

gEHRiMed 2016 PQRS Reporting Status & Strategy

TO: gEHRiMed Users

FROM: Geriatric Practice Management Team

RE: Updating PQRS for 2016

The #1 question we are fielding in Support is when will 2016 PQRS Measures be available in gEHRiMed, and what are the pertinent changes?

CMS released the updated 2016 PQRS Measures around Thanksgiving, too late to incorporate into the 2015 year end gEHRiMed release. We are planning a 2016 PQRS release for very early February – the exact date depends on when we finish QA Testing.

RECOMMENDATION FOR BASIC PQRS STRATEGY - We believe the best basic strategy remains performing a PQRS Measures Group. The measures group selected depends on which work-flow best applies. The four groups we are supporting for 2016 are:

Dementia Measures Group: This changed from 2015 which required a rewrite of the programming logic in gEHRiMed. Changes include:

- Only **one** encounter is now required to satisfy the reporting requirements
- The Depression Screening Measure Changed – [it now requires the completion of a depression screen on the date of the encounter and documentation of a follow-up plan on the date of the positive screen](#). This adds complications to the work flow. The plan is to hyperlink the Measure to an online PHQ-9 tool that allows the clinician to calculate that score. We will provide a reminder with that hyperlink to document the depression screen results and any follow-up plan in gEHRiMed on the same date of the screen. This can be done in the encounter or by adding a depression assessment with your comments on the patient detail screen.

Heart Failure and CAD Measures Groups: There were minor changes in these two groups which will not affect the workflow.

Parkinson's Disease Measures Group: This newly released group may become the best default for LTPAC Medicine – it depends on the panel of patients for each clinician. We did some simple testing on the gEHRiMed database and believe a majority of clinicians will have 20 patients eligible for this measure.

~~DELETED – Diabetes Measure Group – There were no gEHRiMed subscribers using this measures group for PQRS in 2015.~~

GROUP PRACTICE REPORTING OPTION – Strategic Opportunity. The 2016 Fee Schedule changed GPRO enrollment. In 2015 and earlier years, your enrollment was *irreversible* after a point in time (July of that year). GPRO has benefits – it allows reporting at the Group TIN level (Taxpayer ID number), as opposed to the Clinician NPI level. Some groups have problems reaching the 50% individual threshold of

successful PQRS reporting (needed to avoid the automatic VBP penalty). You will be successful at GPRO if the TIN reports on 9 individual measures for 50% of the Medicare B FFS POPULATION. This will mean more work for some clinicians, but if there are lots of part-time or PRN staff who don't/won't/can't do PQRS Measures Groups, then GPRO may be a strategy.

INDIVIDUAL MEASURES – GPM is updating and adding individual measures for 2016. We removed two measures. One was no longer applicable to LTPAC places of service (Diabetes: Medical Attention for Nephropathy). We opted to provide the Pneumovax as an electronic clinical quality measure (eCQM) in 2016 as the 2016 PQRS version allows scoring only for POS 13. Two new measures include Pain Brought Under Control in 48 hours which applies to palliative care patients in POS 13 and an ALS measure which applies to POS 31, 32, and 13. Adding the ALS measures may allow more clinicians the opportunity to populate the Person and Caregiver-Centered Experience and Outcomes domain. The Sinusitis measure continues to be available to populate the Efficiency and Cost Reduction domain in 2016.

Later this month, but prior to the PQRS release we'll publish some training material on the 2016 measures. The 2016 PQRS measures will be discussed in the February Webinar. ([link to registration](#))