



Thank you to our Chapter Sponsors!

Elite Sponsors



Data Centers Powered by People

Premier Sponsors



Partner Sponsors



GA-HIMSS Community of Practice

Meaningful Use, HIE and Interoperability

May 25, 2016

Agenda

- **Overview of MACRA (related to HIT)**
- **Group discussions / comments**

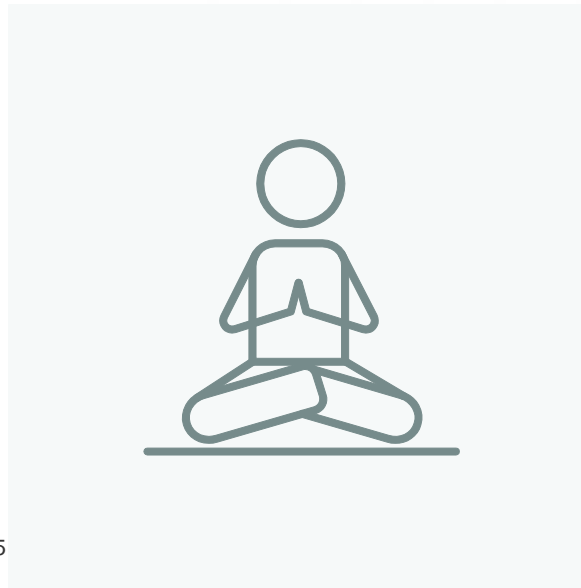
Let Us Hear From You

- Meet Bi-Monthly, third Thursday at 12:00
- Issues and barriers – MU, HIE, Interoperability
- Topics for future CoP calls
- Topics for Chapter Lunch 'n Learns or webcasts sessions
- ga.comm@himsschapter.org

Inception

Who reads 962 pages of regulations?

Remember all these slides reflect **PROPOSED** regulations



Purpose of HR Bill 02

Physician Fix Passed in April 2015

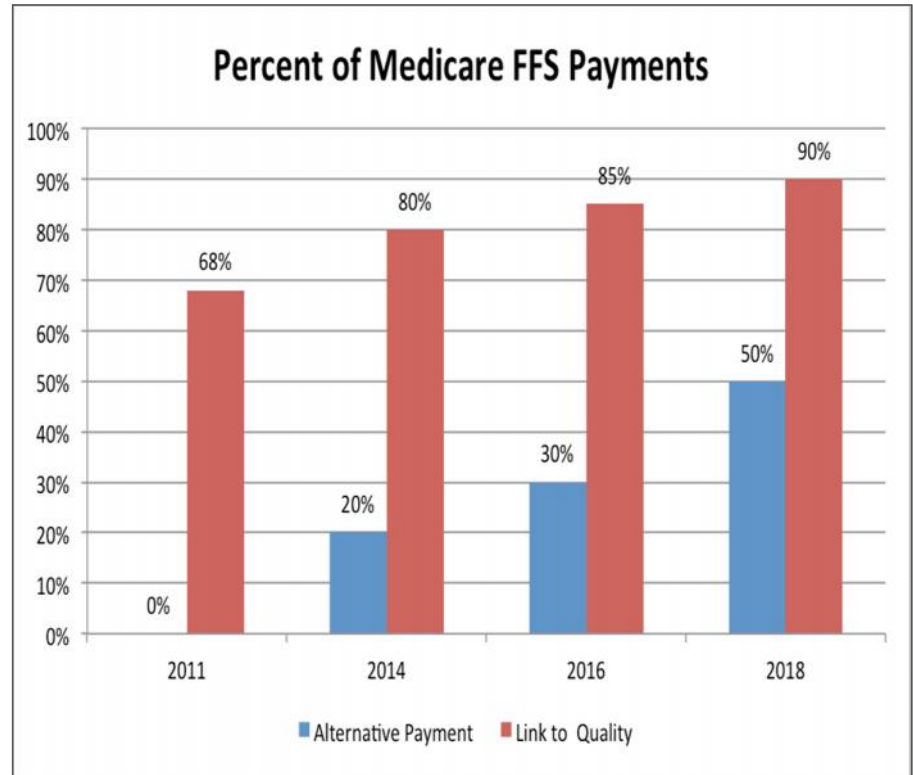
- Offer multiple pathways for risk/reward
- Minimize additional reporting burdens
- Streamline multiple programs
- Reward clinicians for value over volume

