

Massachusetts Quality Payment Program Newsletter

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This monthly newsletter serves to deliver Quality Payment Program (QPP) information to eligible clinicians, physician office staff, and professionals from other healthcare settings in Massachusetts.



IN THIS ISSUE:

Learn more about National Pain / Alcohol and Drug Addiction Recovery Awareness, and Sepsis Awareness Month, CMS' new EIDM account guide, the Promoting Interoperability hardship exception, the last 90-day MIPS reporting period in PY 2018, and this month's Specialty Spotlight: Physical Medicine!

National Pain / Alcohol and Drug Addiction Recovery Month

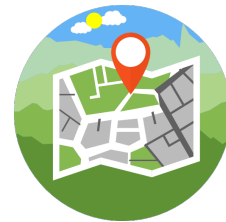
September is National Pain Awareness Month and National Alcohol and Drug Addiction Recovery Month. With

the opioid crisis facing Massachusetts, it is important to understand the facts around pain medication and its link to addiction. The Centers for Disease Control and Prevention (CDC) state that drug overdoses killed more than 63,000 Americans in 2016, 66% of which involved a prescription or illicit opioid. New Hampshire, West Virginia, and Massachusetts specifically had the highest death rates from synthetic opioids. Working together to address the impact of opioids on our community is vital! The CDC has released the Guideline for Prescribing Opioids for Chronic Pain toolkit, which you can find on their website via

<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>

If you are currently working on reducing opioid prescribing in your practice and will be reporting to MIPS, you could consider reporting the CDC's *Guideline for Prescribing Opioids for Chronic Pain* as a high-weighted Improvement Activity (IA_PSPA_22). MIPS Quality Measures (Quality ID 414) *Evaluation of Interview for Risk of Opioid Misuse* or (Quality ID 408) *Opioid Therapy Follow-up Evaluation* may be also appropriate to report on.

Healthcentric Advisors' Medication Safety and Care Transitions team has also been working to address the opioid



UPCOMING IN- PERSON EVENT

MIPS Reporting Workshop

Thursday, Sept. 27
3:00-6:00pm
800 West Cummings
Park, #4750
Woburn, MA 01801

Register here:

<https://bit.ly/2MVFhy1>



UPCOMING VIRTUAL EVENTS

**Promoting
Interoperability –
Measures, Scoring,
and Last Minute Prep
for MIPS 2018**

crisis in Massachusetts. There are no-cost courses on opioid reduction and issues related to opioid misuse with the older adult population on our website:

<http://lms.healthcarefornewengland.org/>

Sources:

CDC Opioid Data:

<https://www.cdc.gov/media/releases/2018/p0329-drug-overdose-deaths.html>



National Sepsis Awareness Month

September is also National Sepsis Awareness Month! Sepsis is a major public health problem. It is one of the most expensive conditions to treat in US hospitals and a leading

cause of death. Numerous studies suggest that the incidence of sepsis is increasing over time, offsetting declining case-fatality rates. The CDC states that 1 in 3 patients who die in a hospital have sepsis and in a study published in 2017 from 409 hospitals, sepsis was present in 6% of adult hospitalizations.

The CDC has worked hard to address this concern by creating tools providers can use when assessing and treating patients. The CDC's Division of Healthcare Quality Promotion's sepsis-related work includes a sepsis burden assessment, a Hospital Toolkit for Adult Sepsis Surveillance, as well as other resources and tools hospitals and providers can utilize. Healthcentric Advisors is pleased to offer a recorded webinar "Sepsis Improvement Through a Collaborative Approach" that can be viewed here:

<http://www.healthcarefornewengland.org/event/sepsis-collaborative-approach/>

For any clinicians or providers reporting to MIPS, the Quality Measures (Quality ID 407) *Appropriate Treatment of Methicillin-Sensitive Staphylococcus Aureus (MSSA) Bacteremia* may be a suitable measure to report on.

Sources:

CDC Sepsis Tools: <https://www.cdc.gov/sepsis/prevention-activities/index.html>

JAMA Sepsis Study: <https://jamanetwork.com/journals/jama/fullarticle/2654187>

CDC Sepsis Data: <https://www.cdc.gov/sepsis/datareports/index.html>

Sepsis Alliance Photo: <https://www.sepsis.org/sepsis-and/bacterial-infections/>

Reporting

Thursday, Sept. 6
11:30am-12:30pm

<https://conta.cc/2M0iYmi>

Open Call: Quality Payment Program

Wednesday, Sept. 12
11:30am-12:30pm

Sign up here:

<https://bit.ly/2yLwvfH>

Maximize Your Potential in MIPS: Year 2

Tuesday, Sept. 18
12:00-1:00pm

Register here:

<https://conta.cc/2BVOX7p>

APMs: Aiming for Success in Program Year 2

Thursday, Sept. 20
12:00-1:00pm

Register here:

<https://conta.cc/2PhxeX>

Improvement Activities - Last Minute Prep to Avoid a MIPS Penalty Through Successful 2018 Reporting

Monday, Sept. 24
1:00-2:00pm

Register here:

<https://conta.cc/2PBu6rR>

Open Call: Quality Payment Program

Wednesday, Sept. 26
11:30-12:30pm

Sign up here:

<https://bit.ly/2yLwvfH>

Specialty Spotlight: Physical Medicine

With September being National Pain Awareness Month as well as National Alcohol and Drug Addiction Recovery Month, the Specialty Spotlight is 'Physical Medicine.'

Physical Medicine and Rehabilitation (PM&R), also known as Physiatry or Rehabilitation Medicine, aims to enhance and restore functional ability and quality of life to those with physical impairments or disabilities affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. A physician having completed training in this field is referred to as a Physiatrist.



