

QUALITY PAYMENT PROGRAM

SMALL UNDERSERVED RURAL SUPPORT (QPP SURS) WEBINAR

JULY 17, 11:00 AM ET AND JULY 19, 3:30 PM ET

UNDERSTANDING MIPS FOR SPECIALTIES: ADVICE FOR SOLO AND SMALL GROUP PRACTICES

HOUSEKEEPING ANNOUNCEMENTS

- ▶ If you are listening to this webinar through your phone, please remember to mute your computer speakers.
- ▶ For assistance, enter your issue in the chat box.
- ▶ To ask a question, enter your inquiry in the chat box.

POLLING QUESTION

What is your role?

- ▶ A clinician working in a practice with 15 or fewer clinicians
- ▶ Non clinical staff from a practice with 15 or fewer clinicians
- ▶ A clinician working in a practice with more than 15 clinicians
- ▶ Non clinical staff in a practice with more than 15 clinicians
- ▶ Quality Payment Program (QPP) contractor
- ▶ Other person helping practices prepare for MIPS
- ▶ Other

POLLING QUESTION

How would you describe your practice's progress in participating in MIPS for Year 2?

- ▶ We're working to get a very high MIPS score that will maximize our bonus
- ▶ We're focused on getting some sort of bonus
- ▶ We're focused on just avoiding the penalty

POLLING QUESTION

If you're struggling to avoid a penalty in Year 2, what are the largest challenges you are encountering?

CMS WELCOME



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Centers for Medicare & Medicaid Services

