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Physicians Offered Opportunity to Document Quality

Beginning July 1, physicians can elect to participate in Medicare's new voluntary quality reporting program (PQRI). By reporting a designated set of quality measures on claims incurred from July 1 to December 31, 2007, physicians may be eligible to earn a bonus payment of 1.5% of their total allowed charges for covered Medicare physician services. The bonus payment may be subject to a cap based on the volume of quality measures reported.

According to the Centers for Medicare and Medicaid Services (CMS), the program is a step toward better alignment between payment and quality in the Medicare program. In addition to improving quality, PQRI provides an opportunity for physician practices to develop efficient ways to submit information on quality before payment is attached to reporting or performance rates, even if the practice is not ready to invest resources in more advanced clinical data collection systems such as electronic health records. Using existing administrative billing mechanisms to capture clinical information about quality of care makes the transition easy for practices. In addition to their usual ICD-9 or CPT codes, physicians will submit quality codes (CPT II or G codes) related to the quality measures when billing claims. Participants in PQRI may also meet specialty boards' Maintenance of Certification program requirements for self-assessment of practice performance.

The quality measures included in the 2007 PQRI currently identify 74 measures drawn from those adopted by a consensus organization, specialty organization, or identified by CMS as having been developed by a consensus-based process. Measures encompass conditions such as heart attacks, as well as chronic diseases and preventive care.

Physicians can participate by reporting appropriate quality measure data on claims submitted to their Medicare contractor. Certain reporting thresholds must be met in order to receive the bonus payment. For instance, when no more than three quality measures are applicable to services provided by a physician, each such measure must be reported in at least 80% of the cases in which the measure is reportable. When four or more measures are applicable, the 80% threshold must be met on at least three of the measures reported. There is no need for physicians to register or file an intent to participate in the PQRI. Even though reporting for the 2007 PQRI begins with claims for dates of service as of July 1, 2007, physicians interested in participating should familiarize themselves with the reporting measures before the reporting period begins.

Successful compliance with program reporting requirements will make the physician eligible for a single incentive payment in mid 2008. The incentive payment, subject to a cap, would be the equivalent of 1.5% of total allowed charges for covered physician fee schedule services provided from July 1 through December 31, 2007. Participation in the program is not impacted by whether or not a physician has signed a Medicare participation agreement to accept assignment on all claims. In order to participate in the program, eligible physicians simply begin submitting codes with their claims for services as of July 1.

Colorado NPI Numbers to be Available. . . . . . .Page 3

Quality data codes used will be CPT Categories II codes or temporary G codes. These codes will be submitted concurrently with the claim for the associated service. Quality codes can be reported on paper-based CMS 1500 claims or electronic 837-P claims and will be reported with a $0.00 charge. Physicians interested in participating should ensure that they have obtained their NPI and are familiar with its use, as analysis at the individual physician level requires accurate and consistent use of individual NPIs on all claims.

CMS will use sampling or other means to validate that applicable quality measures for the service furnished have been reported. A validation plan is currently under development. An informal inquiry process will be established to review determinations. The 2007 PQRI data will not be publicly reported, but participants will have access to a CMS analysis of their data. Individual provider reports will be available in mid 2008 around the time at which bonus payments are awarded. There will be no interim reports during 2007. Reports are expected to include reporting and performance rates by individual physicians.

Due to the short lead time for implementation, CMS will not be able to offer registry-based or electronic health record-based reporting for 2007 but is exploring each of these mechanisms for 2008. Discussions with specialty societies and representatives of medical groups are taking place to identify ways to promote the use of standard specifications for centralized reporting, which could reduce the burden of reporting for participants.

The PQRI website located at www.cms.hhs.gov/pqri/ will post all educational materials and a list of FAQs as well as detailed specifications and instructions for participation in the program. Physicians and their practice staffs are urged to check the website regularly for up-to-date information. CMS is also developing reporting tools that can be utilized in a variety of practice settings to support the incorporation of reporting in processes of care.

The PQRI Measures list begins here and continues on page 4. It can be downloaded at www.cms.hhs.gov/pqri/downloads/PQRIMeasureslist.pdf.

SAVE THIS DATE

On May 23, 2007, the Colorado Medical Society will offer a program on Physicians Quality Reporting Initiative (PQRI) intended for both physicians and their office managers. The morning session will include a discussion of quality measures in general, while the afternoon session will address information on workflow analysis and hands-on-information for implementation of PQRI measures in the practice. Meeting flyer and registration information will be available soon.

