Michael D. Maves, MD, MBA, Executive Vice President, CEO

November 7, 2008

Mr. Kerry N. Weems
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-1403-P
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Dear Acting Administrator Weems:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to follow-up on the strong concerns that we expressed in our comments on the proposed Medicare physician fee schedule rule regarding problems with implementation of the Physician Quality Reporting Initiative (PQRI) of 2007. We are extremely disappointed that the Centers for Medicare and Medicaid Services (CMS) failed to address these concerns in its Final Rule. We again urge CMS to work with the physician community to implement the recommendations discussed below.

According to CMS data, approximately 16% of physicians attempted to report on measures in the 2007 program, but only half of them received bonus payments. Further, feedback reports and bonus payments were not disseminated until 7 months after the reporting period ended, well after this information could be used by physicians to correct reporting procedures for either 2007 or 2008.

A September 2008 AMA survey confirms that physicians who attempted to participate in the 2007 PQRI program faced a series of insurmountable hurdles to their successful participation. Three out of five respondents to this survey rated the program difficult, found accessing their feedback reports complicated, and rated their satisfaction with CMS' assistance with PQRI reporting as low. Only one in five respondents were able to successfully download their PQRI feedback report, and of those, less than half found it instructive. **In short, physicians' initial experiences with the PQRI program are extremely discouraging, and many are furious at CMS' determination that they had not successfully participated.**

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Although the measures used in the PQRI program are intended to address factors within the physician's control that contribute to quality of care which physicians can control, several factors completely outside of physicians' control proved to be significant barriers to their successful participation in the PQRI. These include problems such as backlogs in processing physician NPIs, a faulty process for determining measure applicability to certain physicians, and Medicare carrier error in processing quality data codes. There is clearly much room for improvement in this program. We offer the following recommendations for improving the program:

***Early education and outreach*:** Measure specifications for the 2007 PQRI program were issued just days before the start of the reporting period. Carriers were uninformed and ill-equipped to provide guidance and information to physicians. CMS must develop a timely and effective educational and outreach program to train Medicare carriers, and clearly inform physicians of the requirements that must be met to successfully participate.

***Interim feedback reports*:** Confidential interim and final feedback reports must be provided so that physicians have timely, actionable information on potential problems in their PQRI reporting. The physician community would welcome the opportunity to assist CMS in developing a standard content and format for these reports. Due to the 12-month lag time between initial reporting on July 1, 2007 and first feedback reports around mid-July 2008, physicians continued to unknowingly report incorrectly well into the 2008 reporting period.

Easier access to feedback reports: To access feedback reports, individuals and organizations must register in the Individuals Authorized Access to CMS Computer Services (IACS) system. The undue burden associated with registering for and accessing an IACS account must be alleviated. PQRI feedback reports should be provided via snail mail, email, or telephonically through an automated, password protected process. Additionally, developing a password protected portal through the existing CMS PQRI website, and not through IACS, is another option that would help improve access to reports.

***Appeals process*:** In the Final Rule, CMS claims it is precluded by law from providing an appeals process for physicians who are deemed unsuccessful in reporting. This is despite the fact that there seem to have been many situations where physicians were judged by an incorrect application of measure algorithms. This is unacceptable, as there are many potential options that CMS could pursue that would allow physicians to work out and resolve differences with their carriers short of a formal administrative or judicial appeals process. It also is troubling now that CMS intends to begin publicly disclosing whether individual physicians successfully participate. We urge CMS to pursue all avenues to promote meaningful resolution of these problems.

Provide 2007 PQRI data set file: The AMA has requested the 2007 PQRI data set file to conduct a detailed review of the 2007 data and better understand possible barriers and stimuli to physician reporting. We urge CMS to make this data available so we can assist in resolving problems and educating physicians, and so help expand PQRI participation.

If CMS does not make improvements to the PQRI program, it will be viewed as a misleading exercise that does not permit physicians to realize internal quality improvement. Further, if access to PQRI feedback reports remain burdensome, and the information contained in these reports is not instructive for improving quality measure reporting, it calls into question how actionable and meaningful such programs are for Medicare beneficiaries and their physicians.

Sincerely,

Michael D. Maves, MD, MBA