On August 27, 2008, CMS announced that the NCDR® (National Cardiovascular Data Registry) IC³ Program® was one of the first registries to receive the CMS designation as qualified to submit aggregate performance data on behalf of physicians for the 2008 Physician Quality Reporting Initiative (PQRI). In May 2008, the American College of Cardiology (ACC) submitted a nomination to CMS to be considered as a registry-reporting option for PQRI, in response to the CMS release of the “2008 PQRI Establishment of Alternative Reporting Periods and Reporting Criteria” and the “Registry Requirements to Qualify as an Acceptable Registry for Submission of PQRI Data on Behalf of Eligible Professionals Seeking Payment in 2008.”

Data reporting is a key step in reforming our health care system and ensuring quality, patient-centered care. The ACC decision to nominate the NCDR supports the College’s Health Policy Statement on Principles to Guide Physician Pay-for-Performance Programs (J Am Coll Cardiol 2006;48:2603–9). The principles outline the appropriate components of a physician pay-for-performance program, specifically that program should:

- Build on established evidence-based performance measures
- Create a business case for investing in structure, best practices, and tools that can lead to improvement and high-quality care
- Reward process, outcome, improvement and sustained high performance
- Assign attribution of credit for performance to physicians in ways that are credible and encourage collaboration
- Favor the use of clinical data over administrative claims data
- Set targets for performance through a national consensus process
- Address appropriateness
- Be positive, not punitive
- Audit performance measure data
- Establish transparent provider rating methods
- Not create perverse incentives
- Invest in outcomes and health services research

The full policy document, including a detailed discussion of each of these principles can be found on the ACC Website at [www.acc.org/qualityandscience/clinical/topic/topic.htm#healthpolicy](http://www.acc.org/qualityandscience/clinical/topic/topic.htm#healthpolicy).
Frequently Asked Questions about CMS Physician Quality Reporting Initiative and NCDR® Registries

Q. How can physicians use the NCDR data to meet 2008 PQRI reporting requirements?
A. Physicians whose patient data is captured as part of the IC³ Program® can request that the NCDR report on their behalf to meet 2008 CMS PQRI requirements. The NCDR currently is not providing physician reports from any of the hospital-based registries (i.e., ACTION Registry®–GWTG™, CARE Registry®, CathPCI Registry®, ICD Registry™) for PQRI in 2008.

Q. What data is NCDR reporting on physicians to CMS for 2008 PQRI?
A. On behalf of physicians who request IC³ Program reporting, NCDR will be providing CMS with aggregate reporting rates and performance rates for up to six 2008 PQRI measures.

Q. What are the six 2008 PQRI measures?
A. PQRI Measure #6 Oral Antiplatelet Therapy Prescribed for Patients with Coronary Artery Disease
   PQRI Measure #7 Beta-blocker Therapy for Coronary Artery Disease Patients with Prior Myocardial Infarction (MI)
   PQRI Measure #47 Advance Care Plan
   PQRI Measure #114 Inquiry Regarding Tobacco Use
   PQRI Measure #115 Advising Smokers to Quit
   PQRI Measure #118 Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Patients with Coronary Artery Disease and Diabetes and/or Left Ventricular Systolic Dysfunction (LVSD)

Q. How do physicians request that NCDR report on their behalf to CMS for 2008 PQRI?
A. Physicians should complete and submit the NCDR data release consent form (DRCF) specific to PQRI reporting available from the NCDR Account Management team, who can be reached by sending an e-mail to ncdr@acc.org or by calling 1-800-257-4737 (Monday–Friday, 9:00 a.m.–5:00 p.m. ET). Once the DRCF is on file, the NCDR will submit the physician’s aggregate data directly to CMS by the February 28, 2009 reporting deadline.

Q. What is the 2008 time period that NCDR will be reporting to CMS for PQRI?
A. NCDR will only be reporting on patient care that occurred between July 1, 2008, and December 31, 2008.