Physiatrists see patients of all ages experiencing a wide range of problems – from sore shoulders to major disabling conditions. Physiatrists also address medical conditions requiring Pain Management including Opioid Management for chronic pain. There is a Quality measure specialty set for ‘Physical Medicine’ on the CMS QPP website: <https://qpp.cms.gov/mips/explore-measures/quality-measures>. Physiatrists that are eligible to report under MIPS could consider the following Quality Measures and Improvement Activities to meet the program requirements:

- Quality Measure ID 412: Documentation of Signed Opioid Treatment Agreement
- Quality Measure ID 414: Evaluation or Interview for Risk of Opioid Misuse
- Quality Measure ID 408: Opioid Therapy Follow-up Evaluation
- Quality Measure ID 109: Osteoarthritis (OA): Function and Pain Assessment
- Quality Measure ID 131: Pain Assessment and Follow-Up

- Improvement Activity ID IA_CC_2: Implementation of improvements that contribute to more timely communication of test results
- Improvement Activity ID IA_BE_14: Engage Patients and Families to Guide Improvement in the System of Care

The American Academy of Physical Medicine & Rehabilitation’s (AAPM&R) Practice Improvement Projects (PIPs), can also be utilized as an Improvement Activity. By participating in MOC Part IV and engaging in an AAPM&R PIP for at least 90 consecutive days, (with a start date on or before October 2, 2018 and completion by December 31, 2018), Physiatrists can attest to **IA_PSPA_2: Participation in MOC Part IV**. AAPM&R offers 4 Practice Improvement Projects (PIPs) on various domains.



EIDM User Guide available now!

As we head into the last consecutive 90-day period for the MIPS 2018 performance year, we recommend that eligible clinicians and groups obtain an EIDM account or login to ensure their account is still active.

If you have an EIDM account and haven’t logged in for more than 60 days, your account may be locked due to inactivity. To unlock account, the user will have to login and answer their challenge questions, and then reset their password. If the user hasn’t logged into their EIDM account for more than 360 days, their account may be deleted.

For those new to QPP, EIDM accounts are required in order to report data for QPP via the CMS QPP Portal. Obtaining an EIDM account may take between 72 hours to a week, making it vital to start the process of obtaining an account well in advance of the reporting period. CMS has published *revised* EIDM guides, which cover how ACOs, eligible clinicians, and administrative staff would obtain appropriate roles according to functions performed by the role.

The CMS’ EIDM user guide can be accessed here: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Enterprise-Identity-Data-Management-EIDM-User-Guide.pdf>

Last Quarter for MIPS Performance Year 2018 starts on October 2nd! Are you all set for reporting?

The last quarter; the final 90-day period for MIPS reporting starts on October 2nd, 2018. If you are planning to report for the last quarter of 2018, here are a few things to remember:



- There is a minimum 90-day performance period required for Promoting Interoperability and Improvement Activities categories.
- Ensure you have the workflows and systems in place to track and collect data for reporting.
- Choose the appropriate Quality measures and Improvement Activities based on your practice specialty, patient population and ease of reporting. Quality measure data must be submitted for the full 2018 calendar year.
- Decide on how you are going to submit data – choose the submission mechanism that meets your practice's needs and priorities. For example: you will need a valid EIDM account with appropriate user role for reporting via the QPP Portal.

Need Assistance? We are offering webinars and in-person events in September to guide practices through successful MIPS reporting. Please visit our events section for details and registration links: <http://neqpp.org/events/2018-09/>.



Applying for a Promoting Interoperability Hardship Exemption

For the MIPS 2018 Performance Year, eligible clinicians and groups can apply for a Promoting Interoperability Hardship Exemption or the Extreme and Uncontrollable Circumstances Exemption.

For the Promoting Interoperability Hardship Exemption, MIPS eligible clinicians or groups can submit a Quality Program Exception Application. Eligible clinicians can cite any of the following reasons for hardship:

- MIPS-eligible clinicians in small practices
- MIPS-eligible clinicians using decertified EHR technology
- Insufficient Internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over the availability of CEHRT

If Promoting Interoperability Hardship Exemption is approved, the Promoting Interoperability performance category will be reweighted to 0% for those eligible clinicians and Quality will be increased to 75% of the MIPS score.

For Extreme and Uncontrollable Circumstances Exemption, impacted eligible clinicians can submit a request for reweighting of Quality, Cost, and Improvement Activities performance categories.

CMS defines "Extreme and uncontrollable circumstances" as rare events (highly unlikely to occur in a given year) entirely outside your control and the facility in which you practice. The eligible clinician in such a circumstance is unable to collect and record information that would be used to score a performance category.

These applications are now available and must be submitted by **December 31st, 2018** for review and approval.

Link to these applications:

https://cmsqualitysupport.service-now.com/exception_application.do



USEFUL LINKS

CMS Portal: <https://qpp.cms.gov/login>

CMS QPP Resource Library:

<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html>

New England QIN-QIO MACRA Website: <http://neqpp.org/>

MIPS Participation Status Lookup Tool:

<https://qpp.cms.gov/participation-lookup>

Aunt Bertha search and referrals platform:

<https://about.auntbertha.com/>



EDUCATIONAL RESOURCES

Join The Learning Center

We know that education is a key strategy to maintaining quality and improving outcomes. Our online education system, The Learning Center, provides a selection of educational materials and resources to all healthcare providers at NO cost, available 24/7 from any device. Visit www.Learning4Quality.org to access materials, or create an account if you do not currently have one.

QUESTIONS?



Ask online:

<http://neqpp.org/ask-question/>

Ask in an open call:

Next call is Wednesday, September 12, from 11:30am-12:30pm

Sign up for call details and reminders here: <https://bit.ly/2yLvwfH>

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