Acronyms

- **MACRA** – Medicare Access and CHIP Reauthorization Act of 2015
- **SGR** – Sustainable Growth Rate (replaced by MACRA)
- **MIPS** – Merit-based Incentive Payment System
- **APM** – Alternative Payment Models (Advanced)
- **EP** – Eligible professional becomes **EC** Eligible clinician

Goals of CMS

- Overall goal – 90% of Medicare payments shifted to quality or value by 2018
- In 2014, 22% of Medicare payments (approximately \$138B) for physicians
- Invite private sector to match/exceed goal



Goals of CMS

Better care

Smarter spending

Healthier people

Via focused

Incentives

Care delivery

Information sharing



Reactions

“Most **profound** change to physician compensation in more than 25 years. There is going to be a lot of anger and frustration.”

Steven Stack, M.D., President of AMA

“Make policies **simple, flexible** to allow providers to make choices to meet their needs and outcomes-oriented.”

Patrick Conway, M.D., Chief Medical Officer, CMS

“Feedback mechanisms are **too removed from the performance year.**”

Anders Gilberg, Senior Vice President of Government Affairs, MGMA

“Quite frankly, the rank-and-file physicians **aren't paying attention.**”

Chet Speed, JD, LLM, Vice President of Public Policy, AMGA

Performance Year

2017

Additional Aspects

- \$100M of technical assistance for small practices (under 15 professionals)
- \$75M for physician groups to improve quality measure development

Two Tracks of MACRA “

.5% annual update
thru 2019

Combine
MU,
PQRS,
VBM

Performance year

+/-4% +/- 5% +/- 7% +/- 9%

Up to +/- or neutral + Bonus

MIPS



2017 2018 2019 2020 2021 2022 2023 2024

Performance year

Base year

Value Based participation bonus 5%

APM QP



2017 2018 2019 2020 2021 2022 2023 2024

Cross Over Between the Tracks

MIPS participants who participate in APMs would receive credit toward scores in the Clinical Practice Improvement Activities category.

Certain Advanced APMs participants, who fall short of the payment or patient participation requirements for the incentive payment can choose whether they would like to receive the MIPS payment adjustment.

The proposed rule aligns standards between the two parts of the Quality Payment Program in order to make it easy for clinicians to move between programs.

Proposed Rulemaking

Public commentary until June 27, 2016

Final regulations published in November 2016

Comments may be submitted electronically to CMS:

Source: <http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/eRulemaking/index.html?redirect=/eRulemaking>

Reporting

Reporting period will be annual - only see your results once a year

- First feedback report – July 2017
- Second feedback report – July 2018

All data will be made available on Physician Compare



MIPS
Merit-based
Incentive Payment
System

Eligibility

Year 1, 2 Medicare Part B clinicians:

- Physicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialist
- Certified registered nurse anesthetists

Hospitals are not part of program

Year three expansion:

- Physical or occupational therapists
- Speech-language pathologists, Audiologists
- Nurse midwives
- Clinical social workers, Clinical psychologists
- Dietitians / Nutritional professionals

Exceptions for MIPS

- First year of Medicare participation
- Low volume threshold
- Participants in advanced APM

Measurement

Composite Performance Score (CPS)

Area	Weight in 2019 (Changes by year)
Quality	50%
Cost (Resource use)	10%
Clinical practice improvement activities (CPIA)	15%
Advancing care information (Meaningful use of certified EHR technology)	25%

Quality – Weighted 50%

- Six measures with no domain required – select from over 300 measures (last 200 pages of regulation)
- One cross-cutting and one outcome measure required

Cross cutting measure example

Care Plan: Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed.

Outcome measure example- CMS defines

Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery

Initial Priorities for Measure Development

Clinical Care

- Measures incorporating patient preference and shared decision-making
- Cross cutting measures (more than one specialty)
- Outcome measures
- Focused measures for specialties that have clear gaps

Safety

- Measures of diagnostic accuracy
- Medication safety related to important drug classes

Continued- Initial Priorities

Care coordination

- Assessing team-based care (timely exchange of data)
- Effective use of new technology such as telehealth

Patient and caregiver experience

- PROMs (Patient-reported outcome measures)
- Additional topics important to patient/family/caregivers

Affordable care

- Overuse measures

Continued – Initial Priorities

Population Health and Prevention

- Developing or adapting outcome measures at population levels to assess effectiveness of promotion and preventative services
- IOM Vital Signs topics
- Detection or prevention of chronic disease

Resource – Weighted 10%

- Compare resources used to treat similar care episodes and clinical condition groups across practices
- Can be risk-adjusted to reflect external factors
- CMS will calculate from claims

