

## **CHANGES IN THE QUALITY AND RESOURCE USE REPORTS FOR MEDICAL GROUP PRACTICES FROM PROGRAM YEAR 2010 TO PROGRAM YEAR 2011**

In response to stakeholder feedback and as part of a continuing effort to enhance the usefulness and expand the reach of the QRURs, CMS has made the following changes to the QRURs for medical group practices participating in the group practice reporting option (GPRO I) of the Physician Quality Reporting System (PQRS) in program year (PY) 2011:

- 1. Update payment standardization algorithm.** Beginning with PY2011, a CMS agency-wide approach to payment standardization is replacing the QRUR-specific algorithms used previously. This change is intended to result in a more uniform and transparent approach to payment standardization across agency initiatives. More information about the payment standardization algorithm is available at <http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier4&cid=1228772057350>.
- 2. Incorporate incentive information.** The PY2011 QRURs include information on any incentive earned by the report recipient based on its participation in GPRO I, both on the Highlights page and in the body of the report, including whether an incentive was earned and the size of the incentive, disaggregated by Medicare Administrative Contractor.
- 3. Include more refined benchmarks.** To better enable report recipients to assess their performance relative to other medical group practices participating in GPRO I, information on performance relative to the 25th, 50th, 75th, and 95th percentiles is included both on the Highlights page and in the body of the PY2011 QRURs. In addition, performance on quality measures is now compared not only to the performance of other GPRO I medical group practices but also to performance among all PQRS participants reporting the measure.
- 4. Provide additional information on the relationship with attributed beneficiaries.** The PY2011 QRURs include information on the average number of evaluation and management (E&M) visits to all providers by beneficiaries attributed to the report recipient and the recipient's share of those visits. In addition, the reports describe which types of medical professional—primary care physicians, medical specialists, surgeons, emergency medicine physicians, other physicians, and other eligible professionals—were responsible for providing most of the medical group practice's E&M services to attributed beneficiaries in 2011.
- 5. Modify reported ambulatory care sensitive conditions (ACSCs).** In contrast with previous QRURs, the acute condition ACSCs—namely, bacterial pneumonia, urinary tract infection, and dehydration—are now combined into a single acute conditions composite ACSC.
- 6. Add hospital readmission and care after hospital discharge measures.** The PY2011 QRURs include two new outcomes measures, which have been previously reported under the Physician Group Practice Transition Demonstration: (1) the all-cause 30-day readmission rate per 1,000 discharges of attributed beneficiaries and (2) the number of attributed beneficiaries discharged who saw a physician within 30 days per 1,000 discharges.

*QRUR Changes from PY2010 to PY2011*

- 7. Expand the reporting of hospitals admitting attributed beneficiaries.** To provide greater information on which hospitals admitted a medical group practice's patients during the performance period, the PY2011 QRURs report the name and number of stays for all hospitals that accounted for at least 5 percent—rather than 10 percent, as previously—of all admissions among the group's attributed beneficiaries.
- 8. Provide detailed information on emergency services.** In reporting detailed information on the cost of specific services used by attributed beneficiaries, the PY2011 QRURs separate out emergency services that do not result in an inpatient admission from other outpatient services, whereas previously these services were reported together as outpatient services.
- 9. Identify hospital admissions from the emergency department.** In addition to continuing to report the number of hospital admissions per 1,000 attributed beneficiaries with conditions such as diabetes and coronary artery disease, the PY2011 QRURs also report what percentage of these admissions was from the emergency department.