

The Quality Payment Program and Antibiotic Stewardship:

• How Antibiotic Stewardship Can Help You Meet QPP Requirements •

Learn how you can be successful with reporting to the Merit-based Incentive Payment System (MIPS) by reviewing two key Performance Categories on which eligible clinicians (ECs) will be scored: **Quality** and **Improvement Activities** and how they relate to Antibiotic Stewardship.

For more information, visit the Centers for Medicare & Medicaid Services (CMS) website: <https://qpp.cms.gov/>.

Quality (60% of Final MIPS Score)

As part of MIPS, ECs will need to report six quality measures, including an outcome measure. Here are a few measures from the 271 total Quality Measures.

Efficiency and Cost Reduction

CMS 146: Appropriate Testing for Children with Pharyngitis

CMS 154: Appropriate Treatment for Children with Upper Respiratory Infection

NQF 0058 Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Quality ID 331: Antibiotic Prescribed for Acute Sinusitis (Overuse)

Quality ID 332: Amoxicillin, with or without clavulanate prescribed for patients with Acute Bacterial Sinusitis (Appropriate Use)

Improvement Activities (15% of Final MIPS Score)

As part of MIPS, ECs will need to attest to four (most participants) or two (small, rural practices) Improvement Activities for a minimum of 90 days. There are over 90 Improvement Activities from which to choose; below are the ones that align with New England Antibiotic Stewardship Collaborative.

Implementation of Antibiotic Stewardship Program

(Weight: Medium)

Implementation of an antibiotic stewardship program that measures the appropriate use of antibiotics for several different conditions (URI Rx in children, diagnosis of pharyngitis, Bronchitis Rx in adults) according to clinical guidelines for diagnostics and therapeutics.

Implementation of Medication Management Practice Improvements

(Weight: Medium)

Manage medications to maximize efficiency, effectiveness and safety that could include one or more of the following: Reconcile and coordinate medications and provide medication management across transitions of care settings and eligible clinicians or groups; Integrate a pharmacist into the care team; and/or Conduct periodic, structured medication reviews.

Leadership Engagement in Regular Guidance and Demonstrated Commitment for Implementing Practice Improvement Changes

(Weight: Medium)

Ensure full engagement of clinical and administrative leadership in practice improvement that could include one or more of the following: Make responsibility for guidance of practice change a component of clinical and administrative leadership roles; Allocate time for clinical and administrative leadership for practice improvement efforts, including participation in regular team meetings; and/or Incorporate population health, quality and patient experience metrics in regular reviews of practice performance.

Used Evidence-Based Decision Aids to Support Shared Decision-Making (Weight: Medium)

Use evidence-based decision aids to support shared decision-making.

For questions and more information, visit: www.healthcarefornewengland.org/initiatives/med-safety/as/

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