MSPB

Medicare Spend per Beneficiary Jan to Dec 2014

Period	Claim Type	Hospital	State	Nation
1 to 3 days Prior to Index Hos	Home Health Agency	\$ 11	\$ 13	\$ 13
1 to 3 days Prior to Index Hos	Inpatient	\$ 12	\$ 4	\$ 5
1 to 3 days Prior to Index Hos	Outpatient	\$ 117	\$ 70	\$ 117
1 to 3 days Prior to Index Hos	Durable Medical Equip	\$ 12	\$ 9	\$ 9
1 to 3 days Prior to Index Hos	Carrier	\$ 456	\$ 535	\$ 532
During Index Hospital Admiss	Inpatient	\$ 13,433	\$ 9,456	\$ 9,108
During Index Hospital Admiss	Durable Medical Equip	\$ 33	\$ 21	\$ 24
During Index Hospital Admiss	Carrier	\$ 2,216	\$ 1,617	\$ 1,514
1 through 30 days After Disch	Home Health Agency	\$ 846	\$ 785	\$ 771
1 through 30 days After Disch	Hospice	\$ 96	\$ 108	\$ 118
1 through 30 days After Disch	Inpatient	\$ 1,810	\$ 2,545	\$ 2,665
1 through 30 days After Disch	Outpatient	\$ 1,103	\$ 656	\$ 710
1 through 30 days After Disch	Skilled Nursing Facilit	\$ 2,576	\$ 3,571	\$ 3,251
1 through 30 days After Disch	Durable Medical Equip	\$ 150	\$ 94	\$ 101
1 through 30 days After Disch	Carrier	\$ 901	\$ 1,184	\$ 1,083
Complete Episode	Total	\$ 23,775	\$ 20,669	\$ 20,025

Source: CMS
Public
Information

Clinical Practice Improvement Activity (CPIA) – Weighted 15%

Areas: (Not yet defined in detail but there will be 90+ activities and selection of one)

- Expanded practice access
- Population management
- Care coordination
- Beneficiary engagement
- Patient safety and practice assessment
- Participation in an APM

Advancing Care Information – Weighted 25%

- Former Meaningful Use
- Use of certified electronic health record (EHR) technology in day-to-day practice
- Emphasis on interoperability and information exchange.
- Not all-or-nothing EHR measurement and no quarterly reporting.
- Removes reporting for CPOE(Computerized Provider Order Entry) and Clinical Decision Support

Meaningful Use

Tweet from Andy Slavitt:



In 2016, MU as it has existed—with MACRA—will now be effectively over and replaced with something better **#JPM16**

Slavitt said: ‘The focus will move away from rewarding providers for the use of technology and towards the outcome they achieve with their patients.’

Six Objectives of Advancing Care Information

1. Protect patient health information
2. Patient electronic access
3. Electronic prescribing
4. Coordination of care through patient engagement
5. Health information exchange
6. Public health and clinical data registry

Technology

For period of January 2017 to December 2017

1. Use 2014 or 2015 edition certified EHR
2. Report eight Stage 2 or six Stage 3 advancing care information measures/objectives
3. Attest that clinicians have cooperated with the surveillance of certified EHR technology under the ONC Health IT Certification Program
4. Attest to statements related to health information exchange and information blocking

Scoring

Each of the four areas will have a scoring calculation and points

Area	Maximum Points	Scoring
Quality	80-90	Each measure 1-10 compare to benchmark, bonus
Cost (Resource use)	Average score of cost	Same as quality
Clinical practice improvement activities	60	Each activity=10pt,double for high, compare to a target
Advancing care information	100	Base + performance and bonus potential

Example for Advancing Care Information



More about scoring

- Converts measures/activities to points
- Eligible Clinicians will know in advance what they need to do to achieve top performance, targets will be communicated
- Partial credit available
- MIPS composite performance score in 4 weighted performance categories on a 100-point scale
- Option to do as a group

Scoring

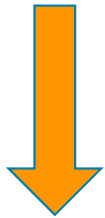
The CPS will be compared to the MIPS performance threshold to determine the adjustment percentage the eligible clinician will receive

In the first five payment years \$500 million in an additional performance bonus that is exempt from budget neutrality for exceptional performance.



Payment adjustment

Adjustment % based on relationship between their CPS and MIPS threshold- budget neutral program



Performance below

Negative payment adjustment



Performance above

Neutral or positive payment adjustment

Potential for bonus not to exceed 10%