The New PCPI
Where Are We Now?
(Where Are We Going?)

Kathleen Blake, MD, MPH
Executive Director, PCPI
Vice President, Performance Improvement
American Medical Association
AMA-convened Physician Consortium for Performance Improvement® (PCPI®)

• National, physician-led organization with a leading role in improving health care in the United States

• > 190 member organizations
  – > 100 national specialty and state medical societies
  – Medical boards
  – Non-physician clinician professional associations
  – Experts in QI and measurement (e.g. QIOs, IHI, TJC, NCQA)
  – Government (e.g. AHRQ, CMS)

• >350 measures spanning > 50 clinical areas
  – Majority are process measures
  – Specialty and cross cutting measures

• Developer of frameworks and tools for measure development, specification and testing
PCPI Model to Improve the Quality and Efficiency of Health Care Delivery

Outcomes
Focus on clinical and patient reported outcome measures

National Quality Registry Network
Focus on credible and timely data

Performance Improvement
Focus on culture and implementation strategies

Because we believe the intersection is critical to achieving the Triple Aim
Because at the intersection, we can engage with care teams, patients and other collaborators
Because the intersection provides for feedback on measures, data, what works where and how
PCPI Strategic Model

Why We Do This:

Improving Outcomes

What We Do:

Measures
Data (NQRM)
Improvement (QI Program)

How We Do It:

Increase Operational Efficiency
Effectively Secure Financial Resources
Implement Approved Business Proposals
Enable Membership and Physician Engagement
Extend Opportunities for Influence and Leadership

Who We Are:

National Physician-led Program Dedicated to Performance Improvement of the Health Care Delivery System (Quality and Efficiency)
PCPI 2020 Vision
PCPI is a catalyst to achieve optimal health outcomes

Guiding Principles

• Align with national goals: better health for populations and better health care, at lower cost
• Focus on improvement within the health care system
• Leverage the attributes of the PCPI (physician-led; diverse perspectives) to improve outcomes and ensure credibility
• Engage a membership inclusive of all stakeholders*
• Partner with member organizations and other stakeholders
• Serve as a hub within the health care learning system

* Stakeholders include physicians, other health care professionals, health care provider organizations and systems, patients, consumers, purchasers, employers and performance improvement organizations
PCPI 2020 Vision

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How We Will Do It (2013 and beyond)

• Increase operational efficiency (core services)
  • Early input on specifications and testing (feasibility)
  • Use existing data sources for testing (eg, registries)
  • Identify and mitigate IRB issues related to testing
  • Sunset the independent measure development process
  • Sunset member votes on measures; > early input
• Measure advisory committee to approve measures
• Kaizen work with others: ONC; NQF
• Kaizen approach to 2014 procedural manual update
PCPI Measurement for Improvement
Cycle of Activities
PCPI 2020 Vision

PCPI is a catalyst to achieve optimal health outcomes

How We Will Get There

• Enable membership and physician engagement
  • Membership meetings
  • Member webinars
  • NQRN network webinars
  • “Hands on” workshops for measure developers
  • Enduring materials on the learning management system
  • Engage patients and consumers (NQRN model)
  • Engage health plans (NQRN model)
  • Engage health information technology vendors
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How We Will be Funded

• Secure financial resources
  • AMA contribution
  • Government grants and contracts
  • Specialty society contracts
  • Consulting services
  • PCPI Foundation
  • PQRS participation tools (2014 eBook)
  • New partnerships and services
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How Do We Get There?

• Extend opportunities for influence and leadership
  • New committees
    • Measure Advisory Committee
    • Quality Improvement Committee
    • Outcomes Ad Hoc Committee
  • Partnerships (communications channel; learning hub)
  • Publish in peer-reviewed journals
    • New copyright provisions (PCPI bylaws)
  • Nominations of members to national committees
  • Work with others (NQF, NCQA, CMS, ONC, others)
National Quality Registry Network (NQRN)

A multi-stakeholder coalition founded in 2011 to:
• Disseminate leading practices
• Assist registry stewards at all stages of development
• Promote > use of registries to meet regulatory requirements
• Identify high priority gaps where registries do not exist
• Facilitate shared access to data and linkages across registries
• Promote common data standards
National Quality Registry Network
Steering Committee

American Board of Medical Specialties
American College of Cardiology
American Medical Association
Anesthesia Quality Institute
Blue Cross Blue Shield of Massachusetts
Center for Medical Consumers
Consumer Reports
Federal agency liaisons (CMS, AHRQ)
National Coalition for Cancer Survivorship
Pacific Business Group on Health
Society for Thoracic Surgery
United Healthcare
PQRS Participation 2011: Registry Reporting

Figure 6. Distribution of Satisfactorily Reported Individual Measures for the Physician Quality Reporting System (2011)

Note for Figure 6: Satisfactory reporting required reporting at least 50 percent of eligible instances for claims-based reporting and 80 percent of eligible instances for registry-based reporting.

