

Physician Feedback Program and Quality and Resource Use Reports (QRURs)
Educational Presentation
Transcript

Nicole Cooney:

Welcome to this video slideshow presentation on the Medicare Fee-for-Service Physician Feedback Program and Quality and Resource Use Reports. The content is presented by Dr. Sheila Roman, senior medical officer in CMS's Performance-Based Payment Policy Group, and Nicole Cooney, health insurance specialist in CMS's Provider Communications Group. This presentation was recorded on December 19, 2011.

Sheila Roman:

I'm Sheila Roman, a senior medical officer at the Centers for Medicare and Medicaid Services in the Performance-Based Payment Policy Group in the Center for Medicare. In this role, I'm the clinical lead on the Physician Feedback and Value-Based Payment Modifier Program. The Physician Feedback Program provides comparative information on quality and cost of care to physicians. It is one of Medicare's efforts to improve the quality and efficiency of medical care by helping the Centers for Medicare and Medicaid Services provide meaningful and actionable information to physicians on the care they provide, so that they can improve the care that they furnish and changing physician reimbursement to reward value rather than volume. As such, this program will ultimately evolve into the physician value-based payment -- value-based purchasing program. 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. The program contains two primary components. The physician quality and resource use reports, which I'll refer to as the QRURs, and the development and implementation of a value-based payment modifier. You'll hear more about both of these components as I proceed. QRURs will be distributed in early 2012 to physicians practicing in Iowa, Kansas, Missouri and Nebraska. These QRURs will provide information about care and cost of Medicare patients during calendar year 2010. CMS chose physicians in these states because the Medicare administrative contractor can email QRURs to the physician's points of contact. This was particularly important to us since we seek broad input from practicing physicians and think that emailing the reports will help facilitate that input. The QRURs provide comparative information so that physicians can view examples of the clinical care their patients receive and their costs in relation to the average care and costs of other physician's Medicare patients.

I'm now on Slide 7, in which we'll look a little bit closer at the quality resource use reports or QRURs. QRURs are confidential reports that show physicians the portion of their Medicare fee-for-service patients who have received indicated clinical services. The screenshot on this slide, on Slide 7, shows the quality indicators that we will reporting out in these reports, and as shown in 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. This information will be shown for each individual physician based on the number of Medicare patients for whom this service was indicated divided by the percentage of -- and will also show the percentage of

Medicare patients who received the service and will be compared, as shown in this screenshot, to physicians in Iowa, Kansas, Missouri and Nebraska, and we will show the number of physicians included, and the percentage of Medicare patients who received the service.

Additionally, the QRURs -- reports show physicians how their patients have used various types of service such as inpatient hospital stays, outpatient visits to physicians, et cetera, and in the screenshot on Slide 8, we show a number of services, all services, procedures in all settings, inpatient and outpatient facility services, which -- and they may be broken down by services provided by you or provided by other physicians treating your patients. In this screenshot, you'll see that we show services of Medicare patients whose care you've directed, and I'll talk about that in just a few moments, in comparison to the average for Medicare patients whose care was directed by physicians in your specialty in the four states, Iowa, Kansas, Missouri and Nebraska. We also show the amount by which your Medicare patients per capita costs were higher or lower than average.

On Slide 9 we show the physicians how Medicare spending for their patients compares to average Medicare spending across the region and specialty, and this is a figure that shows the 10th percentile, 50th percentile and 90th percentile costs, and then will also display each individual physician's total per capita cost of patients for whose care they may have directed during the year 2010. CMS is 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 this input to make the next year's QRURs more useful.

I'd like to talk a little bit now about the value-based payment modifier, the second component of the Physician Feedback Program. The Affordable Care Act of 2010 requires that, under the physician fee schedule, Medicare begin using differential payment in a budget neutral fashion 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 at this time upon which physicians to apply the value modifier starting in 2015 when the value modifier will first be applied.

On Slide 13, there is a timeline for the value-based payment modifier. The initial performance period is slated to begin in 2013, meaning services provided during calendar year 2013 will be used in calculating the 2015 value-based payment modifier. Beginning in 2015, the value-based

payment modifier will be phased in over a two-year period. In 2015, the Health and Human Services secretary has discretion to apply the value-based payment modifier to specific physicians and/or groups of physicians that he or she deems appropriate. In 2016, the HHS secretary will continue his or her efforts to apply the value-based payment modifier to an increasing number of specific of physicians and/or groups of physicians that he or she deems appropriate, and beginning in 2017, the value-based payment modifier will be applied to most or all physicians who submit claims under the Medicare physician fee-for-service schedule.

How are the QRURs related to the value-based payment modifier? I'm on Slide 14 now. Currently, the 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. So, we are seeking input on the QRURs as potential building blocks of 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, the QRURs will display quality of care and cost data, much like they are now, but these particular quality of care and cost data will be inputs that will comprise the value-based payment modifier. CMS envisions using the 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.

In -- for this year, based on 2010 data, 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, otherwise known as GPRO, in 2010. Individual physician reports for 2010 are expected in early 2012. At that time, CMS will provide physician level QRURs to more than 20,000 individual physicians who participated in Medicare fee-for-service in 2010 and practiced in Iowa, Kansas, Missouri or Nebraska. This slideshow focuses on the individual physician reports, and all of the screenshots that you will see are from the QRURs that the individual physicians in those four states will receive.

