

Is Your PQRS Program “Old School”? Shift Your Focus to Competitive Performance in 5 Key Steps

written by Thomas Dent, M.D. | October 1, 2014



It used to be that CMS rewarded providers almost exclusively on the *reporting* of PQRS quality measures. Providers received a Medicare bonus even if they did not meet a measure’s performance.

Medicare still requires PQRS reporting to avoid penalties and receive a bonus, but CMS has now made it the first step in a larger quality measurement process. Performance on measures is now critically important for practices or groups falling under Value-Based Payment Modifier (VBPM) quality tiering or who participate in an ACO. This includes the vast majority of all physicians.

Bottom line: It’s no longer enough simply to report measures. Large practices and ACOs are now compared against each other on performance. Standard deviations from the mean will determine whether there is a bonus or a penalty.

Here are five key steps to graduating from “old school” reporting and updating your structure to evaluate your competitive performance results:

1. Choose measures carefully.

It may be unrealistic to achieve better intermediate outcome measures for some populations in the short term. If your patients are largely from an under-served population, for example, it will be hard to make immediate gains with HgbA1C or BMI. Other measures have a very large eligible patient volume, and incomplete numerator data will make it difficult both to report well and have good performance. You should analyze the practice population (calculate the denominators for the measures and assess the capture of numerators) to determine which measures are best.

2. Plan and act over the entire measurement year to improve performance.

Registry tools make it easier to focus on outcomes. The ICLOPS Registry shows you patient outcome trends that enable you to reach out to selected patients. Use a Registry to do more than report—identify and bring in patients to significantly improve performance by creating a stronger partnership for good outcomes, or by performing quality services that were missed.

3. Check status of measure performance on a regular, frequent basis.

This is best accomplished with an online Registry view. The numerators of some measures may be erratically captured or entered in an EMR. Discovering this early in the measurement year will help you to correct processes before they cause problems.

4. Don't allow a last minute "fix" to cause poor performance.

Some practices enter a "blast" of quality codes with an 8P modifier late in the measurement period, in the hopes of increasing measure completion. While achieving 50 percent reporting will avoid non-reporting penalties, you will still be at risk regarding competitive performance.

5. Choose your mechanism of reporting PQRS to CMS to allow correction and adjustment.

Yes, this is a plug for Registries. Claims-based or direct EMR reporting can create unexpected results. Without a Registry, there is no ability to make ongoing adjustments and corrections. Also, selection of the Group Practice Reporting Option (GPRO) for reporting through a Registry makes it much easier for larger groups to track performance and identify trends, instead of monitoring each provider separately.

Quality reporting is more complicated than ever. Not only does CMS require reported measures to be within at least three of six domains; each domain also now includes the additional Medicare mechanism for performance calculation—a recipe for huge risk. Registries that display measures within domains greatly facilitate awareness of performance status. If your Registry also evaluates VBPM results, you'll be well positioned to deal with the new reality of

competitive performance.

Founded in 2002, ICLOPS has pioneered data registry solutions for improving population health. Our industry experts provide comprehensive [PQRS Reporting with VBPM Consultation](#) that helps you both report and improve your performance. ICLOPS is a CMS Qualified Clinical Data Registry.

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