

Quality Reporting -

Successful reporting can increase your ability to provide safe and effective care to all of your patients, all of the time. Having a single clinical improvement initiative gets your office focused on the project and will improve quality across the practice. As an added bonus, reporting on quality measures can help increase revenue for your practice.

- When choosing a quality measure, select:
 - Clinical conditions usually treated
 - Types of care typically provided - e.g., preventive, chronic, acute
 - Settings where care is usually delivered - e.g., office, ED, surgical suite

As part of your participation in the HEAL V grant, each office must select a quality metric for reporting purposes. Most practices are selecting from PQRI or HEDIS measures. (Complete lists are available on our web site at <http://mcms.org/contents/Service%20Bureau.htm> under the section titled Meaningful Use.) Your practice may also, in the future, qualify for ARRA meaningful use incentives. In that program a practice must select 5 metrics from the above lists.

The Centers for Medicare and Medicaid Services (CMS) has successfully piloted receiving electronic reporting of the nine PQRI measures listed below. For convenience purposes, if one of these measures is applicable to your practice, the Service Bureau recommends you select one of these nine as your quality measure. However, you are not restricted to choosing from the nine measures listed below. You can choose any measure from the complete list all of which can be reported on paper.

PQRI Measure #	Title
1	Diabetes Mellitus <ul style="list-style-type: none"> • Hemoglobin A1c Poor Control
2	Diabetes Mellitus <ul style="list-style-type: none"> • Low Density Lipoprotein (LDL-C) Control
3	Diabetes Mellitus <ul style="list-style-type: none"> • High Blood Pressure Control
5	Heart Failure <ul style="list-style-type: none"> • Treatment for LVSD
7	Coronary Artery Disease <ul style="list-style-type: none"> • Beta-blocker Therapy
110	Preventative Care and Screening <ul style="list-style-type: none"> • Influenza Immunization for Patients \geq 50 Years Old
111	Preventative Care and Screening <ul style="list-style-type: none"> • Pneumonia Vaccination for Patients \geq 65 Years Old
112	Preventative Care and Screening <ul style="list-style-type: none"> • Mammography for Women Ages 40-69 Years
113	Preventative Care and Screening <ul style="list-style-type: none"> • Colorectal Cancer Screening

Please let the Service Bureau know which measure you have chosen so that we can include this information in our grant-related records.