



**Association of  
American Medical Colleges**  
2450 N Street, N.W., Washington, D.C. 20037-1127  
T 202 828 0400 F 202 828 1125  
www.aamc.org

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Michael Rapp, M.D., J.D.  
Director, Quality Measurement and Health Assessment Group  
Office of Clinical Standards and Quality  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

**VIA e-mail:** PQRITemp@cms.hhs.gov

**Re: Reporting Options for 2010 Physician Quality Reporting Initiative**

Dear Dr. Rapp,

The Association of American Medical Colleges (AAMC) appreciates the opportunity to provide comments on reporting options for CMS to consider for the 2010 Physician Quality Reporting Initiative (PQRI). The AAMC is a not-for-profit association representing all 130 accredited U.S. medical schools; nearly 400 major teaching hospitals and health systems, including 68 Department of Veterans Affairs medical centers; and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 125,000 faculty members, 75,000 medical students, and 106,000 resident physicians.

The AAMC is supportive of CMS' desire to improve the quality and value of care provided by the Medicare program. Our members are committed to providing high-quality care and engaging in continuous internal quality improvement. As a result, many of our faculty physicians have been leaders in developing performance measures for physicians and hospitals. Our members have also been active participants in Medicare quality programs such as the Physician Group Practice (PGP) Demonstration and the Physician Quality Reporting Initiative (PQRI). A recent PQRI case study analysis, conducted by the AAMC and University HealthSystem Consortium, revealed at least one faculty practice plan is reporting over 65 individual measures for almost 800 professionals. It is through our experience in these programs that we offer the following comments.

Similar to the non-academic community, health care delivery practice settings and care models at academic medical centers can vary widely; therefore, the AAMC supports having a wide selection of options to participate in PQRI. In particular, the AAMC supports the expansion of PQRI to incorporate group-level reporting and additional reporting mechanisms and reporting periods.

**Group practice reporting**

The Medicare Improvement for Patients and Providers Act of 2008 (MIPPA) requires CMS to offer a reporting option for group practices by January 1, 2010. Currently all PQRI reporting is measured at the

professional-level. The AAMC supports the group practice reporting but also recommends that group practices retain the option to participate in PQRI either through group-level or individual-level reporting.

A group practice reporting option should incent practices to develop patient-focused systems that monitor and manage patients' health. This is important at academic medical centers where a patient may be seen by several professionals. Reporting should be focused on the patients seen by the practice overall, rather than reporting on the individual encounters with the practice professionals.

For a group reporting option to be effective, CMS needs to receive valid and robust data; however, that need should be balanced with the cost and resources required for practices to collect and report the data. MIPPA stipulates the group reporting option "provide for the use of a statistical sampling model." The AAMC supports the use of sampling when submitting data for group practice reporting.

Because data collection and reporting at the group level may differ slightly from current PQRI reporting options, CMS should be flexible in its requirements for data submission. The requirements to report from these systems should allow institutions that have already invested in patient registries or have developed internal systems to participate in the program with minimal additional cost and resources.

### **Reporting mechanisms**

In 2009, individual professionals can submit PQRI data through claims or through a qualified data registry. CMS proposed reporting measures through electronic health records (EHRs) in 2009, but ultimately decided to continue testing EHR submissions with vendors. Currently, data submission testing is being conducted on ten individual measures. We encourage CMS to accept EHR reporting for the 2010 PQRI as well as consider expanding the number of measures that may be reported through this mechanism.

### **Reporting periods**

MIPPA provides CMS the authority to review the reporting periods for the 2010 PQRI. Currently, professionals reporting on individual measures through claims data must report for the entire year (January – December.) Professionals reporting through other mechanisms, such as measure group reporting and/or registry reporting, have the option to report for a twelve-month or a six-month period. We recommend that CMS offer the same reporting periods for all reporting mechanisms. At a minimum, CMS should allow a twelve-month and a six-month reporting period. CMS may also consider a 3-month reporting period (perhaps with the requirement that a minimum number of patients be received in order for the professional to be eligible for an incentive.) Offering the same reporting periods for all reporting methods would help simplify the program. It also provides more opportunities for professionals to participate.

### **Qualified data registries**

Each year, CMS publishes a list of qualified data registries that can submit data for PQRI. In 2008, CMS published 32 registries that were eligible to submit data; however, only the name of the registry and the associated website were posted. Professionals wishing to submit data through a registry had to research each registry independently to discover the measures that could be reported and the costs associated with reporting. In the future, we encourage CMS to post the name of the registry, the website, the measures the registry is allowed to report, and whether the registry charges a fee for data submission.

Thank you for considering the above recommendations. The AAMC looks forward to working with CMS as it develops the 2010 PQRI reporting options. If you have any questions on these recommendations or need further information please contact Mary Patton, Senior Specialist, 202-862-6297 or mpatton@aamc.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Conroy', with a stylized, cursive script.

Joanne Conroy, M.D.  
Chief Health Care Officer

cc: Mary Patton, AAMC  
Jennifer Faerberg, AAMC