

Quality Payment PROGRAM

**Understanding MACRA's New QI-CME
Improvement Activity: What You Need to
Know to Maximize this Opportunity for Your
Organization**

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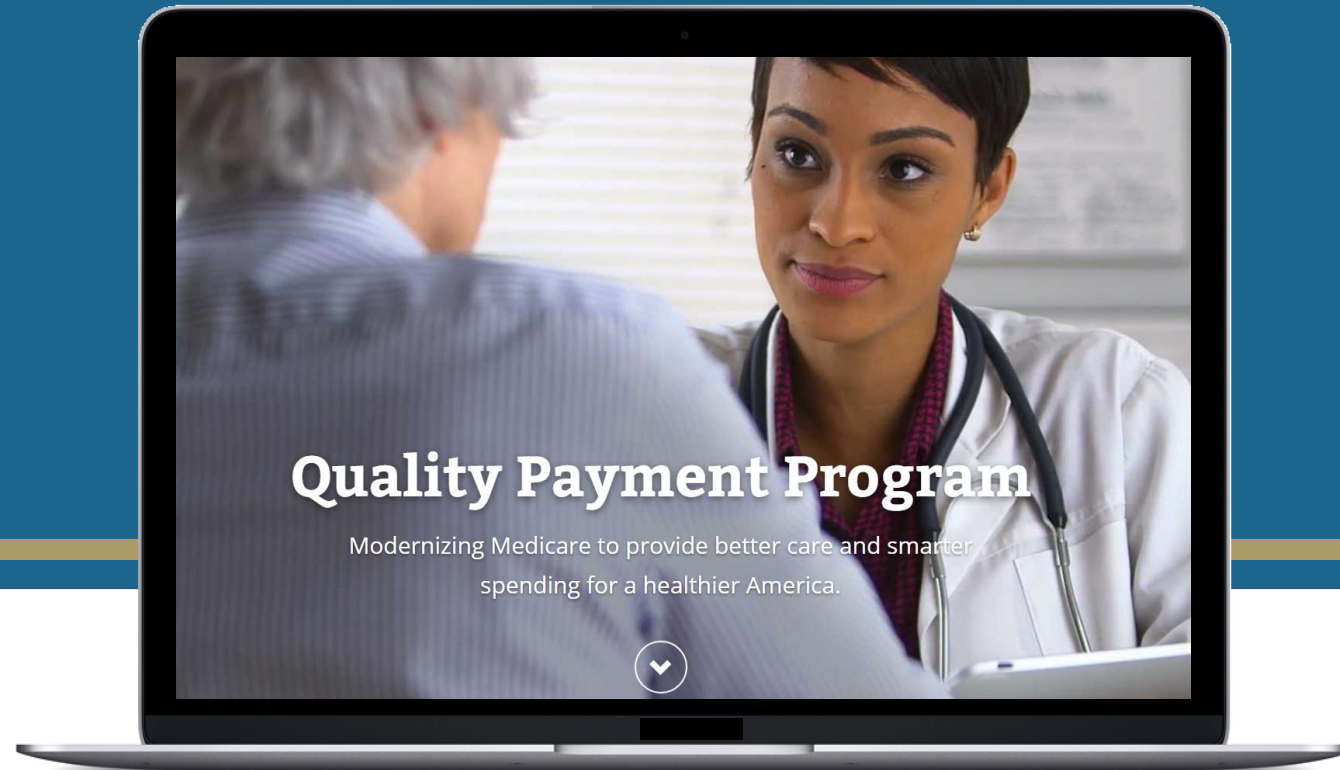
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Learning Objectives

- Explain the MACRA law's physician incentives for quality care under Medicare, the Quality Payment Program and CE Opportunities.
- Describe the newly adopted CMS QI CME Improvement Activity.
- Clarify how to design a QI CME Activity to meet the CMS MACRA definition and how to discuss MACRA-compliant QI CME to attendees, supporters and other providers

MACRA QPP (MIPS) – Improvement Activities



Value Based Care



- Triple Aim

- Improving the experience of care,
- Improving the health of populations
- Reducing per capita costs of health care

Should be simple (but)