2007 Physician Quality Reporting Initiative (PQRI) Physician Quality Measures

Hemoglobin A1c Poor Control in Type 1 or 2 Diabetes Mellitus
Low Density Lipoprotein Control in Type 1 or 2 Diabetes Mellitus
High Blood Pressure Control in Type 1 or 2 Diabetes Mellitus
Screening for Future Fall Risk
Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
Antiplatelet Therapy Prescribed for Patients with Coronary Artery Disease
Beta-blocker Therapy for Coronary Artery Disease Patients with Prior Myocardial Infarction (MI)
Heart Failure: Beta-blocker Therapy for Left Ventricular Systolic Dysfunction
Antidepressant Medication During Acute Phase for Patients with New Episode of Major Depression
Stroke And Stroke Rehabilitation: Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) Reports
Stroke and Stroke Rehabilitation: Carotid Imaging Reports
Primary Open Angle Glaucoma: Optic Nerve Evaluation

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***Denver Medical Bulletin**: Johnny E. Johnson, Jr., MD, DMS President and Publisher / Alan Y. Synn, MD, Chair of the Board / Nora E. Morgenstern, MD, President Elect / Randall M. Clark, MD, Treasurer / Kathy Lindquist-Kleissler, Executive Director / Barbara Kamerling, Program Director. The **Bulletin** is the official publication of the Denver Medical Society, established April 11, 1871, as the first medical society in the Rocky Mountain West. Published articles represent the opinions of the authors and do not necessarily represent the official policy of the Denver Medical Society. All correspondence concerning editorial content, news items, advertising and subscriptions should be sent to: The Editor, **Denver Medical Bulletin**, 1850 Williams Street, Denver, CO 80218. Phone (303) 377-1850. Fax (303) 331-9839. Web www.denvermedsociety.org. Email: dms@denvermedsociety.org. Postmaster: Send address changes to 1850 Williams Street.*

Colorado NPI Numbers To Be Available
You Asked. . .We Deliver

The Denver Medical Society and other county medical societies across the state have received requests from many members and their staffs for assistance in acting as a repository of NPI information for physicians practicing in Colorado. As most physicians are aware, not only will physicians and other healthcare providers need to utilize their own NPI when submitting claims, they will also need to enter the NPIs of other providers in some circumstances, such as when making and receiving patient referrals. The Colorado Medical Society and the county societies across the state have been working with the Centers for Medicare and Medicaid Services to assure that a shared database can be created without violating any regulatory requirements. DMS is pleased to let you know that approval has been received to gather and distribute NPI numbers for physicians across the state. Each county medical society will be working with their own membership to facilitate entering physician NPI data into a shared secure database available to members and their staff around the state.

The database will allow the physician or office staff member to directly enter or change their own information through a simple log-in system. Data entry will be restricted and tracked by log-ons so that there will be an electronic record every time a record is "touched". The database will be secure and password protected and printing of the entire database will not be allowed. Each physician will have their own individual record that will be displayed when their name is selected. The database will be searchable by name, specialty, phone number, city, zip, or company affiliation. It will be maintained in a secure, restricted repository by Managed Care Advisory Group (MCAG), our technology partner for this project.

The value of this statewide database will be the ease by which physician practices can obtain the necessary NPI data for any physician with whom they have a professional relationship across the state of Colorado. However, the strength of the database will be dependent upon the number of Colorado physicians who participate by providing their individual NPI data to be included. By working with the Centers for Medicare and Medicaid Services to implement this program, the medical societies have insured that it will be done in a way that conforms with all federal regulations and protects physicians' interests.

We anticipate launching the database by late April or early May, well ahead of the May 23 NPI deadline. As soon as the site is available for data entry, you will receive additional information telling you how to log-on and enter your specific NPI information. Technical support for physician practices will be provided through MCAG with a designated toll free phone number and contact person available to help with any problems that may arise either in the initial data entry or subsequent use of the database. We are very excited to be able to provide this important service to our members as part of our effort to support you in meeting the challenges of medical practice in today's environment.

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2007 Physician Quality Reporting Initiative (PQRI) Physician Quality Measures

(Continued from Page 2)

