MEASURE OF THE MONTH: PREVENTION OF CATHETER-RELATED BLOODSTREAM INFECTIONS

By Lisa Kirkland, FACP

In accordance with a law passed by Congress in late 2006, physicians and other eligible professionals can receive bonus payments equal to a percentage (increased to 2%) of their total allowed Medicare charges, subject to a cap, by submitting information for defined quality measures. Many of these measures were developed by the AMA-convened Physician Consortium for Performance Improvement®, in collaboration with the National Committee for Quality Assurance and/or a medical specialty society.

In July 2008, CMS reported $36 million in bonus payments to many of the more than 56,700 health professionals who correctly reported quality information to Medicare under the 2007 Physician Quality Reporting Initiative (PQRI). The average incentive amount for individual professionals was over $600 and average incentive payment for a physician group practice was over $4,700, with the largest payment to a physician group practice totaling over $205,700.

Hospitalists have the following quality measures available to them for the 2009 PQRI and can choose up to three measures per reporting period:

- ACE inhibitor, ARB in heart failure,
- antiplatelets in CAD,
- beta-blocker in CAD with prior MI,
- DVT prophylaxis in stroke,
- antiplatelets in stroke,
- anticoagulant in stroke with atrial fibrillation,
- tPA considered in stroke,
- dysphagia screen in stroke,
- rehab considered in stroke,
- advance care plan,
- VAP prevention (head elevation), and
- CRBSI prevention (CVC insertion protocol).

For a specific measure, the eligible (“denominator”) patient population is identified by both ICD-9 diagnosis codes and CPT evaluation/management (E/M) service codes. If a patient falls into that denominator population, the appropriate CPT-II code(s) and modifiers for the individual patient (“numerator”) are required for submission. A modifier is required if a patient is in the eligible population but does not receive the measure; the explanation must be documented in the chart as a medical, patient, system, or unspecified reason.

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Measure #76. Prevention of catheter-related bloodstream infections: Central venous catheter insertion protocol

This measure quantifies the percentage of patients of any age undergoing central venous catheter (CVC) insertion with all elements of maximal sterile barrier technique.*

The frequency of this measure is each CVC insertion during the reporting period.

The denominator is all patients who receive CVC insertion. There is no ICD-9 code for this measure. At least one of the following CPT procedure codes is required to identify the eligible encounters: 36555-8, 36560-1, 36563, 36565-6, 36568, 36570-1, 36580-5.

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*Elements include hand hygiene; insertion site cleaned with 2% chlorhexidine; and use of cap, mask, sterile gown, sterile gloves and large sterile sheet.