In January 2006, the Centers for Medicare and Medicaid Services (CMS) launched the Physician Voluntary Reporting Program (PVRP). Under this program, physicians who choose to participate will help capture data about the quality of care provided to Medicare beneficiaries.1

The PVRP consists of 36 evidence-based, clinically valid measures that are among numerous guidelines endorsed by physicians and their medical specialty societies. However, in order to lessen the potential reporting burden for physicians and to align the PVRP with other quality measurement activities affecting physicians, CMS adopted the industry’s suggestion of a smaller core starter set of PVRP measures. The core starter set consists of 16 measures (Table 1)—a subset of the original 36—which will significantly reduce the number of measures applicable to any individual physician practice specialty.1

In the first phase of the program, most participating physicians will report information through the use of a dedicated set of Healthcare Common Procedure Coding System (HCPCS) codes, called G-codes, which will supplement the claims data doctors already are submitting to CMS with clinical data. Wisconsin physicians participating with MetaStar in its Doctor’s Office Quality-Information Technology (DOQ-IT) project and using electronic health records (EHRs) can report information through electronic submission into the Quality Information Office data warehouse. These clinical data then will be used to measure the quality of services provided to Medicare patients. CMS anticipates that G-codes will serve as an interim step until the capability for electronic submission of data is more widespread.

CMS will provide confidential provider feedback reports to the physicians who participate in the PVRP. The reports will show a physician’s performance as compared with that of other physicians. The goal is to use this feedback to assist physicians in improving their data accuracy, their reporting rate, and their clinical care. CMS also will seek input from participating physicians on ways to improve the ease of reporting and usefulness of the quality measures—for example, by promoting reports and analysis through electronic medical record systems. continued on page 61

### Table 1. Sixteen PVRP Core Starter Set Measures

1. Aspirin at arrival for acute myocardial infarction
2. Beta blocker at time of arrival for acute myocardial infarction
3. Hemoglobin A1c control in patient with Type I or Type II diabetes mellitus
4. Low-density lipoprotein control in patient with Type I or Type II diabetes mellitus
5. High blood pressure control in patient with Type I or Type II diabetes mellitus
6. Angiotensin-converting enzyme inhibitor or angiotensin-receptor blocker therapy for left ventricular systolic dysfunction
7. Beta-blocker therapy for patient with prior myocardial infarction
8. Assessment of elderly patients for falls
9. Dialysis dose in patients with end stage renal disease
10. Hematocrit level in patients with end stage renal disease
11. Receipt of autogenous arteriovenous fistula in patients with end-stage renal disease requiring hemodialysis
12. Antidepressant medication during acute phase for patient diagnosed with new episode of major depression
13. Antibiotic prophylaxis in surgical patient
14. Thromboembolism prophylaxis in surgical patient
15. Use of internal mammary artery in coronary artery bypass graft surgery
16. Pre-operative beta-blocker for patient with isolated coronary artery bypass graft surgery

Doctor Gold is senior vice president and principal clinical coordinator for MetaStar, Inc. Ms Hoffman is a nurse consultant. This material was prepared by MetaStar, Inc., the Quality Improvement Organization for Wisconsin, under a contract with the Centers for Medicare & Medicaid Services (CMS). The contents presented do not necessarily reflect CMS policy.
MetaStar will be supporting Wisconsin physicians interested in PVRP in the following ways:

- MetaStar will make information about PVRP participation available to physicians and physician stakeholder groups, including participation requirements and PVRP implementation status, as part of MetaStar’s ongoing communication and partnership activities.
- Upon request, MetaStar will assist physicians in registering for PVRP and will validate registration information.
- Upon request, MetaStar will provide information about how to obtain and interpret PVRP performance feedback reports.
- Upon request, MetaStar will help physicians to understand clinical measure specifications and to submit information using G-code/claims and EHRs.
- Through its physician office projects, MetaStar will support physicians in adopting EHRs and in improving on performance measures.
- Through its physician office projects, MetaStar will help physicians improve performance by providing information regarding systems adoption and process changes.

Further information about PVRP is available at www.cms.hhs.gov/PVRP/01_Overview.asp. If you wish to discuss the kind of PVRP support MetaStar can offer you, please contact MetaStar’s Vice President of eHealth Strategies, Bill French, at 608.274.1940 or bfrench@metastar.com.

Reference

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