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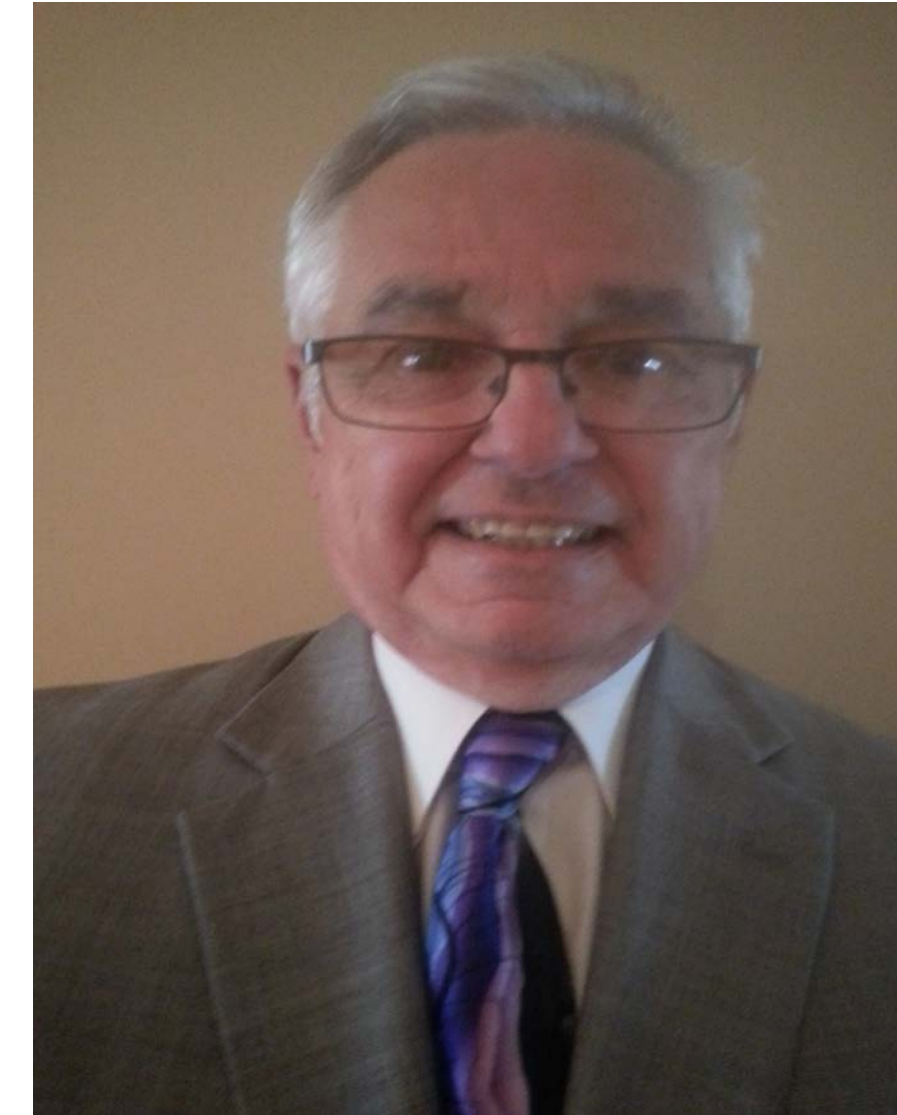
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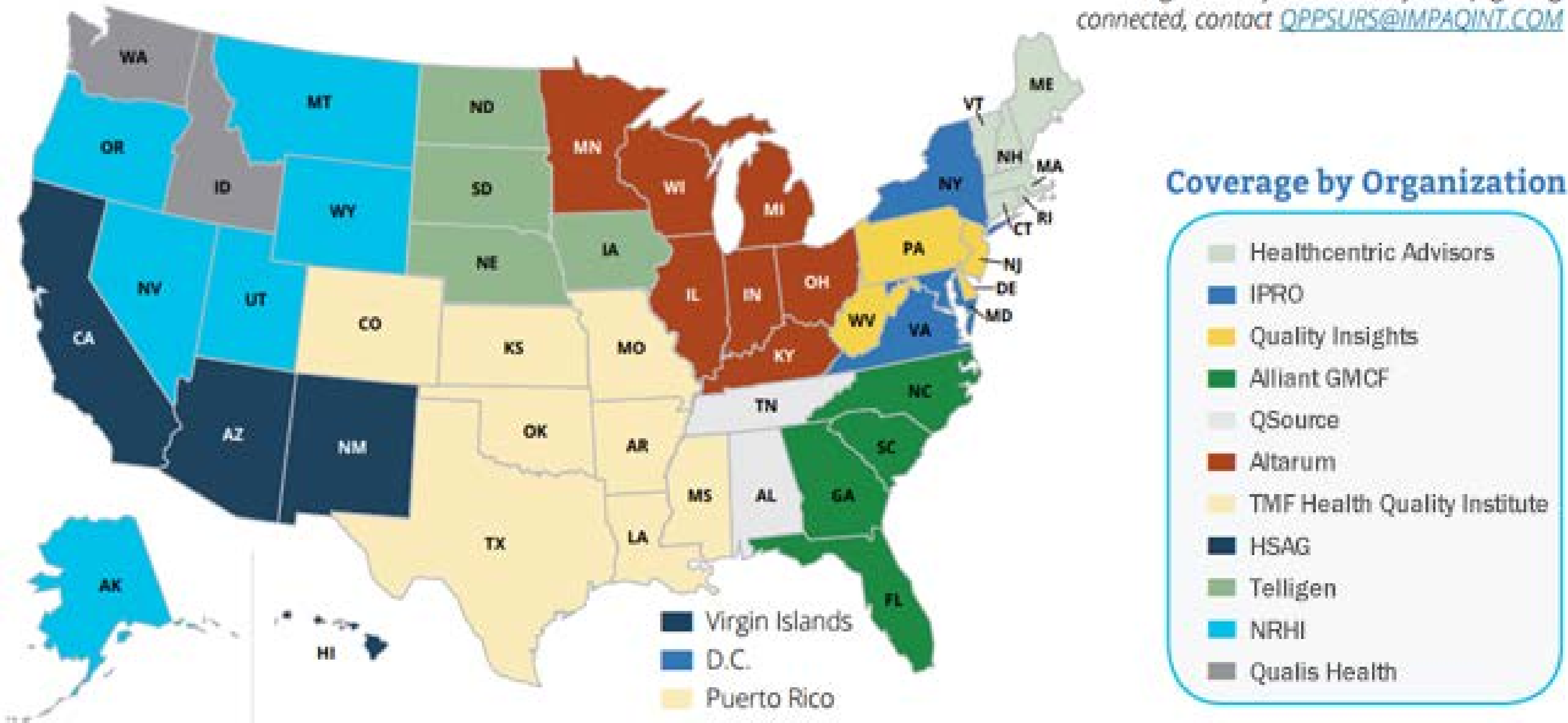
SETTING THE STAGE

- ▶ Focus: Understanding specialty practices approach to improving care for their patients as well as MIPS scores.
- ▶ Strategy: Discussion with panelists on how to choose measures, implement improvement activities and position the practice for success in the future.
- ▶ Topic Overview:
 - Overarching themes for success in MIPS for specialty practices
 - Specific ways to work with Specialty Societies
 - Addressing quality holistically
 - Navigating EHRs and addressing costs
 - Practical advice from colleagues
- ▶ Using the Chat Box

RESOURCES FOR FREE SUPPORT

Technical Assistance Organizations

For general information or for help getting connected, contact QPPSURS@IMPAQINT.COM



- General information about QPP for eligible clinicians participating in MIPS or Advanced APMs: <https://qpp.cms.gov/>
- Questions to CMS about Quality Payment Program: QPP@cms.hhs.gov
- Sources of support for larger practices and APM participants described in: https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf

Free technical assistance and advice available for small practices from CMS-funded organizations. Contact information for each organization at: https://qpp.cms.gov/docs/QPP_Support_for_Small_Practices.pdf

QUESTION:

When you look back, what are the major factors that helped you to succeed in MIPS?



