cost) in 2010

**Exhibit 3. Categories of Your Medicare Patients**

	Your Medicare Patients			
	Number of Patients*	Total Per Capita Costs, Institutional and Professional	Average Number of E&M Office Visits You Billed	Percentage of Total Physician Professional Costs You Billed
Total for Whom You Filed Any Claim	#	\$XX,XXX	#	%
Patients Whose Care You Directed				
Patients Whose Care You Influenced				
Patients to Whose Care You Contributed				

\*The number patients is the total included in calculating per capita costs, after risk adjustment. Because some patients with missing data were dropped from the analysis during the risk-adjustment process, this number may be smaller than the total shown in the Highlights section and in Exhibit 1.

# What Cost Information is Contained in This Year's Individual QRURs?

For each category of patient, average per capita costs are displayed.

- Per capita spending and use of services by type of services, such as inpatient hospital stays, post-acute services, etc.

**Exhibit 4. 2010 Total Per Capita Costs for Specific Services for the [#] Patients Whose Care You Directed**

Service Category	Medicare Patients Whose Care You Directed			Average for Medicare Patients Whose Care Was Directed by [#] Physicians in Your Specialty in Iowa, Kansas, Missouri, & Nebraska			Amount by Which Your Medicare Patients' Per Capita Costs Were Higher (or Lower) than Average
	Your Medicare Patients Using Any Service in This Category		Total Risk-Adjusted Per Capita Costs	Medicare Patients Using Any Service in This Category		Total Risk-Adjusted Per Capita Costs	
	Number	Percentage		Number	Percentage		
<b>All Services</b>	#	100%	\$XX,XXX	#	100%	\$XX,XXX	(\$X,XXX)
<b>Evaluation and Management Services in All Settings</b>							
Provided by YOU for Your Patients	#	%	\$XX,XXX	#	%	\$XX,XXX	(\$X,XXX)
Provided by OTHER Physicians Treating Your Patients							
<b>Procedures in All Settings</b>							
Provided by YOU for Your Patients							
Provided by OTHER Physicians Treating Your Patients							
<b>Inpatient and Outpatient Facility Services</b>							
Inpatient Hospital Facility Services							
Outpatient and Emergency Services							
Clinic or Emergency Visits							

# What Cost Information is Contained in This Year's Individual QRURs?

We display average per capita spending for sub-groups of all patients who had any of four chronic conditions:

- Chronic obstructive pulmonary disease
- Coronary artery disease
- Diabetes
- Heart failure

**Exhibit 11. 2010 Total Per Capita Costs for Medicare Patients with Specific Chronic Conditions, for All Patients for Whom You Filed at Least One Medicare Claim in 2010**

	Medicare Patients for Whom You Filed a Claim		Medicare Patients Treated by Physicians in Your Specialty in Iowa, Kansas, Missouri, and Nebraska	
	Number of Your Patients*	Total Risk-Adjusted Per Capita Costs	Average Number of Patients Per Physician	Average Total Risk-Adjusted Per Capita Costs
Diabetes	#	\$XX,XXX	#	\$XX,XXX
Coronary Artery Disease				
Chronic Obstructive Pulmonary Disease				
Heart Failure				

\*The number of Medicare patients shown in Exhibit 11 are the numbers included in calculating per capita costs, after risk adjustment. Because some patients with missing data were dropped from the analysis during the risk-adjustment process, these numbers may be smaller than those shown in the Highlights section and in Exhibit 1.

# How Will the QRUR Benefit My Practice?

The QRUR accomplishes the following tasks:

- Identifies areas where a physician is doing well and areas for improvement
- Compares the quality of care that a physician's Medicare patients receive, as well as Medicare's cost for this care, with the average of other physicians practicing in the same geographic area
- Allows you to suggest the types of information about your Medicare FFS patients you want to see in future QRURs
- Categorizes physicians' patients by the degree of involvement (based on claims) that each physician had with each patient



# How Will the QRUR Benefit My Practice? (Cont'd)

For physicians who successfully participated in the Physician Quality Reporting System in calendar year 2010 using more than one National Provider Identifier (NPI)/Tax Identification Number (TIN), the QRUR shows successful clinical performance for each combination of NPI/TIN.

**Exhibit 2. Physician Performance on PQRS Quality Measures for Patients Reported on in 2010**

PQRS Measure Number	Clinical Condition and PQRS Measure  Specifications for PQRS clinical measures are posted at  <a href="http://www.cms.gov/PQRS/Downloads/2010_PQRI_MeasuresList_111309.pdf">http://www.cms.gov/PQRS/Downloads/2010_PQRI_MeasuresList_111309.pdf</a>  <a href="http://www.cms.gov/PQRI/downloads/2010PQRIMeasuresGroupsSpecsManualandReleaseNotes_121809_2.zip">http://www.cms.gov/PQRI/downloads/2010PQRIMeasuresGroupsSpecsManualandReleaseNotes_121809_2.zip</a>	Physician PQRS Performance			
		YOU		Physicians in Iowa, Kansas, Missouri, and Nebraska Participating in PQRS	
		Number of Your Medicare Patients for Whom This Service Was Indicated	Percentage of Medicare Patients Who Received the Service	Number of Participating Physicians Reporting Cases for the Measure	Percentage of Medicare Patients Who Received the Service
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>					
51	Spirometry Evaluation	#	%	#	%
52	Bronchodilator Therapy				
<b>Diabetes</b>					
1	Hemoglobin A1c Poor Control				
2	Low-Density Lipoprotein Control				
3	High Blood Pressure Control				
117	Dilated Eye Exam in Diabetic Patient				

# How Will an Individual Physician (Who Practiced in Iowa, Kansas, Missouri, or Nebraska in 2010) Receive a QRUR?

As part of the enrollment process, physicians who submit FFS Medicare claims designate a point of contact for communications with the Medicare Administrative Contractor (MAC).

