Medicare Value-Based Purchasing: Physician Voluntary Reporting Program (PVRP)

Academy Health Annual Research Meeting
June 4, 2007

Medicare Value-Based Purchasing

- Transform Medicare from a passive payer to an active purchaser
  - Medicare Physician Fee Schedule based partially on quality or value of services
- Value = Quality / Cost
  - Incentives for quality and avoidance of unnecessary costs

Background

- President’s Budget
- Congressional Interest in Value-Based Purchasing Tools
  - Medicare Modernization Act
  - Deficit Reduction Act
  - Tax Relief and Health Care Act provisions
- MedPAC Reports to Congress and IOM reports

CMS VBP Demos and Pilots

- Premier Hospital Quality Incentive Demonstration
- Physician Group Practice Demonstration
- Medicare Care Management Performance Demonstration
- Nursing Home Value-Based Purchasing Demonstration
- Home Health Pay-for-Performance Demonstration
- ESRD Bundled Payment Demonstration
- ESRD Disease Management Demonstration
- Medicare Health Support Pilots
- Care Management for High-Cost Beneficiaries Demonstration
- Medicare Healthcare Quality Demonstration
- Gainsharing Demonstrations

Physician Voluntary Reporting Program (PVRP)

- Operated in CY 2006
- Voluntary, no financial incentives for reporting or performance
- Predecessor to the Physician Quality Reporting Initiative (PQRI), which CMS is now implementing
- 16 quality measures, specified with “G-codes” or CPT-II procedure codes
- For each measure, codes indicated positive, negative, or exclusion
- Practices chose which measures to report
- Participating practices received reports with reporting rates and performance rates per measure

PVRP Quality Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI aspirin at arrival</td>
<td>Dialysis dose in ESRD</td>
</tr>
<tr>
<td>AMI beta blocker at arrival</td>
<td>Hematocrit level in ESRD</td>
</tr>
<tr>
<td>Beta blocker for prior MI</td>
<td>Autogenous AV fistula in ESRD</td>
</tr>
<tr>
<td>Heart Failure ACEI or ARB therapy for LVEF</td>
<td>Antidepressant medication during acute phase of new depression episodes</td>
</tr>
<tr>
<td>INR control for diabetics</td>
<td>Antibiotic prophylaxis in surgical patient</td>
</tr>
<tr>
<td>LDL control for diabetics</td>
<td>Thromboembolism prophylaxis in surgical patient</td>
</tr>
<tr>
<td>High BP control for diabetics</td>
<td>Use if IMA in CABG surgery</td>
</tr>
<tr>
<td>Assessment of elderly for falls</td>
<td>Pre-op beta blocker in isolated CABG</td>
</tr>
</tbody>
</table>
PVRP Quality Data Reporting

Visit Documented in the Medical Record → Encounter Form → Coding & Billing → Analysis Contractor → National Claims History File → Carrier/MAC → Confidential Report

Agenda
- Assessment of PVRP in 2006
  - Practice Workflows, Reporting Time, and Implementation Experiences Associated with PVRP - Angela Merrill, PhD
  - Operational Testing of PVRP - Timothy Lake, PhD
- Design options for future value-based purchasing programs
  - Validating Claims-Based Ambulatory Care Quality Data for Value-Based Purchasing - Myles Maxfield for Mary Laschober, PhD
  - Considerations in Performance Reporting and Value-Based Purchasing for Providers Who Treat Vulnerable Populations - Hoangmai Pham, MD, MPH

Team
- Mathematica Policy Research (MPR)
  - Myles Maxfield (mmaxfield@mathematica-mpr.com), Lorenzo Moreno, Angela Merrill, Mary Laschober, Tim Lake, Erik Taylor, Sam Simon, Whitney Schott, Martha Kovac, Lisa Schwartz, Jung Kim, Stephanie Peterson, Melanie Au, Melissa Neuman, Sarah Davis
- Center for Studying Health System Change (HSC)
  - Hongmai Pham
- National Committee for Quality Assurance (NCQA)
  - Phil Renner, Zakiya Pierre
- Univ. of CA, San Francisco (UCSF)
  - Robert Miller