

2014 Physician Quality Reporting System (PQRS) Qualified Clinical Data Registry (QCDR)



QCDR Measures Overview

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Agenda

- Measures Overview
- Individual Measures Overview
- Other Measure Information
- Help Resources

Purpose

- This presentation provides information about the Physician Quality Reporting System (PQRS) Qualified Clinical Data Registries (QCDRs) measures for the 2014 program year

Disclaimer: If reporting for PQRS through another CMS program (such as the Medicare Shared Savings Program [MSSP], Comprehensive Primary Care Initiative [CPC], Pioneer Accountable Care Organizations [ACOs]), please check the program's requirements for information on how to report quality data to earn a PQRS incentive and/or avoid the PQRS payment adjustment. Please note, although CMS has attempted to align or adopt similar reporting requirements across programs, eligible professionals should look to the respective quality program to ensure they satisfy the PQRS, EHR Incentive Program, Value-Based Payment Modifier (VM), etc. requirements of each of these programs.

Measure Overview

Measures Requirements

- QCDRs must support at least 9 measures, with one outcome measure, across 3 of the 6 National Quality Strategy Domains
 - Effective Clinical Care
 - Patient Safety
 - Communication and Care Coordination
 - Person and Caregiver-Centered Experience and Outcomes
 - Efficiency and Cost Reduction
 - Community/Population Health

Measures Requirements

- On March 31, 2014, all QCDRs measures were locked down.
 - The addition of measures (PQRS or non-PQRS) is **NOT** allowed for program year 2014 after the deadline.
 - The removal of measures is **NOT** allowed for program year 2014 after the deadline.
- QCDRs may submit the PQRS measures.
 - This includes individual registry measure, measures group only measures, GPRO/ACO Web Interface measures, and eCQMs.
 - Please note that CMS is allowing QCDRs to support these measures but QCDRs are not able to report on behalf of GPROs, or entities considered GPROs (i.e., ACOs). The GPROs and ACOs must submit through a CMS approved submission mechanism.
- QCDRs may **NOT** submit PQRS measures groups.
 - Should a QCDR require its EPs to report on a cluster of measures similar to PQRS measures groups, the measures within the measures group would count as separate, individual measures.

Measures Requirements

- QCDRs may submit up to 20 non-PQRS measures.
 - Non-PQRS measures include
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS)
 - CAHPS Measures for PQRS are considered 3 measures covering 1 NQS Domain
 - National Quality Forum (NQF)-endorsed measures
 - Measures used by boards or specialty societies
 - Measures used in regional quality collaborations

Measures Requirements

- A QCDR must have at least 1 outcome measure available for reporting.
- A QCDR may report on process measures.
- The outcome and process measures reported must contain denominator data, numerator data, denominator exceptions, and denominator exclusions.
- The entity must demonstrate that it has a plan to risk adjust the quality measures data for which it collects and intends to transmit to CMS. This must be integrated with the complete measure specifications.

Measures Types

- **Outcome Measure:** A measure that assesses the results of health care that are experienced by patients (i.e., patients' clinical events; patients' recovery and health status (end result of care of procedure); patients' experiences in the health system; and efficiency/cost).
- **Process Measure:** A measure that focuses on a process which leads to a certain outcome, meaning that a scientific basis exists for believing that the process, when executed well, will increase the probability of achieving a desired outcome.

Examples of Measure Types

- Outcomes Measure Example:
 - Percentage of biopsies where patients aged 30 years and older had an unplanned hospital admission within 30 days of biopsy
 - (The metric is focused on the safety of medical care)

Examples of Measure Types

- Process Measure Example:
 - Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a CT scan performed at any time since diagnosis of prostate cancer
 - (The focus is on a metric of appropriate resource utilization)

Measure Definitions

- **Numerator Data:** The upper portion of a fraction used to calculate a rate, proportion, or ratio. The numerator must detail the quality clinical action expected that satisfies the condition(s) and is the focus of the measurement for each patient, procedure, or other unit of measurement established by the denominator (that is, patients who received a particular service or providers that completed a specific outcome/process)
- **Denominator Data:** The lower portion of a fraction used to calculate a rate, proportion, or ratio. The denominator must describe the population eligible (or episodes of care) to be evaluated by the measure. This should indicate age, condition, setting, and timeframe (when applicable). For example, “Patients aged 18 through 75 years with a diagnosis of diabetes.”

Measure Definitions

- **Denominator Exceptions:** Conditions that should remove a patient, procedure or unit of measurement from the denominator of the performance rate only if the numerator criteria are not met. Denominator exceptions allow for adjustment of the calculated score for those providers with higher risk populations. Denominator exceptions allow for the exercise of clinical judgment and should be specifically defined where capturing the information in a structured manner fits the clinical workflow. Generic denominator exception reasons used in measures fall into three general categories: medical, patient, or system reasons
- **Denominator Exclusions:** Patients with conditions who should be removed from the measure population and denominator before determining if numerator criteria are met. (For example, patients with bilateral lower extremity amputations would be listed as a denominator exclusion for a measure requiring foot exams.)