Q. How will NCDR determine what percentage of a physician’s patient cases to submit?
A. A requirement for data submission to the IC³ Program is for practices to submit 100 percent of patient cases that meet the inclusion criteria. The NCDR will be using all 100 percent of patient cases submitted to the IC³ Program to aggregate the reporting rate and performance rate for each PQRI measure. Physicians must ensure that their practices have met this data submission requirement for the IC³ Program for the entire period of July 1–December 31, 2008. The IC³ Program will not report below 100 percent of eligible patient cases. No additional data collection, such as the use of an AP modifier, is required with the IC³ Program.

Q. Does a physician have to be a member of the ACC to participate in the IC³ Program?
A. No. The IC³ Program is designed to assist cardiovascular, internal medicine and family physician practices improve cardiac care for their patients. Membership in the ACC is not a requirement to participate in the IC³ Program.
Q. Do all physicians at a practice have to participate in the IC³ Program?
A. Participation by all physicians in a practice will yield the most accurate data reflecting a practice’s performance. The ideal model is full participation by all physicians; however it is possible for a subset of a practice’s physicians to participate in the IC³ Program and, later, for other physicians in the practice to join the program.

Q. Can a practice request to submit aggregate data on all physicians participating in the IC³ Program for PQRI reporting?
A. A practice can request to submit aggregate data on all physicians or select physicians participating in the IC³ Program. Participating in the IC³ Program does not automatically mean that physician aggregate data will be submitted to CMS for PQRI reporting. Only physicians who submit a DRCF for PQRI reporting will have aggregate data submitted to CMS.

Q. What are the fees associated with participating in the IC³ Program and requesting data submission for PQRI?
A. Currently, enrolling in the IC³ Program is free and requesting data submission for PQRI is free.

Q. How do I learn more about the NCDR and the IC³ Program?
A. Information about the IC³ Program, including data collection and submission options, is available on the NCDR Website at www.ncdr.com. NCDR representatives can be contacted via e-mail at ncdr@acc.org or by calling 1-800-257-4737 (Monday–Friday, 9:00 a.m.–5:00 p.m. ET).

Q. How do I learn more about the CMS decision to allow registry reporting for PQRI?
A. Visit the CMS website at www.cms.hhs.gov/pqri.

Q. Does the ACC have more information about PQRI?
A. Yes, the ACC has prepared a PQRI toolkit, resources, and other information, which are available on the ACC Website at www.acc.org/advocacy/pqri.htm.

Q. Will NCDR be reporting for physicians for 2009 PQRI?
A. On an annual basis, CMS issues the Medicare Physician Fee Schedule (MPFS), which includes provisions for PQRI. The proposed rule for the 2009 MPFS (essentially the draft version of 2009 Medicare payment plans for physician and non-physician providers) includes the option for physicians to use registry reporting to meet PQRI requirements. ACC will provide updates regarding NCDR reporting for 2009 PQRI when CMS issues the final 2009 MPFS. More information about the 2009 MPFS is available on the CMS Website at www.cms.hhs.gov/medicare.

Q. Are there additional physician reporting programs that accept NCDR data?
A. Yes. Cardiovascular and internal medicine physicians who are board certified by the American Board of Internal Medicine (ABIM) and have any time-limited certifications and/or additional qualifications can use data from any NCDR registry (i.e., ACTION Registry–GWTG, CARE Registry, CathPCI Registry, ICD Registry, and IC³ Program) to complete the ABIM Self-Directed Performance Improvement Module (PIM) to meet the maintenance of certification (MOC) self-assessment of practice (i.e., Part IV) requirements. Other physician medical boards also may accept NCDR data. For more information about the NCDR and physician re-certification requirements, please see the NCDR information sheet titled, "Using NCDR Registry Data for Physician Self-Assessment of Practice Performance for Board Re-certification" available by contacting an NCDR representative via e-mail at ncdr@acc.org or by calling 1-800-257-4737 (Monday–Friday, 9:00 a.m.–5:00 p.m. ET).