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 the 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 specially geared to individual physicians. They do not include group or practice level information. Information on clinical quality, the portion of your Medicare fee-for-service patients that received recommended care, comes from two sources in the individual physician reports: Medicare fee-for-service claims and the enhanced claims-based quality information that you may successfully have submitted to CMS via the physician quality reporting system.

So, focusing in on the clinical information that's 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 that are determined by administrative claims data.

These measures focus on preventive care or treatment measures and also clinical measures to assess quality of care related to a number of chronic problems, including chronic obstructive pulmonary disease, bone joint and muscle disorders, cancer, diabetes, gynecologic problems, heart conditions, human immunodeficiency virus, mental health issues and medication management. Additionally, the report also contains the information that you may have successfully reported to the CMS physician quality reporting system about the patients you cared for in 2010. The portion of your Medicare fee-for-service 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 measures groups shown on this slide, as well as more than 200 individual measures that are part of the Physician Quality Reporting System Program.

I'm now going to move on to Slide 20 and talk about how the 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 patient during the calendar year 2010. They're categorized into patients whose care you directed, and that's defined as those for whom you provided or the physician provided greater than 35 percent of out-patient E&M visits; patients whose care you influenced, and those include patients for whom you may have provided -- or a physician may have provided less than 35 percent of outpatient E&M visits or greater than 20 percent of professional costs; and the third bucket, patients to whose care you contributed, or provided less than 35 percent of their outpatient E&M visits and less than 20 percent of professional costs. 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 and -- among physicians across the country.

What cost information is contained in this year's individual QRURs? For each category of patient, average per capita costs are displayed. On Slide 22 you see a screenshot that shows you the per capita costs for patients that you filed any claim, for patients you directed, for patients you influenced and for patients you contributed. Per capita spending and use of services by types of services, such as inpatient hospital stays, post acute services, et cetera, are also contained within the QRURs, and you see a screenshot of the exhibit which displays these costs by type of service on Slide 23. We also display average per capita spending for subgroups of all patients who had any of four chronic conditions, including chronic obstructive pulmonary disease, coronary artery disease, diabetes and heart failure. In the screenshot on Slide 24 shows you the break out of the number of patients, the total risk adjusted per capita costs for you compared to Medicare patients treated by physicians in your specialty in Iowa, Kansas, Missouri and Nebraska for those four conditions.

How will receiving a QRUR benefit my practice? The QRUR accomplishes the following tasks. It 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 costs for this care with the average of other physicians practicing in the same geographic area. The QRUR allows you to suggest the types of information about your Medicare fee-for-service patients you

want to see in future years and in future reports. The QRUR categorizes physician's patients by the degree of involvement based on claims that each physician had with each patient, that is, directed, influenced or contributed to their care. For physicians who successfully participated in the Physician Quality Reporting System in calendar year 2010 using more than one national provider identifier or MPI tax identification number 10, the QRUR shows successful clinical performance for each combination of MPI in 10.

How will an individual physician practicing in Iowa, Kansas, Missouri or Nebraska in 2010 receive a QRUR? As part of the enrollment process, physicians who submit fee-for-service Medicare claims designate a point of contact for communication with the Medicare -- with their Medicare administrative contractor, or MAC. The MAC for Iowa, Kansas, Missouri and Nebraska, Wisconsin Physician Services or WPS will email a QRUR to these points of contact. The points of contact 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 points of contacts in getting reports to the physician. In February 2012, CMS and WPS will announce when QRURs are expected to be available. WPS will post on its website, www.wpsmedicare.com, how physicians can download their own confidential QRUR for the 2010 program year if they have not received it from their point of contact.

Nicole Cooney:

Hello everyone, I'm Nicole Cooney in CMS's Provider Communications Group and I'll be going over some additional resources that we have for extra information that you may want to take a look at regarding the QRURs as well as how we'll be addressing questions. On Slide 30 we've listed several resources for group practices, including the sample group report, the group report methodology, as well as narrative measure specifications for the quality measures used by the Physician Quality Reporting System for group reporting.

On Slide 31, some items of note for individual resources such as the sample QRUR for individual physicians, a summary of information about the QRUR for individual physicians, as well as the individual report methodology. On Slide 32, there are two URLs. The first you can use to view the 28 claims-based clinical measures that will be reported in the individual QRURs, as well as the 2010 requirements for individual submission of 2010 physician quality reporting system data. Now, we've given you all this information and what should you do if you need to ask a question? Once the reports are disseminated, CMS will host follow-up teleconferences to answer questions and concerns about QRURs. In the meantime if you have comments about the physicians feedback program you can send them to qrur@cms.hhs.gov. Please be aware that while this mailbox is monitored, individual responses cannot be ensured due to inquiry volume and staffing issues. Additionally, email inquiries about results in specific reports can be sent to the email address listed on the third bullet. This email address will be available immediately following report dissemination, however, please note that this avenue for inquiries will only be available for three months following report dissemination.

Why is it important to provide CMS with my feedback on QRURs? I think Dr. Roman did a fabulous job outlining the benefits for individual physicians in reviewing and participating in the QRUR program, and it's important to note that your comments will help shape future QRURs and value-based purchasing efforts across CMS, as well as 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. Please bookmark our website and visit often at the URL located on our final slide. Thank you for your participation.

Nicole Cooney:

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