Exclusions and Exceptions

- Denominator exceptions and denominator exclusions do not always apply to a specific measure
- Careful review of the measure specification is required to determine when these will apply to the measure

Individual Measures Overview

Individual Measures Reporting Options

- Criteria to Earn the 2014 PQRS Incentive Payment
 - Individual EPs
 - Report at least 9 individual measures, with at least 1 outcome measure, covering at least 3 National Quality Strategy (NQS) domains for 50 percent or more of applicable patients (12 months)
 - Measures with a 0 percent performance rate will not be counted.

Note: QCDRs are not able to submit on behalf of Group Practice Reporting Option (GPRO) group practices.

Physician Quality Reporting System Overview

- Criteria to Avoid the 2016 PQRS Payment Adjustment:
 - Individual EPs
 - Meet the criteria for satisfactory participating for the 2014 PQRS incentive payment; **OR**
 - Report at least 3 individual measures covering at least 1 National Quality Strategy (NQS) domains for 50 percent or more of applicable patients of each EP (12 months)
 - Measures with a 0 percent performance rate will not be counted.

Registry Individual Measures

- QCDRs may support an unlimited number of Registry Individual Measures
- The 2014 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures Specification Manual (<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>) must be used for these Registry Individual Measures.

Registry Measures Group Only Measures

- QCDRs may support an unlimited number of Registry Measures Group Only Measures. Registry Measures Group Only Measures are the measures within a measures groups that do not have an correlating individual measure within the Registry Individual Measures.
 - QCDRs are not able to support measures groups.
 - QCDRs may require EPs to report on a cluster of measures, but for PQRS reporting purposes the measures within the measures group would count as separate, individual measures.
- The 2014 Physician Quality Reporting System (PQRS) Measures Groups Specifications Manual (<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html>) must be used for these Registry Measures Group Only Measures.

GPRO/ACO Web Interface Measures

- QCDRs may support an unlimited number of Group Practice Reporting Option (GPRO)/Accountable Care Organizations (ACO) Web Interface Measures
- GPRO/ACO Measures are the measures defined for the Web Interface reporting option for GPRO Group Practices.
 - Please note that GPRO's and ACOs who have select the web interface reporting option must report through the web interface and not a QCDR. QCDRs are not able to submit on behalf of GPROs for the 2014 program year. While QCDRs are able to support the GPRO Web Interface Measures, they are NOT able to submit on behalf of a GPRO for the 2014 program year.
- The 2014 GPRO Web Interface Narrative Measure Specifications (http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html) must be used by a QCDR supporting GPRO Web Interface Measures.

eCQM Measures

- QCDRs may support an unlimited number of the electronic clinical quality measure (eCQMs) designated for the EHR Incentive Program.
- QCDRs may submit the eCQM data for the purposes of meeting the eCQM reporting component of meaningful use for the EHR Incentive Program.
 - QCDRs must be using Certified Electronic Health Record Technology (CEHRT) that meets all of the certification criteria required for eCQMs as required under the EHR Incentive Program.
 - The product or module must be CEHRT for the eligible professional to satisfy the eCQM component of meaningful use. Electronic Clinical Quality Measures (eCQMs) are the measures utilized for the EHR Incentive Program. The June 2013 Update of 2014 eCQM measures specifications from the EHR Incentive Program's eCQM library (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html) must be used by QCDRs supporting the EHR Incentive Program.
 - Please note that a substantive error which would result in a, erroneous zero percent performance rate when reported was found in the June 2013 version of CMS140v2, Breast Cancer Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer (NQF 0387), CMS will require the use of the prior, December 2012 version of this measure, which is **CMS140v1**.

CAHPS Measure

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Measures consists of 12 patient experience of care summary survey measures. All of these survey measures must be reported to satisfactorily report the CAHPS measure.
 - CAHPS Measures for PQRS are considered 3 measures covering 1 NQS Domain

Non-PQRS Measures

- QCDRs may support up to 20 non-PQRS measures.
 - QCDRs must have all non-PQRS measures reviewed and approved by CMS for use in the PQRS.
 - QCDRs must publically post all approved non-PQRS measures.

Other Measure Information

0% Performance Rate

- Measures with a 0% performance rate will not count towards earning incentive
- This includes measures calculated with:
 - All “Performance Not Met”
- OR
- Combination of “Performance Not Met” and “Performance Exclusions”
- Historically in PY 2011, over 1,500 EPs lost incentive eligibility (among 89 registries) due to the 0% performance rate rule
 - Any measure with a 0% performance rate disqualifies the measure
- Exceptions
 - Inverse measures (where lower performance rate is better) will not count when performance rate is 100%
 - Measures with all exclusions will have a performance rate of null (0/0) and count towards reporting

Multiple Performance Rates

- Beginning in 2014, multiple performance rates are to be calculated for several PQRS measures
 - Measure Owners determined the measure requires a delineation of the eligible populations and/or numerator in regards to performance
- The measure specification outlines the multiple performance rates required

Note: Only one reporting rate is to be calculated for these measures

Help Resources

Help Resources

- QualityNet Helpdesk
 - Monday–Friday 7:00 AM–7:00 PM CT
 - 866-288-8912
 - gnetssupport@hcqis.org
- EHR Incentive Program EHR Information Center
 - 888-734-6433 (TTY 888-734-6563)
- VM Help Desk
 - 888-734-6433
 - pvhelpdesk@cms.hhs.gov