Age-Related Macular Degeneration: Age-Related Eye Disease Study (AREDS) Formulation Prescribed/ Recommended
Age-Related Macular Degeneration: Dilated Macular Examination
Cataracts: Assessment of Visual Functional Status
Cataracts: Documentation of Pre-Surgical Axial Length, Corneal Power Measurement and Method of Intraocular Lens Power Calculation
Cataracts: Pre-Surgical Dilated Fundus Evaluation
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Perioperative Care: Timing of Antibiotic Prophylaxis - Ordering Physician
Perioperative Care: Timing of Antibiotic Prophylaxis – Ordering Physician
Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second Generation Cephalosporin
Perioperative Care: Discontinuation of Prophylactic Antibiotics (Non-Cardiac Procedures)
Perioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When Indicated in ALL Patients)
Osteoporosis: Communication with the Physician Managing Ongoing Care Post Fracture
Melanoma: Patient Medical History
Melanoma: Complete Physical Skin Examination
Melanoma: Counseling on Self-Examination
Aspirin at Arrival for Acute Myocardial Infarction (AMI)
Beta-Blocker at Time of Arrival for Acute Myocardial Infarction (AMI)
Perioperative Care: Timing of Prophylactic Antibiotic - Administering Physician
Stroke and Stroke Rehabilitation: Deep Vein Thrombosis Prophylaxis (DVT) for Ischemic Stroke or Intracranial Hemorrhage
Stroke and Stroke Rehabilitation: Discharged on Antiplatelet Therapy
Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge
Stroke and Stroke Rehabilitation: Tissue Plasminogen Activator (t-PA) Considered
Stroke and Stroke Rehabilitation: Screening for Dysphagia
Stroke and Stroke Rehabilitation: Consideration of Rehabilitation Services
Dialysis Dose in End Stage Renal Disease (ESRD) Patients
Hematocrit Level in End Stage Renal Disease (ESRD) Patients
Screening or Therapy for Osteoporosis for Women Aged 65 Years and Older
Osteoporosis: Management Following Fracture
Osteoporosis: Pharmacologic Therapy
Osteoporosis: Counseling for Vitamin D, Calcium Intake, and Exercise
Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG) Surgery
Pre-Operative Beta-blocker in Patients with Isolated Coronary Artery Bypass Graft (CABG) Surgery
Perioperative Care: Discontinuation of Prophylactic Antibiotics (Cardiac Procedures)
Medication Reconciliation
Advance Care Plan
Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older 2007
Characterization of Urinary Incontinence in Women Aged 65 Years and Older
Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older
Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy
Asthma: Pharmacologic Therapy
Electrocardiogram Performed for Non-Traumatic Chest Pain
Electrocardiogram Performed for Syncope
Vital Signs for Community-Acquired Bacterial Pneumonia
Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia
Assessment of Mental Status for Community-Acquired Bacterial Pneumonia
Empiric Antibiotic for Community-Acquired Bacterial Pneumonia
Gastroesophageal Reflux Disease (GERD): Assessment for Alarm Symptoms
Gastroesophageal Reflux Disease (GERD): Upper Endoscopy for Patients with Alarm Symptoms
Gastroesophageal Reflux Disease (GERD): Biopsy for Barrett's Esophagus
Gastroesophageal Reflux Disease (GERD): Barium Swallow-Inappropriate Use
Asthma Assessment
Appropriate Treatment for Children with Upper Respiratory Infection(URI)
Appropriate Testing for Children with Pharyngitis
Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow
Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy
Multiple Myeloma: Treatment With Bisphosphonates
Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry
Hormonal Therapy for Stage IC-III, ER/PR Positive Breast Cancer
Chemotherapy for Stage III Colon Cancer Patients
Plan for Chemotherapy Documented Before Chemotherapy Administered
Radiation Therapy for Invasive Breast Cancer Patients Who Have Undergone Breast Conserving Surgery

Guidelines for Online Communication: Industry Group Provides Physicians Resources

The eRisk Working Group for Healthcare has developed eRisk Guidelines to provide information to healthcare providers regarding the use of online communication and services with patients. The Working Group is a consortium of professional liability carriers, medical societies and state licensure board representatives. Guidelines were originally developed in 2000 and have been updated three times during that period, most recently in September 2006.

According to the Working Group's statement of general principles, interactions between healthcare providers and patients in the realm of email, websites, list serves and other electronic services and communications, including Personal Health Records (PHRs) and Electronic Medical Records (EMRs), are subject to the same general ethical and professional guidelines and legal requirements that govern traditional communications.

However, according to David B. Troxel, MD, Medical Director for The Doctors Company, which is a member of the Working Group and co-sponsor of their 2006 review conference, the use of electronic communications "introduces unique concerns and risks, including: confidentiality, privacy and security, authentication, informed consent, presence or absence of a pre-existing clinician-patient relationship, interstate licensure, discussion of sensitive medical conditions, reporting of medical emergencies, documentation, website content of a promotional, advertising, or marketing nature" and other potential problems not encountered in traditional communication. Dr. Troxel notes that government, health plans, and employers are promoting the use of Personal Health Records, which may introduce potential risks relating to patient education, FDA and medical device warnings, disease management protocols, and automatic updates from health plans, pharmacies, laboratories, etc.

