

## PQRI - IS IT A SNACK OR A FULL MEAL?

Will it benefit your practice as a nice little check of \$500 to \$750 each year, or will following PQRI increase your income by 20% or more? That depends on you. In some practices, it may increase the total income of the practice by 40% or more – depending on the specialty and how it is utilized. We've seen one solo Osteopathic physician clinic in Dallas increase their monthly net by more than 80% by following PQRI – although this client is not typical as they do everything we recommend.

In 2007, Medicare (for the first time) came out and told doctors what they WANT them to do. As a means of gathering data to determine which doctors are getting better medical outcomes from their patients in about 75 areas. In 2008, Medicare expanded that to about 135 areas and today, in 2009, they now have 153 measures they are gathering data on. Medicare (and other carriers) are willing to reward the doctors for doing PQRI for a couple of reasons. One is that it lets the entity gather data on which doctors are doing a very good job on their patients (generating a good score on the report card) and which ones are not doing preventive services, not ordering tests to capture things early, not screening patients for conditions that will worsen, etc). The other main reason that we believe carriers are rewarding doctors that report on the PQRI is because it saves the carriers \$ billions of dollars when physicians actually practice GOOD medicine and order A1Cs when they should (instead of every 6 months like some doctors do) or order LDLs at certain intervals on diabetic patients or perform orthostatic blood pressures on diabetics to capture the 22% of asymptomatic patients that are having silent ischemia and orthostatic hypotension. If the physicians capture pulmonary dysfunctions early enough – (instead of waiting until there is a 30% degradation in pulmonary mechanics) they can not only improve the lives of patients, but they can reduce the catastrophic costs the carriers will be facing later. Contrary to what many office managers and physicians believe, the carriers WANT the doctors to do certain testing (this explains why a carrier may have sent you a letter in the past stating that you are not doing enough A1Cs on your diabetic patients).

While many people are concentrating on the 2% bonus, there is a much greater benefit to be had when learning about PQRI.

You've heard the terms Pay For Reporting (P4R) and Pay For Performance (P4P) and many physicians have never realized how much different they really are from each other. Pay For Reporting is the 2% bonus you can get from Medicare. It is the 5.9% increase in allowed amounts we saw one client in Florida get from a large managed carrier because the doctor was reporting on PQRI measures. The real benefit to the primary care practices (as well as some other specialties) is in the Pay For Performance. When physicians realize that they need to CHANGE how they are practicing medicine and that it is a GOOD thing to be doing additional clinical lab, diagnostics and some imaging in their office – they discover that this can increase their annual deposits by \$150,000 to \$450,000 per year. The REAL benefit though, is that they are doing better medicine and getting better medical outcomes on their patients. They are saving lives, improving lives and it's more rewarding than just sending patients out to other specialists – not knowing if they are referring the patient to the most appropriate specialist.

The American College of Cardiology reports that as many as 32% of the referrals from primary care physicians to cardiologists turn out to be non cardiology problems. Isn't it better for your patient for you to send them to the right doctor the first time? It also saves them a fortune and it frees up the cardiologist to only be seeing patients with cardiology problems when YOU are following PQRI and doing things in your office.

So – go to [www.donself.com](http://www.donself.com) and download the 444 page PDF document called PQRI and check out the list of the 153 measures. No – you don't need to print the entire thing. If you're in Family Practice, there are about 10 that can make a huge impact on your business and on your patients. You only need to report on 3 of the measures to qualify for the bonus – but you may want to report on more after seeing how easy some of them are. Again – the financial benefit should be an increase in your net annual income between \$100,000 and \$300,000 for a typical 1 or 2 doctor practice seeing 20 patients a day, so it may be worth taking the time to check it out. Give us a call at 903 882-4023 if you have any questions as we're available to help and we don't charge for the one hour free phone consults we do, if you're primary care.

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