

PQRI update:

Medicare bonuses tied to quality measures reporting

By Paula E. Hartman-Stein, Ph.D.

Psychologists who participate this year in the Physicians Quality Reporting Initiative (PQRI) by screening Medicare patients for problems such as elder maltreatment and clinical depression, assessing for pain prior to therapy and verifying medications will receive a 2 percent boost in total allowed charges in 2010.

Michael Johnson, PT, Ph.D., consultant on quality measure development to the American Physical Therapy Association (APTA) and a member of the steering group of a national healthcare alliance (AQA) explained that any professionals participating in the voluntary PQRI program who are eligible to report on a minimum of four or more best practice measures need to perform, document and submit three measures 80 percent of the time to qualify. "That is an absolute," he said. "You can use just one measure, but you won't get the incentive payment."

Johnson suggested that clinicians choose four measures most applicable to their practice. "If you only pick three and you submit 75 percent of the time on eligible services on one measure and 80 percent on the other two, then you don't get the bonus. Picking four may be a good safety valve."

In 2009, 10 of 153 quality measures approved by the Centers for Medicare and Medicaid Services (CMS) are open to psychological services.

They are: documentation and verification of current medications in the medical record (#130), pain assessment prior to initiation of therapy (#131), screening for clinical depression and follow up plan (#134), elder maltreatment (#181), antidepressant medication used during acute phase for patients with major depressive disorder (#9), diagnostic evaluation of major depressive disorder (#106), suicide risk assessment (#107), inquiry regarding tobacco use (#114), unhealthy alcohol use-screening (#173) and body mass index screening (#128).

According to the CMS website (www.cms.hhs.gov/PQRI/) several of the measures must be documented during the initial diagnostic interview while others are to be performed once during an episode of psychotherapy or a health and behavior intervention while suicide risk assessment is to be performed at each psychotherapy session during the reporting period. Close examination of the specifications of each code is recommended.

To facilitate practitioners in the PQRI process the American Medical Association has created data collection sheets in a tool kit that can be accessed through a link on the CMS website.

The website indicates that as required by statute, the 2009 PQRI will include validation processes for eligible professionals who submit quality data codes for only one or two PQRI measures for at least 80 percent of patients or clinical encounters and who do not submit any quality data codes for any other measure.

According to Johnson, the APTA is moving toward possibly developing other measures than the eight currently open to physical therapists, acknowledging that this is a

major undertaking. He said there is room for more collaboration among disciplines for improving the care of many clinical conditions.

“For example, we all know there is a correlation between back pain and depression, so clinical psychologists may want to work on creating quality measures in this area of practice.”

Johnson acknowledged that the current pay-for-performance system has flaws, but he said there is a good chance it will improve healthcare quality because it makes the practitioners more aware of what they are doing and how consistent they are with each patient.

“I advise practitioners to participate because they get paid right now, get in the habit of incorporating quality procedures that may prevent them from getting penalized later on for not doing the measures, and in the long run it can improve their quality of care which we all want.”

A diverse group of national organizations, the National Priorities Partnership, that represent those who receive, pay for, deliver and evaluate healthcare recently identified six priorities for healthcare reform in America. Johnson said the document they released will drive the future quality reform movement. For more information, go to www.nationalprioritiespartnership.org.

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