THEMES FOR SUCCESS

- ▶ Build quality measurement into your practice
- ▶ Determine where you can make a clinical difference
- ▶ Understand system, scoring
- ▶ Ask for help
 - ▶ TA Contractors
 - ▶ Specialty Societies

THEMES FOR SUCCESS – PART 2

- ▶ Work with clinicians to develop support and buy-in
- ▶ Dig into the details
 - ▶ Coding
 - ▶ Scores
 - ▶ Challenges with the system
- ▶ Map the workflow and engage all staff, not just clinicians
- ▶ Take multiple small steps and build on success

COMMON MISTAKES

- ▶ Ignoring resources and support from your specialty society
- ▶ Assuming limited measures exist for your specialty
- ▶ Assuming no relevant improvement activities
- ▶ Not understanding the attribution method for the cost category

DIFFERENT ROUTES TO SUCCESS

- ▶ What the American Academy of Ophthalmology is doing to support members
- ▶ Working with a registry for MIPS success
- ▶ Different solutions for different practices

QUESTION:

How should a specialty practice approach quality measurement?



SELECTING QUALITY MEASURES

- ▶ Determine if you are already collecting measures you could use for MIPS
- ▶ Some general measures like BP and BMI also have an impact on specialty practice patients
- ▶ Make sure clinicians are involved in the process
- ▶ Ideal measures may not be available yet, but that shouldn't stop quality improvement

SELECTING QUALITY MEASURES – PART 2

- ▶ Use measures that are meaningful to clinicians when possible
- ▶ Determine your submission method to expand your choice of measures (e.g., QCDR)
- ▶ Have clinicians understand how measures align with Improvement Activities
- ▶ Position the practice for when new measures become available in the future

QUESTION:

What are the pros and cons of using the EHR and/or a Specialty Registry?



ELECTRONIC HEALTH RECORDS

- ▶ Many practices using them now
 - ▶ Required for the Promoting Interoperability (PI) category
- ▶ Adapting/modifying easier to accomplish in most cases
- ▶ Need to understand strengths and limitations of your particular system
- ▶ May have other benefits for the practice beyond MIPS

SPECIALTY SOCIETY REGISTRIES

- ▶ Some are low or no-cost
- ▶ Vetted evidence-based measure set relevant for many practices
- ▶ Generates quarterly/monthly reports useful for monitoring and improvement
- ▶ Many specialty societies creating specialty-specific and germane QCDR measures approved for use in MIPS
- ▶ QCDRs are working to develop eCQM specifications for these QCDR measures, allowing for passive electronic reporting

QUESTION:

How can I use data to tell whether I'm improving?



USING DATA FOR IMPROVEMENT

- ▶ Data must be accurate
- ▶ Resources often available from Specialty Societies about effective improvement practices
- ▶ Create understandable reports; show trends over time
- ▶ Share the reports with broader community, such as PCPs and hospitals
- ▶ Make it real for the practice – what does this mean for our patients?

BUILDING SYSTEMS FOR IMPROVEMENT

- ▶ Creating reports
- ▶ Redesigning information flows
 - ▶ Prompts
- ▶ Redesigning workflows where necessary
- ▶ Learning from progress

LEVERAGING IMPROVEMENT STRATEGICALLY

- ▶ Useful for system improvement and other important functions
 - ▶ Helped with renegotiating contract with hospital using reports and improvement
- ▶ Keeping clinicians engaged in quality improvement
- ▶ Non-MIPS topics/Future MIPS topics

QUESTION:

What are specialty practice considerations for the cost category?



