

PQRS

What is PQRS?

The Physician Quality Reporting System (PQRS) is a reporting program that uses a combination of incentive payments and payment adjustments to promote reporting of quality information by eligible professionals.

Why participate?

EPs (eligible professionals=all MDs, PhDs, PsyDs, LCSWs, PAs, NPs) are required to report in order to avoid/ascertain payment adjustments for all Medicare claims filed. These adjustments may be +/- depending on the meeting of the measure and the VBM (value based modifier) in comparison to other providers who provide the same service depending on quality/cost.

How to meet?

Based on the specificity of our practice at CCNC, we must attest differently than other practices (such as a primary care) in order to have options available to us in order to report as required by CMS (Center for Medicare Services). This year, we are attesting as a GRPO (group) as opposed to Individual as we did in 2015. This will enable us to more easily meet the measures as well as to limit the workload on individual providers as we can do this together to help meet the goal of this program.

With this being said, the following is the list of measures with specific instructions on how to incorporate into progress notes for all EPs (this includes ALL MDs, PsyDs, PhDs, PAs, NPs, and LCSWs). In summation (and as to keep this as simple as possible)...there have to be 9 measures (out of 75) met across 3 domains (patient care, effective clinical care, etc.). These measures have previously been selected in order to meet clinical care as we currently provide it and to be able to be easily incorporated into clinical workflow and documentation. Most of us ask/document this information as part of our current workflow, there is just a specific way that it has to be documented in order to “get credit” for it. You will find below step by step “how to” on how to meet these (ps. It is not important to know the measure number; I included to keep myself straight☺). It is a good idea, that these measures be performed on ALL patients as to help with meeting of the measure and it is good general practice to do so (also because it is easier than keeping up with “who qualifies”). As you read through these, you will see there is a lot of overlap and it is easy to meet several measures at once (this was intentional).

If there should be any further questions on how to meet these measures inside of your progress notes, please feel free to contact me with any questions or concerns.

Respectfully,

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Measures

Antidepressant Medication Management (measure 9):

Who qualifies: any patient that carries a diagnosis of Major Depressive Disorder

How to meet: current medications are listed/verified (under current medication list) or listed under “treatment” section of progress note, measure is met

MDD/Suicide Risk Assessment (measure 107):

Who qualifies: those patients 18+ with diagnosis of MDD

How to meet: in progress note: preventative medicine>PQRS>suicide risk assessment>date (will insert itself)

Alternative: in progress note. At the right side of the screen is section entitled “global alerts”, scroll down and will see “Clinical Quality Worksheet Pending”, click “pending”, will pop up a chart, will see “suicide risk assessment” under depression heading, here you can also enter date which will meet the measure.

Documentation of Current Medications (measure 130):

Who qualifies: all patients

How to meet: under “current medication”, click “verified”, measure is met

Depression Screening (measure 134):

Who qualifies: all patients 12+

How to meet: in progress note, left top corner under patient picture will see a box with “SF” and will have a drop down menu. To meet this measure you must scroll to PHQ2 (if answer is no, you are done with measure) (if answer is yes, you MUST complete PHQ9, also under “SF” drop down menu)

Ps. SF stands for Smart Form

Once the PHQ2 and PHQ9 is completed, there must be follow up plan documented (any of the drop down options will suffice to meet this measure, suicide risk assessment (date that this was performed will also meet measure 107😊)

Dementia: Cognitive Assessment (measure 281):

Who qualifies: any patient with diagnosis of dementia

How to meet: preventative medicine>PQRS>dementia...enter MMSE score (then should scan into chart), measure is met

ADD/ADHD Follow up Care for Children/Medication Management (measure 366):

Who qualifies: all patients between ages 6-12

How to meet: documented medication in treatment section (under assessment of ADD/ADHD)

Tobacco Use (measure 226):

Who qualifies: ALL patients

How to meet: in progress note under "social history">tobacco use>answer the questions listed...if patient is a nonsmoker (measure is met), if patient is a smoker must answer questions (how much, etc.) and that patient was counseled...this can be found via "preventative medicine" in progress note>counseling>smoking>date counseled that patient counseled (now measure is met)

Alternative 1: in progress note, under "SF", drop down to "tobacco control", answer questions and "save" form...if patient is smoker, must still provide date of counseling. To do: preventative medicine>counseling>smoking>date counseled

Alternative 2 (*easiest): under "global alerts" on right side of progress note, scroll to "clinical quality worksheet pending", click "pending", under "tobacco use" answer questions (nonsmoker, measure met...smoker: answer questions and put in date counseled, measure met)

Documentation of BP (measure 317):

Who qualifies: any patient with BP reading outside of normal parameters (*120/80)

How to meet: if outside of this parameter, need to document follow up plan. Preventative medicine>counseling>BP management

Alternate: under "global alerts" on right side of progress note, scroll to "clinical quality worksheet pending", click "pending", under "BP plan of care" any "recommendation" listed will meet measure if selected.

Depression after 12 months (measure 370):

Who qualifies: patients 18+ with diagnosis of MDD

How to meet: completed PHQ9 forms (example: if PHQ9=>9, in 12 months should be <5...this is how measure is met)

Depression: Utilization of PHQ9 (measure 371):

Who qualifies: all patients

How to meet measure: complete PHQ9 form (under "SF" drop down)

Adult/Child MDD Suicide Risk Assessment (measure 382):

Who qualifies: patients between the ages of 6-17

How to meet: in progress note under preventative medicine>suicide risk assessment (insert date), measure met

Alternative: under "global alerts" on right side of progress note, scroll to "clinical quality worksheet pending", click "pending", under "depression", select to answer "suicide risk assessment performed" and insert date, measure met