

# **Physician Quality Reporting System**

## **CMS-Selected Group Practice Reporting Option (GPRO)**

Program Year 2012

Monthly Support Call

July 11, 2012

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# Your GPRO Support Team



- **CMS**

- Regina Reymann Chell, RN, BSN, GPRO Lead

- **CMS Contractors**

- Web Interface Development Team – “DECC”
    - Jane Schiemer, Application Architect
  - Program Management and Measures Team – “PMBR”
    - Courtney Rose, Health Informatics Analyst
    - Kris Peters, Clinical Analyst
    - Carol Noyes, Clinical Analyst
  - Vetting/Support Call Team – “Vetting Contractor”
    - Tom Campbell, Lead
    - Ann Bagchi, Lead
  - QualityNet Help Desk

# Agenda



- Welcome
- 2012 Program Documents
  - Measures List
  - Narrative Specifications
  - Supporting Documents
- Walkthrough Supporting Documents

# 2012 Program Documents



- Measures List, Narrative Specifications and Release Notes are posted at:  
[http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group Practice Reporting Option.html](http://cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html)
- Supporting Documents to be posted

# 2012 Program Documents (cont.)



## • Measures List

### 2012 Physician Quality Reporting System (Physician Reporting) Group Practice Reporting Option (GPRO) Disease Modules, Care Coordination/Patient Safety and Preventive Care Measures

PQRS GPRO Measure Number	Measure Title	Alternative Measure Numbers (PQRS, NQF)	Measure Developer
<b>Care Coordination/Patient Safety Module - (2 Measures)</b>			
GPRO Care-1	Medication Reconciliation: Reconciliation After Discharge from an Inpatient Facility	PQRS #46 NQF 0097	* AMA- PCPI/NCQA
GPRO Care-2	Falls: Screening for Future Fall Risk	PQRS #318 NQF 0101	AMA-PCPI/NCQA
<b>Chronic Obstructive Pulmonary Disease (COPD) Module - (1 Measure)</b>			
GPRO COPD-1	Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy	PQRS #52 NQF 0102	▲ AMA-PCPI
<b>Coronary Artery Disease (CAD) Disease Module - (3 Measures)</b>			
GPRO CAD-1	Coronary Artery Disease (CAD): Antiplatelet Therapy	PQRS #6 NQF 0067	▶ AMA-PCPI
GPRO CAD-2	Coronary Artery Disease (CAD): Lipid Control	PQRS #197 NQF 0074	▶ AMA-PCPI
GPRO CAD-7	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with CAD and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)	PQRS #118 NQF 0066	▶ AMA-PCPI
<b>Diabetes Mellitus (DM) Disease Module - (8 Measures)</b>			
GPRO DM-2	Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus	PQRS #1 NQF 0059	◆ NCQA

# 2012 Program Documents (cont.)



## 2012 Physician Quality Reporting Hypertension Disease Module Narrative Measure Specification for GPRO Use ONLY

### ◆ GPRO HTN-2 (NQF 0018): Hypertension (HTN): Controlling High Blood Pressure

#### **DESCRIPTION:**

Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mmHg) during the measurement year

#### **DENOMINATOR:**

Patients aged 18 through 85 years with the diagnosis of hypertension

#### **EXCLUDED FROM PERFORMANCE DENOMINATOR POPULATION:**

(Exclusions only applied if patient did not receive a blood pressure measurement)

- Documentation of medical reason(s) for not recording a blood pressure measurement (diagnosis for End-Stage Renal Disease [ESRD] and pregnancy are the only acceptable exclusions)

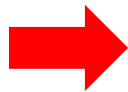
#### **NUMERATOR:**

Patients whose most recent blood pressure < 140/90 mmHg

# 2012 Program Documents (cont.)



## Narrative Specifications (cont.)



### **RATIONALE:**

This measure assesses the percentage of patients demonstrating adequate control of systolic and diastolic blood pressure levels. Over 50 million Americans warrant treatment for high blood pressure, according to the National Health and Nutrition Examination Survey (NHANES) survey Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC-7 2003). Financially, hypertension and associated disorders and health complications, such as coronary heart disease and congestive heart failure, cost the U.S. economy more than \$100 billion each year. The United States Preventive Services Task Force (USPSTF) recommends that clinicians screen adults 18 and older for high blood pressure (2007). This guideline is further endorsed by research studies and clinical trials that have demonstrated decline in costly health outcomes as a direct result of improved blood pressure control. This measure is important in efforts to promote blood pressure control and improve quality of life.



### **CLINICAL RECOMMENDATION STATEMENTS:**

The U.S. Preventive Services Task Force (USPSTF) recommends screening for high blood pressure in adults age 18 years and older. JNC-7: Treating systolic blood pressure (SBP) and diastolic blood pressure (DBP) to targets that are < 140/90 mmHg is associated with a decrease in cardiovascular disease (CVD) complications.

# 2012 Program Documents (cont.)



- Supporting Documents
  - Data Guidance
    - Assists manual abstractors
    - Provides instructions on how to complete the Web Interface
    - Provides mapping to obtain coding found in the Downloadable Resource Tables

# 2012 Program Documents (cont.)



- Supporting Documents (cont.)
  - Data Guidance (cont.)
    - Additional Exclusion “CMS Approved Reason”
      - Beneficiary with gender reassignment surgery
      - Medicare Advantage beneficiary
      - Unforeseen situation within a measure where there are no exclusions, per Measure Owner
      - For questions regarding a specific situation, submit your question to the Help Desk to work with CMS for approval

# 2012 Program Documents (cont.)



- Supporting Documents (cont.)
  - Downloadable Resource Tables
    - Evaluation Codes and Exclusion Codes
      - Provides measure-specific codes and descriptions
        - International Classification of Diseases Ninth Edition (ICD-9), Current Procedural Terminology (CPT), Systematized Nomenclature of Human Medicine (SNOMED), Healthcare Common Procedure Coding System (HCPCS), Logical Observation Identifiers Names and Codes (LOINC)
    - Easiest to access/sort via Excel

# 2012 Program Documents (cont.)



- Supporting Documents (cont.)
  - Downloadable Resource Tables (cont.)
    - Drug Codes
      - Provides measure-specific codes and descriptions utilizing RxNorm
      - Easiest to access/sort via Excel

# Additional Information



- Release Notes show differences from previous program year
  - Coding changes, retired measures, etc.
- Training is being recorded and will be available for use throughout the program year

# Walkthrough Supporting Documents



- How Supporting Documents can be used to help with abstraction

# Upcoming Support Calls



- August 8, 2012, 3-4 pm ET
- September 5, 2012, 3-4 pm ET
- October 3, 2012, 3-4 pm ET
- November 7, 2012, 3-4 pm ET
- December 5, 2012, 3-4 pm ET

# If You Still Have Questions...



- QualityNet Help Desk
  - Monday – Friday: 7:00 am - 7:00 pm CT
  - E-mail: [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org)
  - Phone: (866) 288-8912 (TTY 1-877-715-6222)
  - Fax: (888) 329-7377
- When calling the QualityNet Help Desk, please identify yourself as a 2012 GPRO participant
- Tickets may be escalated to the appropriate Tier in order to assist you