- Insurance Company/Payor
- Health System
- Provider
- Staff
- Patient
- Families

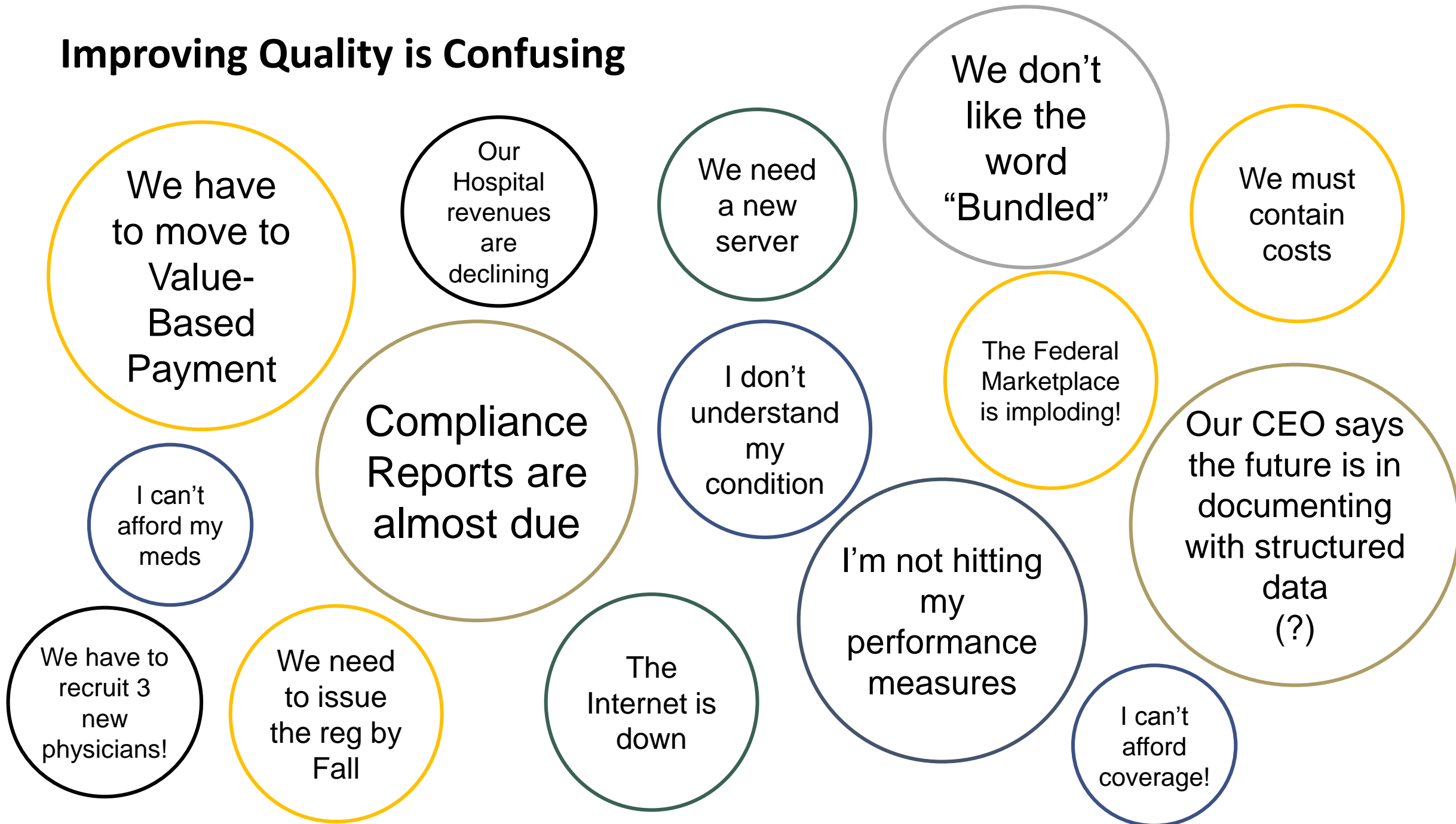
Does this Sound Easy?