REVIEWING PAST COST PERFORMANCE

- ▶ 2017 Cost Reports are now available as part of the 2017 MIPS score report on the QPP portal
 - ▶ 2016 Value Based Modifier data is available in your 2016 QRUR
- ▶ Not all specialists will have results for both cost measures
 - ▶ Need sufficient encounters (denominator) to generate a result in the QRUR
 - ▶ Total Per Capita Cost is still relevant
- ▶ First time some specialty practices have ever seen cost results and often it raises more questions than it answers

UNDERSTANDING HIGH COST PATIENTS

- ▶ Supplemental reports very useful
 - ▶ High-cost patients contain surprises
 - ▶ Seems complex but easier to understand over time
- ▶ Opportunity to look at who and where the costs accrue
- ▶ Ability to ask additional questions about the locations and services provided
- ▶ In many cases, working collaboratively with other providers will both answer questions and provide helpful solutions

WORKING WITH THE PCP AND OTHER PROVIDERS

- ▶ Specialty referral patterns impact PCP cost measures
- ▶ Primary Care Physician (PCP) attribution may be another specialist (e.g., Cardiology) but need at least one CMS designated PCP visit to help with appropriate attribution
- ▶ Maintain relationships and understand the impact of your services on other clinicians

QUESTION:

What advice do you have for eligible small specialty practices who are struggling to navigate MIPS?



PRACTICAL ADVICE

- ▶ Helpful to engage a practice manager but clinicians should get involved and understand the program
- ▶ Embrace the opportunity to improve the care for your patients and it will make the process more meaningful
- ▶ Don't wait and try to make major changes fast. Start small and build on small success
- ▶ Pay attention to the little things that often make the difference

PRACTICAL ADVICE

- ▶ Reach out to your Specialty Society
- ▶ Talk with other colleagues in your area
- ▶ Break down the components into manageable pieces
- ▶ Understand the opportunities with your specialty society registry
- ▶ Reach out and ask questions of your specialty society or the TA contractors

QUESTION:

If I need more help, where can I go?



FREE RESOURCES FOR ASSISTANCE FROM CMS

- ▶ QPP website: <https://qpp.cms.gov/>--includes information tailored for the needs of small practices
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>
- ▶ Contact the Quality Payment Program at: QPP@cms.hhs.gov or call 1-866-288-8292
- ▶ Support and Available resources for Small, Underserved, and Rural Practices:
<https://qualitypaymentprogram.cms.gov/about/small-underserved-rural-practices>
- ▶ Small Underserved Rural Support Technical Assistance Organizations (see list on slide 9)
 - Contact information is available at: https://qpp.cms.gov/docs/QPP_Support_for_Small_Practices.pdf
 - Available websites of each Technical Assistance Organization
 - Types of help: needs assessments, webinars, technical support, links to peers you can talk with, assistance getting signed up to report through an approved channel that meets your practice's needs
- ▶ **FREE Technical Assistance funded by CMS** is also available for larger group practices and for clinicians interested in participating in an Alternative Payment Model. More information on those programs is available at: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Technical-Assistance-Resource-Guide.pdf>

FREE RESOURCES FOR ASSISTANCE FROM CMS

- ▶ [Year 2 Overview Fact Sheet](#)
- ▶ [Improvement Activities Fact Sheet](#)
- ▶ [Cost Performance Fact sheet](#)
- ▶ [Promoting Interoperability Fact Sheet](#)
- ▶ Data Submission [fact sheet](#)
- ▶ Other national webinars focused on small practices
- ▶ Other national events about Quality Payment Program

WRAP-UP ACTIVITIES

- ▶ Links to the recordings of the event are available here: <https://qppsurs.wordpress.com/resources/>
- ▶ August: How to Maximize your EHR use to Succeed in MIPS: Advice for Solo and Small Group Specialty Practices
 - August 14, 2018 at 3:30 PM ET: [Register](#)
 - August 16, 2018 at 11:00 AM ET [Register](#)
- ▶ September: Understanding Advanced Alternative Payment Models (APMs): Advice for Solo and Small Group Specialty Practices
 - September 11, 2018 at 11:00 AM ET [Register](#)
 - September 13, 2018 at 3:30 PM ET [Register](#)
- ▶ Please provide feedback on this event: [Feedback Form](#)

REFERENCES

Slide decks created by event panelists also provided information reflected in this presentation. The input from project panelists is gratefully acknowledged.

Other documents on the <https://qpp.cms.gov/> and <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html> website provide additional detail about the MIPS program.

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ACRONYMS

APM – Alternative Payment Model

ACO – Accountable Care

Organization

ACI – Advancing Care Information

CMS – Centers for Medicare &
Medicaid Services

ER— Emergency Room

EOB— Explanation of Benefits

EIDM— Enterprise Identity Data
Management

MIPS – Merit-based Incentives

Payment System

PCHM— Patient Centered Medical
Home

PCP— Primary Care Provider

PI— Promoting Interoperability

PQRS— Physician Quality Reporting
System

IA – Improvement Activities

EHR – Electronic Health Records

QCDR—Qualified Clinical Data
Registry

QPP – Quality Payment Program

QRUR— Quality and Resource Use
Reports

SURS - Small Underserved Rural
Support

TIN—Tax Identification Number