

Physician Quality Reporting Initiative (PQRI) Provisions of the 2008 Medicare Physician Fee Schedule Final Rule

The Tax Relief and Health Care Act of 2006 (TRHCA) authorizes a physician quality reporting system. This program, which CMS has named the “Physician Quality Reporting Initiative” (PQRI), was implemented on July 1, 2007. The TRHCA specifically authorized, and established provisions for implementation of, bonus payments for satisfactory submission of data on the quality of covered professional services furnished to Medicare beneficiaries July 1 through December 31, 2007.

The 2008 Medicare Physician Fee Schedule (MPFS) final rule with comment period includes provisions for CMS to use the Physician Assistance and Quality Improvement (PAQI) fund – established by TRHCA Division B, Section 101(d) – to continue the PQRI, including bonus payments for satisfactory submission of data on the quality of covered professional services furnished to Medicare beneficiaries, in 2008. The rule also identifies 119 measures CMS has determined, pursuant to TRHCA and other applicable statutory requirements, to be appropriate for eligible professionals to use to submit such data under the 2008 PQRI.

The PFS final rule also summarizes and responds to public comments received on PQRI content of the MPFS Notice of Proposed Rulemaking (NPRM) and describes CMS plans to test in 2008 quality-measures data submission mechanisms based on clinical data registries and electronic health records.

The 2008 PQRI Quality Measures

The TRHCA requires that measures for use in the 2008 PQRI have been endorsed or adopted by a consensus organization, such as the National Quality Forum (NQF) or the AQA Alliance (AQA), include measures that have been submitted by a physician specialty, and be identified by the Secretary as having used a consensus-based process for development. In addition, the measures shall include structural measures, such as the adoption and use of health information technology.

The 2008 PQRI measures are identified in the rule, for purpose of reference, as falling into seven broad categories. The 119 measures identified in the following rule include:

- 59 NQF-endorsed 2007 PQRI Quality Measures
- 38 new measures developed by or through the American Medical Association (AMA) Physician Consortium for Performance Improvement (PCPI)
- 7 new measures for non-physician eligible professionals developed via Pennsylvania QIO contract (PA QIO)
- 2 new structural measures developed under the PA QIO contract

- 5 measures from the AQA Starter Set of quality measures that were not included in 2007 PQRI measures but are relevant to Medicare beneficiaries (*e.g.* prevention measures),
- 6 NQF-endorsed measures that were not included in the 2007 PQRI quality measures but that are relevant to Medicare beneficiaries, address overuse/misuse of pharmacologic therapy, and/or that expand the specialty applicability and patient population
- 2 measures developed by the American Podiatric Medical Association

The 2008 MPFS Final Rule includes the complete list, by title, of the measures in each of the seven categories. The Final Rule also describes the policies used by CMS in selecting measures for inclusion in the 2008 PQRI, and includes discussion of consensus organizations and consensus-based development of quality measures.

Addressing Registry- and EHR-based Data Submission

The TRHCA requires that CMS address in 2008 a registry-based mechanism for data submission. In the MPFS Final Rule, CMS describes plans to test in 2008 quality-measures data submission mechanisms based on clinical data registries and electronic health records.

To Review MPFS Final Rule and/or Comments Received on the NPRM

The 2008 MPFS Final Rule is available in its entirety as a download (titled “[CMS-1385-FC \[PDF 3MB\]](#)”) from the PFS Federal Regulation Notices page of the CMS Physician Fee Schedule section of the CMS website at:

<http://www.cms.hhs.gov/PhysicianFeeSched/PFSFRN/list.asp?listpage=2>