STEP 5



Open > Claims Doc

Improving Quality is Confusing



Value Based Purchasing Industry Trends

MACRA – MIPS

- 676,722 clinicians \$199-\$321 million in ± adjustments in 2017
- Decrease by 134,000 clinicians in 2018

MACRA – Advanced APMs

- 70,000-120,000 clinicians in 2017
- 5% lump sum incentive

A-APMs 2018

> than double with MSSP Track 1+

Aetna

- Merck – Januvia and Janumet rebates for T2DM
- Driven by treatment outcomes
- **Cigna**
- Sanofi and Amgen – Praluent and Repatha – Cholesterol PCSK9 inhibitors ~ \$14K/year
- Discounts linked to LDL reduction benchmarks

BCBS Plans VBP

- 1:5 dollars spent of \$65BN directed towards VBP
- Anthem (14 states), 58% VBP – 75% shared-savings contracts, 159 ACO contracts
- BCBSMI – 1,500 PCMHs, 4,500 MDs, “Organized Sys. Of Care”

UnitedHealth Group

- \$49BN/year through VBP contracts (33%)
- Goal to raise to \$65Bn by 2018

Medicare Advantage

- Seeking data on 4 categories of VBP
- Included in MACRA A-APMs thresholds PY2019

Managed Medicaid

- 5 state approaches
 - MCOs used state developed VBP model
 - % of payments must be VBP
 - Evolving VBP over years
 - Multi-payer VBP alignment
 - State approved VBP pilots

Sources: CMS MACRA Final Rule, Forbes UHC Article, Aug. 4; Aetna Press Release, Oct 11, 2016; Fortune, Jun 21, 2016; UnitedHealth Group, May 25, 2017; Forbes, Anthem BC, Apr. 11, 2017; AIS Health, 2017 Blues Outlook, Dec. 29, 2016; UHC website, May 16, 2017; MA Call Letter; CHCS Brief, Feb. 2016

MACRA By The Numbers

- **31** times → Reasonable Cost Reimbursement
- **18** times → Risk
- **8** times → Meaningful Use
- **19** times → Resource Use or Efficiency
- **27** times → EHR/Technology to Manage, **Measure** and Report
- **171** times → **Measures/Measurement**
- **38** times → Quality **Measures**
- **103** times → **Data**



Quality Payment Program

Two Payment Paths

- Alternative Payment Models (APMs)
- Differential FFS based on measured performance (MIPS)



MIPS Composite Performance Score




Performance Year / Application Year	Quality Measures	Resource Use or Cost	Improvement Activities	Advancing Care Information
Description	<i>Replaces CMS Physician Quality Reporting System (PQRS)</i>	<i>Replaces ACA Value-based Payment Modifier</i>	<i>New category of measurement; Medical Homes and NCQA PCSR receive full credit; 93 activities available</i>	<i>Replaces CMS EHR Incentive Programs f/k/a Meaningful Use;</i>
Reporting Methods	<i>Claims, CSV, Web Interface (for group reporting), EHR, Qualified Clinical Data Registry (QCDR)</i>	<i>Claims</i>	<i>Attestation, QCDR, Qualified Registry, EHR Vendor</i>	<i>Attestation, QCDR, Qualified Registry, EHR Vendor, Web Interface (groups only)</i>
2017 / 2019	60%	0%*	15%	25%
2018 / 2020	50%	10%	15%	25%
2019 / 2021	30%	30%	15%	25%

***Measured for feedback only in 2017**

CMS, Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models, Final Rule, Released to Office of Federal Register, October 14, 2016. CMS, Medicare Program: CY 2018 Updates to the Quality Payment Program, Proposed Rule, Federal Register, June 30, 2017.

