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## **PHYSICIAN QUALITY REPORTING INITIATIVE (PQRI) 2008 ISSUE BRIEF**

In the closing hours of the 2007 Congressional session, a law passed that temporarily, through June 2008, averted the 10.1 percent SGR-driven physician fee schedule cut. Among numerous other provisions, the law extended the PQRI through the year 2008. Physicians who participate in the PQRI from January through December, 2008, will be eligible to receive a bonus of 1.5 percent of their total Medicare allowed charges for the year 2008 as a lump sum payment after February 2009.

Since AMGA's members have advanced electronic capabilities, we strongly and effectively advocated for inclusion of direct data reporting of quality measures as a facet of the PQRI. As a consequence of AMGA's advocacy, Section 101 (b) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 states that "As part of the publication of proposed and final quality measures for 2008..., the Secretary shall address a mechanism whereby an eligible professional may provide data on quality measures through an appropriate medical registry..."

In the 2008 Physician Fee Schedule (PFS) final rule, CMS describes plans to test in 2008 quality-measures data submission mechanisms based on clinical data registries and electronic health records, a position AMGA has advocated for some time. The rule also identifies 119 measures CMS has determined to be appropriate for use to submit such data under the 2008 PQRI. Among those are two structural measures, use of electronic prescribing and use of an electronic health record, that were also largely the result of AMGA's lobbying.

While AMGA was able to collaborate with Congress to allow submission of quality data via the use of registries, we continue to advocate for refinements and additional elements to allow submission of quality data by collecting and submitting it directly to CMS in the form of periodic, aggregated reporting with payment, measurements, and feedback reporting at the group, rather than individual physician, level. AMGA will continue to communicate with Congress about the importance of group level reporting.

### **AMGA Strategic Objectives**

- In the evolution of measurement and delivery of quality health care, pursue recognition and reward for multi-specialty organized care delivery organizations for their advanced care capabilities
- Continue advocacy for the refinement of structural, process, and outcomes measures as a means to reward infrastructural and other attributes that will:
  - Produce greater efficiency and quality in health care delivery

- offer incentives for physicians to organize themselves into entities best positioned to offer care coordination, such as multi-specialty medical groups
- Educate the Congress that the best delivery of coordinated care comes from organized and integrated delivery systems, the underpinning of which is the multi-specialty medical group