The MAC for Iowa, Kansas, Missouri, and Nebraska, Wisconsin Physician Services (WPS), will e-mail QRURs to these Points of Contact (POC).



# How Will an Individual Physician (Who Practiced in Iowa, Kansas, Missouri, or Nebraska in 2010) Receive a QRUR? (Cont'd)

The POCs will be asked to forward the QRUR to each physician he or she represents.

WPS will store these reports and make them available for only a three-month period, so prompt action will be required by the POCs in getting reports to physicians.



# How Will an Individual Physician (Who Practiced in Iowa, Kansas, Missouri, or Nebraska in 2010) Receive a QRUR? (Cont'd)

In February 2012, CMS and WPS will announce when QRURs are expected to be available.

WPS will post on its website ([www.wpsmedicare.com](http://www.wpsmedicare.com)) how physicians can download their own confidential QRUR for the 2010 program year if they have not received it from their POC.



# Group Practices: Additional Resources

- To view the sample Group Report, visit:  
[http://www.CMS.Gov/PhysicianFeedbackProgram/Downloads/GPRO\\_Report\\_Template.pdf](http://www.CMS.Gov/PhysicianFeedbackProgram/Downloads/GPRO_Report_Template.pdf)
- To view the Group Report Methodology, visit:  
[http://www.CMS.Gov/PhysicianFeedbackProgram/Downloads/2010\\_GPRO\\_QRUR\\_Detailed\\_Methodology.pdf](http://www.CMS.Gov/PhysicianFeedbackProgram/Downloads/2010_GPRO_QRUR_Detailed_Methodology.pdf)
- Narrative measure specifications for the quality measures used by the Physician Quality Reporting System for group reporting can be found at  
[http://www.CMS.Gov/PQRS/Downloads/2010\\_GPRO\\_NarrativeSpecifications111009.pdf](http://www.CMS.Gov/PQRS/Downloads/2010_GPRO_NarrativeSpecifications111009.pdf)



# Individual Physicians: Additional Resources

- To view the sample QRUR for individual physicians, visit [http://www.CMS.Gov/PhysicianFeedbackProgram/Downloads/2010\\_Individual\\_QRUR\\_Template.pdf](http://www.CMS.Gov/PhysicianFeedbackProgram/Downloads/2010_Individual_QRUR_Template.pdf)
- A summary of information about the QRUR for individual physicians is posted on [http://www.CMS.Gov/PhysicianFeedbackProgram/Downloads/Important\\_Info\\_about\\_QRURs\\_for\\_Individual\\_Physicians.pdf](http://www.CMS.Gov/PhysicianFeedbackProgram/Downloads/Important_Info_about_QRURs_for_Individual_Physicians.pdf)
- To view the Individual Report Methodology , visit [http://www.cms.gov/PhysicianFeedbackProgram/Downloads/2010Individual\\_Physician\\_QRURs.pdf](http://www.cms.gov/PhysicianFeedbackProgram/Downloads/2010Individual_Physician_QRURs.pdf)



## Individual Physicians: Additional Resources (Cont'd)

- To view the 28 claims-based clinical measures that will be reported in the Individual Reports, visit  
<http://www.CMS.Gov/PhysicianFeedbackProgram/Downloads/claimsbasedmeasureswithdescriptionsnumdenomexcl.pdf>
- 2010 Requirements for Individual Submission of 2010 Physician Quality Reporting System quality data can be found at  
[http://www.CMS.Gov/PQRS/Downloads/2011GPROII\\_SelfNomRequirements\\_final12062010.pdf](http://www.CMS.Gov/PQRS/Downloads/2011GPROII_SelfNomRequirements_final12062010.pdf)



# Venues for Questions

- Once the reports are disseminated, CMS will host follow up teleconferences to answer questions and concerns about QRURs
- In the meantime, comments about the Physician Feedback Program can be sent to [QRUR@cms.hhs.gov](mailto:QRUR@cms.hhs.gov)
  - This mailbox is monitored, but individual responses cannot be ensured due to inquiry volume/staffing issues
- E-mail inquiries about results in specific reports can be sent to: [CMS Medicare Physician Feedback Program@mathematica-mpr.com](mailto:CMS_Medicare_Physician_Feedback_Program@mathematica-mpr.com) immediately following report dissemination.
  - Please note: this avenue for inquiries will only be available for 3 months following report dissemination



# Why is it Important to Provide CMS with My Feedback on QRURs?

Your comments will help shape future QRURs, value-based purchasing efforts across CMS, and the development of a Value-based Payment Modifier for physician services.

CMS hopes that report recipients will participate in a teleconference. The QRUR will contain more information about when meetings will be scheduled and how to participate.





Bookmark Our Website and Visit Often

<http://www.CMS.Gov/PhysicianFeedbackProgram>