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Commentary

An Update of Dermatologist Usage of the Physician Quality Reporting System in Colorado for 2011

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Abstract

The Physician Quality Reporting System (PQRS) was established in 2006 by the Centers for Medicare and Medicaid Services (CMS) as part of an incentive process to improve healthcare preventive practices. As of 2011, there were 235 PQRS measures but only three specific to skin diseases, specifically melanoma. To measure current usage of the PQRS among dermatologists in Colorado, a survey was distributed at the 2011 Colorado Dermatological Society Meeting. Of the 120 physician attendees, 60 responded, yielding a response rate of 50%.

Compared with responses from a similar 2010 survey, a significantly higher number of physicians are using PQRS, as well as E-prescribing and EHR systems. This is likely owing to the fact that CMS will require mandatory reporting of these measures in 2015. Respondents from the current survey commented that a major hurdle to PQRS reporting is the inability to submit data through existing EHR or billing systems. Currently, CMS requires PQRS reporting through a designated registry such as that provided by the AAD. Some practices have opted to report metrics such as tobacco and alcohol screening, since these can be reported through their billing systems. The results suggest structural improvements in the PQRS reporting system could improve compliance.

Key words: Physician Quality Reporting System (PQRS); E-prescribing; Electronic Health Records (EHR); Colorado Dermatologic Society; Melanoma Quality Measures

Capsule Summary

1. Centers for Medicare and Medicaid Services issued 235 measures in 2011 as part of a voluntary Physician Quality Reporting System (PQRS); three measures applied to skin disease.
2. Compared with responses from a similar 2010 survey, more dermatologists have been reporting PQRS measures and utilizing EHR and E-prescribing programs in 2011.

- The majority of dermatology respondents felt that reporting PQRS measures were worthwhile, but few felt the reimbursement was worth the effort required.

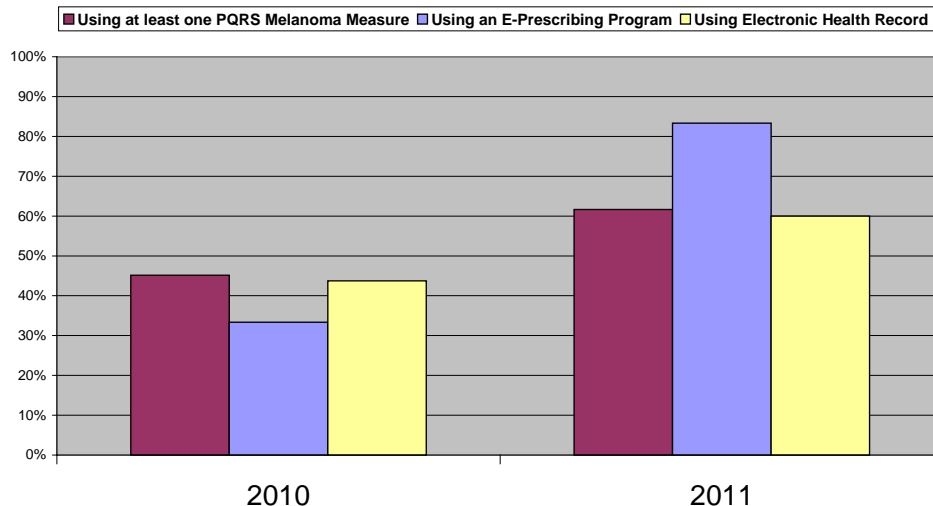
The Physician Quality Reporting System (PQRS) was established in 2006 by the Centers for Medicare and Medicaid Services (CMS) as part of an incentive payment process to improve healthcare. As of 2011, there were 235 measures but only three measures relating to skin diseases, specifically covering the management of melanoma. CMS is enforcing the use of Electronic Health Records (EHR), E-Prescribing (E-Rx), and PQRS by imposing penalties, which will be fully implemented by 2015 [1]. There is data showing that use of EHR and E-Rx is cost effective and may improve outcomes, but similar evidence for PQRS is limited [2,3].

To measure current usage of EHR, E-Rx and PQRS among dermatologists in Colorado, a 21 question survey was distributed at the 2011 Colorado Dermatological Society Annual Meeting. Of the 120 physician attendees, 60 responded, yielding a response rate of 50%. Respondents were characterized by practice type, focus of practice, and number of patient encounters per week (Table 1).

Number of Patients per week	0 TO 10	11 TO 20	21 TO 50	51 TO 100	OVER 100	NO ANSWER
	1	0	11	22	24	2
Focus of Practice	GENERAL DERM	PEDIATRIC DERM	COSMETIC DERM	MOHS	DERMPATH	FACIAL PLASTIC SURGERY
	56.5*	9	10	10	4	0.5*
*one respondent spends half time in general derm and half time in facial plastic surgery						
Type of Practice	SOLO	GROUP	MANAGED CARE	ACADEMIC	GOVERNMENT	VOLUNTEER
	12	33	4	8	1	1
Number of Providers in Practice	1	2 TO 5	5 TO 10	OVER 10	NO ANSWER	
	10	23	14	12	1	

Overall, 82% use an E-Prescribing program (E-Rx) and 59% use an electronic health record (EHR). 100% of dermatologists in academic practice and managed care organizations used both E-Rx and EHR, whereas only about 50% of dermatologists in private practice use EHR (p < 0.05) or E-Rx (p < 0.005). Compared with responses from a similar 2010 survey, a significantly higher number of physicians are using E-prescribing (83% up from 33%) as well as EHR systems (60% compared to 44%)[4]. This is likely owing to the fact that CMS will require mandatory reporting of these measures in 2015 (Figure 1)[5].

Figure 1. Participation : 2010 vs 2011



The majority of respondents are reporting PQRS measures in their CMS claims and 62% felt that quality reporting was worthwhile. However, only 35% felt the reimbursement was adequate for the effort required. Some respondents felt that there should be more evidence to support that PQRS measures actually improve the quality of patient care. Respondents from the current survey commented that the major hurdle to reporting melanoma quality measures was the inability to report data through existing EHR or billing systems. Currently, CMS requires that these measures be reported through a designated registry such as that provided by the AAD. Some practices have opted to report other measures, such as tobacco and alcohol screening, because these can be reported through their billing systems. Although not included in current PQRS measures, the majority of dermatologists' surveyed recommend self skin examinations (90%) and counsel patients at high risk for skin cancer about sun protection (98%).

The results suggest PQRS is viewed as important, but structural improvements in the reporting system could improve compliance. Perhaps in anticipation of some of the concerns among practitioners, CMS is making some changes to PQRS measures for 2012 by adding Measure 265. Biopsy follow-up (Measure 265) is the percentage of patients whose biopsy results were communicated to referring physician and to the patient. This measure applies to all biopsy results, regardless of diagnosis. Measure 224 (over utilization of imaging studies in melanoma) will also change to include all melanoma patients for performance, regardless of stage [5].

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