CMS PQRS Reporting Experience for 2011
Incentives Earned Using Registries

Table 19. Top 10 Specialties Earning a Physician Quality Reporting System Incentive – Reporting via Registries (2011)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Eligible Professionals who Participated</th>
<th>Eligible Professionals Who Qualified for an Incentive</th>
<th>Percent Who Qualified for an Incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practice</td>
<td>11,420</td>
<td>10,727</td>
<td>93.9%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>11,278</td>
<td>10,061</td>
<td>89.2%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>4,951</td>
<td>4,686</td>
<td>94.7%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>3,492</td>
<td>2,877</td>
<td>82.4%</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>2,410</td>
<td>2,011</td>
<td>83.4%</td>
</tr>
</tbody>
</table>

CMS PQRS Report for 2011
Qualified Clinical Data Registry (QCDR)

• American Taxpayer Relief Act 2012 instructs the Secretary of DHHS to:
  – Determine the criteria necessary to certify a registry for use by eligible providers to satisfy PQRS reporting requirements
  – Make the QCDR option available in 2014
  – Meet various other criteria in establishing this reporting option
  – Conduct a GAO-IOM study of multi-payer registry use

• Public comments strongly supported establishing QCDRs as entities at the forefront of quality improvement
Qualified Clinical Quality Data Registry
Proposed Requirements
2014 Physician Fee Schedule

• Transparency with respect to data elements and specifications, risk-adjustment models, and measures
• Submission of quality measures data or results to CMS for the purpose of demonstrating satisfactory EP participation in PQRS
• Clinical quality data submission to multiple payers and CMS
• Provision of timely reports at least quarterly to EP’s
• Benchmarking capacity for assessing care provided by EPs performing the same or similar functions
Qualified Clinical Quality Data Registry
Proposed Requirements
2014 Physician Fee Schedule

• Report $\geq$ 9 measures on $\geq$ 50% of an EP’s applicable patients
• Report $\geq$ 1 outcome measure
• Measures cover $\geq$ 3 National Quality Strategy domains
  – Patient and Family Engagement;
  – Patient Safety;
  – Care Coordination;
  – Population and Community Health;
  – Efficient Use of Healthcare Resources;
  – Clinical Processes/Effectiveness.
Qualified Clinical Quality Data Registry
Proposed Requirements
2014 Physician Fee Schedule

• Report on measures from one or more of:
  – CG-CAHPS
  – NQF-endorsed measures
  – Measures in PQRS
  – Measures used by certification boards or specialty societies
    – Measures used by regional quality collaboratives
• Plan in place for public reporting
• Plan for risk adjustment
• Provide an EP’s quality measures data to CMS for PQRS, VBM
PCPI 2020 Vision

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How Do We Get There?

• Quality Improvement Initiatives
  – Quality Improvement Advisory Committee
  – Closing the Referral Loop Initiative
    • Partners: A State DOH and a GME program
    • Referral dyads (primary care physician - specialist)
    • Change package for referral management
    • Evaluate and revise
    • Seek funding to more widely test successful tool(s)
    • Disseminate and implement what works
PCPI Operations Update
Measure Transition Plan

• What you told us
  • Many are ready to perform measure design, consensus, and public comment
  • Some are ready to perform measure testing
    • Assistance needed with protocol design/analysis
  • Few are ready to specify e-measures
  • Measure needs are society-specific
  • Few are familiar with measure maintenance, update, and enhancement (stewardship)
PCPI Operations Update
Measure Transition Plan

• Our response
  • Review of ~350 PCPI measures
    • PCPI approval status
    • NQF endorsement status
    • CMS adoption (2013; 2014 proposed rule)
    • National Quality Strategy Domain
    • Intermediate outcome or outcome measure?
    • Overuse measure?
  • Stakeholder societies identified
PCPI Response to Rapid Change in the Measurement Environment

• Our response
  – Outreach to 44 specialty societies
  – Outreach to NCQA and ABMS
  – Review NQF endorsement policies (new)
  – Establish PCPI consulting services
  – AMA as “funder of last resort” to maintain measures in federal programs in 2014
  – Communicate with CMS re: stewardship
  – Disseminate CMS’ requirements for stewards
What You’ve Asked PCPI

Q: Is PCPI getting out of the “measure business?”
A: NO

Q: How much do PCPI services cost?
A: It depends…on the scope of work.

Q: PCPI set priorities in the past; what now?
A: Societies set priorities, based on their needs.

Q: Does PCPI have the bandwidth to do the work?
A: Yes…for now. We forecast based on work in hand and in the pipeline.
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  - Improving Outcomes

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