Improvement Activities

- More than 90 Improvement Activities
- Range from Participation in PCMH or Registry to Extra Office Hours

			
Groups of 15 or More	2 high weighted activities	1 high weighted and one medium weighted activities	4 Medium weighted activities
Groups of 15 or Fewer	1 high weighted activities		2 medium weighted activities

MACRA and CME

- CME Working Group
 - CME Coalition, ACCME, ACEHP, AMA, AAFP, CMSS...
 - Designed and submitted a proposed Improvement Activity for QI CME
 - Hundreds of public comments
- New 2018 Improvement Activity Adopted by CMS in Final Rule November 2, 2017



Performance/Quality Improvement CME

The QPP proposed rule includes an Improvement Activity for quality improvement (QI) CME:

Activity ID:	IA_PSPA_XX
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	Completion of an Accredited Safety or Quality Improvement Program
Activity Description:	<p>Completion of an accredited performance improvement continuing medical education program that addresses performance or quality improvement according to the following criteria:</p> <ul style="list-style-type: none">• The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity;• The activity must have specific, measurable aim(s) for improvement;• The activity must include interventions intended to result in improvement;• The activity must include data collection and analysis of performance data to assess the impact of the interventions; and• The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information.
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	No

Final Rule Language

Title: Completion of an Accredited Safety or Quality Improvement Program Activity

Description: Completion of an accredited performance improvement continuing medical education program addresses performance or quality improvement according to the following criteria:

- The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity;
- The activity must have specific, measurable aim(s) for improvement;
- The activity must include interventions intended to result in improvement;
- The activity must include data collection and analysis of performance data to assess the impact of the interventions; and
- The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information.

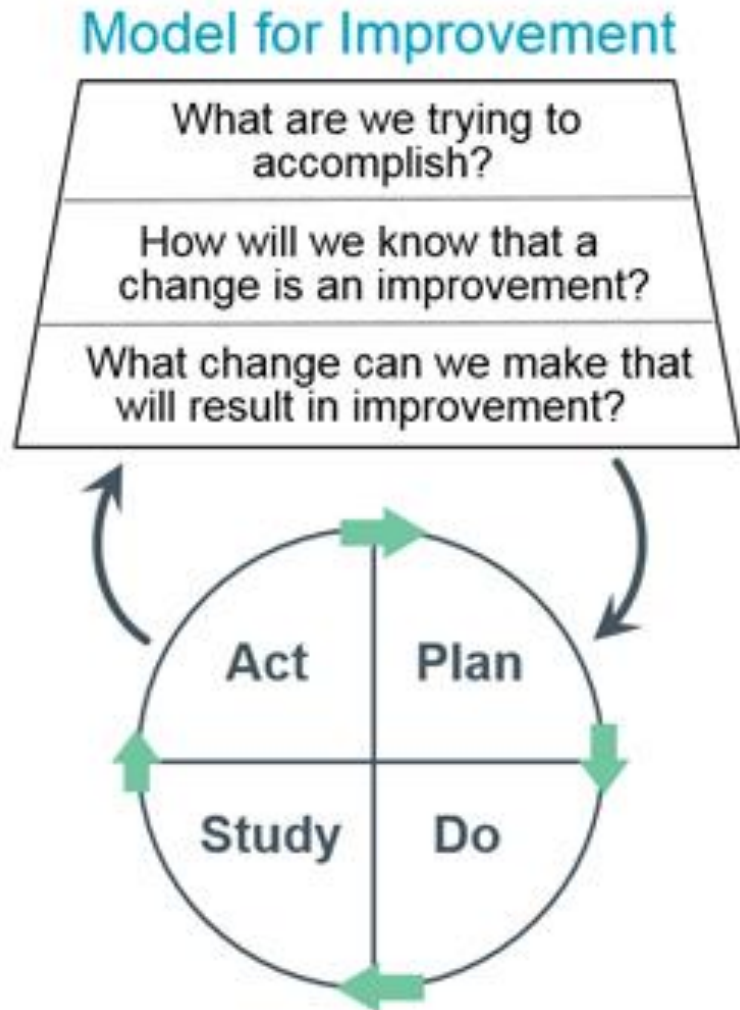
Needs Assessment

- Can be individual, systems based or population
- May include a review of data
 - EMR, Claims, Surveys
- Identify Gaps in Care



Measurable Aims for Improvement

- **Sourced from Validated Measures**
 - (HEDIS, AHRQ, QPP, etc)
- **Can include overarching categories**
 - **Safe:** Avoid injuries to patients from the care that is intended to help them.
 - **Effective:** Match care to science; avoid overuse of ineffective care and underuse of effective care.
 - **Patient-Centered:** Honor the individual and respect choice.
 - **Timely:** Reduce waiting for both patients and those who give care.
 - **Efficient:** Reduce waste.
 - **Equitable:** Close racial and ethnic gaps in health status.



