

As directed in MIPPA, CMS is currently developing a plan for transitioning PQRI to a value-based purchasing program that will financially reward physicians based on their performance, rather than for simply reporting quality data. CMS is required to submit the plan to Congress by May 2010.

Proposed Option

A new PQRI participation option would be added to the existing options described above. Eligible professionals could also receive PQRI incentive payments for two successive years if, on a biennial (every two year) basis, the physician (1) participates in a qualified American Board of Medical Specialties certification, known as the Maintenance of Certification or MOC, or equivalent programs, and (2) completes a qualified MOC practice assessment.

For purposes of this proposal, the following definitions would apply.

1. Qualified American Board of Medical Specialties Maintenance of Certification (MOC) or equivalent program would mean a continuous assessment program to advance quality care and the lifelong learning and self-assessment of board-certified specialty physicians by focusing on the competencies of patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism and systems-based practice;
2. MOC programs or equivalent other programs must include the following assessment components:
 - (a) Professional standing – Programs must require physicians to maintain a valid, unrestricted medical license in at least one state or jurisdiction in the United States, its territories, or Canada. A qualified MOC program must also include a survey of patient experience with care;
 - (b) Lifelong learning and self-assessment – Programs must require physicians to participate in educational and self-assessment programs that require an assessment of what was learned;
 - (c) Demonstration of cognitive expertise – Programs must require physicians to demonstrate, through a formalized, secure examination, that they have the fundamental diagnostic skills, medical knowledge, and clinical judgment to provide quality care in their respective specialty;
 - (d) Practice performance assessment - A practice assessment must include an initial assessment of physician clinical quality compared to peers and national benchmarks. It also needs to include implementation of a quality improvement intervention to address an identified practice weakness, and a reassessment of performance in the area focused on for improvement; and
 - (e) An audit process that meets standards defined by the Secretary.
3. Qualified MOC practice assessment would mean an initial assessment of a participant's practice, designed to demonstrate the physician's ability to use best evidence and practices in comparison to peers and national benchmarks, and apply best evidence and consensus recommendations to improve quality care using follow-up assessments. Such assessment tools must: (a) Use National Quality Forum (NQF) national endorsed measures, where appropriate, to derive a set of clinical metrics that are at least equivalent in both the methods and measures used to those of the PQRI program; and (b) Require the physician to implement a quality improvement intervention to address a practice weakness identified in the performance assessment report, and then to re-measure to assess performance after this intervention.

Proposals to improve the PQRI program would require CMS to make three additional improvements to the program. First, they would be required to establish an appeals process for providers who participated in the PQRI program but did not qualify for incentive payments during their performance period. Second, CMS would be required to provide more timely feedback to providers during the course of the performance period. Third, CMS would be required to calculate incentive payments in the PQRI program without regard to the existing geographic adjustments in the physician fee schedule since PQRI incentive