Physicians who are utilizing, or considering the use of, various electronic communication modalities with their patients are urged to review the 2006 Guidelines. The *Guidelines* are not meant as legal advice, and clinicians are encouraged to bring any specific questions or issues related to online communication to their legal counsel. The complete document, *eRisk Guidelines*, can be read or downloaded at the Denver Medical Society website, www.denvermedsociety.org, by selecting "Important Documents Downloadable".

Denver Medical Society Membership Meeting

BETWEEN IRAQ AND A HARD PLACE

(An Air Force Ophthalmologist's experience in Iraq)

presented by

Christopher S. Allen, MD

Have you wondered what it is like for medical personnel who deploy to Iraq? One of our own, Christopher Allen, MD, will share, through pictures, the living and working conditions in a combat surgical hospital. Surgical cases highlighting facial and ocular injuries will be emphasized, but all specialties will find this presentation fascinating.

Tuesday, April 17, 2007

5:30—6:30 P.M.	Cocktails and hors d'oeuvres
6:30—7:30 P.M.	Program

Stern-Elder Room, Russell Pavilion
Exempla - St. Joseph Hospital
1835 Franklin Street

RSVP by April 10, 2007. Call 303-377-1850 or email dms@denvermedsociety.org.

DMS acknowledges the generous sponsorship of this program by

Colorado Medical Society

Spring Health Care Reform Strategy Summit

Sonnenalp Resort of Vail
May 5-6, 2007

Friday, May 4, evening—wine/beer reception hosted by CMS Alliance

Saturday, May 5, morning—speakers:
208 Blue Ribbon Commission—Mark Wallace, MD
Physicians' Congress on Comprehensive Health Care Reform—Mark Laitos, MD, Ben Vernon, MD
Colorado Coalition for the Medically Underserved proposal—Mark Earnest, MD, PhD
Single Payer Bill for Colorado—Rocky White, MD

Saturday afternoon—recess, time on your own

Saturday evening—discussion
Fireside chat—all attendees
Been there, don't do that; the politics of health care reform—panel discussion with representatives from Pennsylvania, Oregon, Illinois, and California state medical societies

Sunday, May 6, morning
Panel discussion among proposal authors
Discussion by attendees

Reservations information at www.cms.org

TDC 2007 Patient Safety/ Risk Management Seminars

"Patient Safety and the Board of Medical Examiners"

Wednesday, April 25, 6-8 PM
Exempla-St. Joseph Hospital, Stern Elder Room

Saturday, November 3, 8 AM-noon
Lowe's Georgio Hotel
(Seeking CME accreditation)

Contact Laura Dixon at ldixon@thedoctors.com or (303) 967-0202 to register.

AMA to Conduct Physician Practice Information Survey

The AMA, with the support of more than 60 other medical specialty societies, will be conducting a multi-specialty survey of America's physician practices throughout 2007.

The purpose of the survey is to collect up-to-date information on physician practice characteristics in order to develop and refine AMA policy. Data related to professional practice expenses will also be collected. The AMA will survey thousands of physicians over the year from virtually all physician specialties to ensure accurate and fair representation for all physicians and their patients.

During the year 2007, you may be contacted by the Gallup organization to participate in this study. We encourage your participation in this survey, as the data obtained will be a critical source of information for the AMA. Should you be called upon to contribute, your participation ensures that the information collected will represent you and your patients' concerns to national policymakers. Please watch for this survey and do your part in completing it in a thorough and accurate manner.

MEETINGS & CONTINUING ED

May 18 and December 3, 2007—**Patient Care Documentation Seminars**. Sponsored by CPEP, Center for Personalized Education for Physicians, and CFMC, the Colorado Foundation for Medical Care. Seminar will provide essential instruction to assist physicians in meeting expectations of medical boards, hospitals, and insurers for effective medical record keeping. A maximum of **8 AMA PRA Category 1 Credits™** and **2 ERS points available**. CPEP offices, 7351 Lowry Blvd, Denver. For program and registration information phone (303) 577-3232 or visit **www.cpepdoc.org**.

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MEDICAL OFFICE SPACE

New two phase medical office building development in Littleton, Colorado. Physician ownership opportunities may be available to qualified physician tenants.

First phase occupancy June 2007

- 62,300 square feet of Class A medical office space
- 53% Preleased
- Imaging Center with CT, MRI, Bone Density, Digital Mammography & Routine Imaging
- Clinical Laboratory
- Urgent Care Center open 7 days per week

Second phase construction start in 4th quarter 2007

- 41,290 square feet of Class A medical office space
- Surgery Center

Welcoming the following primary care physicians:

- Pediatrics West
- Altitude Family & Internal Medicine

Leasing information:

Ms. Pat Wassik
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