Interventions Intended to Result in Improvement

- Hands on Classes
- Skill Classes
- Decision Trees
- Workshops
- Case Studies
- Education on utilizing your EHR using cases
- Tool Kits



Data, Analysis and Impact

- Does not have to be high tech
- Can use EMR, claims, data registry or other records
- Can be individual or systems based
- Feedback given to the learner on their performance vs the group



Meaningful Participation

- Learner stay engaged throughout the process
- Challenged others to succeed
- Competition
- Participates in Needs and Measurement
- Quantified improvements in patient care



MOC Part IV – Improvement Activity

▼ Participation in MOC Part IV

ADD

Participation in Maintenance of Certification (MOC) Part IV for improving professional practice including participation in a local, regional or national outcomes registry or quality assessment program. Performance of monthly activities across practice to regularly assess performance in practice, by reviewing outcomes addressing identified areas for improvement and evaluating the results.

ACTIVITY ID	SUBCATEGORY NAME	ACTIVITY WEIGHTING
IA_PSPA_2	Patient Safety And Practice Assessment	Medium

Opportunity for Education

– QI CME Improvement Activity

- Supports collection of data
 - Contribute to Advancing Care Information Credit
 - Combined with other Improvement Activities
 - Data Registry, Claims data.....
 - Can contribute to 40% of the composite performance score for earning more than fee schedule reimbursement
 - Can also qualify for MOC Part 2 & 4
 - Involve your local QI Department or Office

– We are teaching medical professionals how to utilize their own data for clinical quality improvement

Background

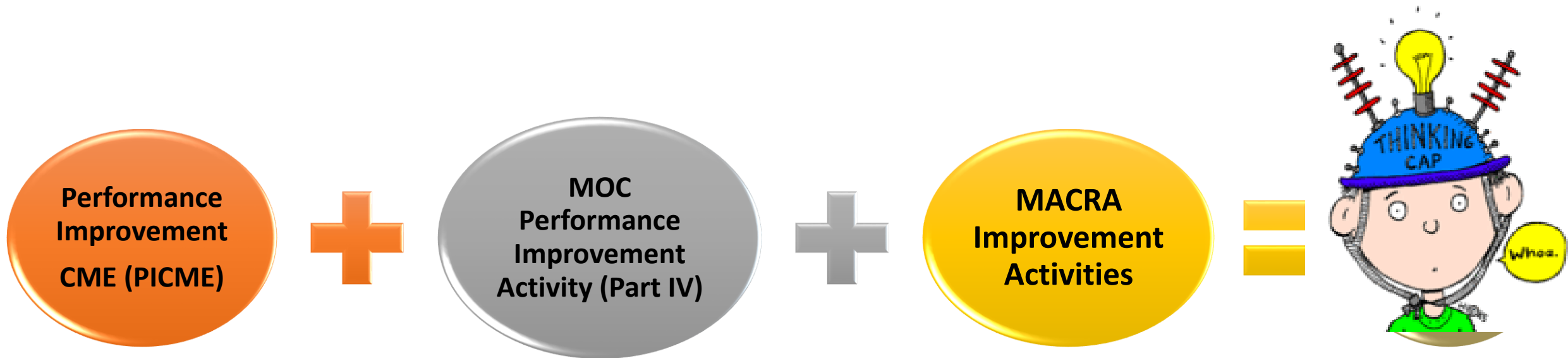
- **MACRA IA:** “Improvement Activities as defined by the Center for Medicare and Medicaid (CMS) is a performance category within MIPS that assesses how much eligible providers participate in activities that improve clinical practice.” <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/MIPS-Improvement-Activities-Fact-Sheet.pdf>
- **PICME:** “Structured long-term activity in which a physician or group of physicians retrospectively assess their practice, apply performance measures prospectively over a useful interval, and re-evaluate their performance.” <http://www.aafp.org/cme/creditsys/about/activity-types.html#pip>
- **MOC Part IV:** “Improvement in Medical Practice: Engage in ongoing assessment and improvement activities to improve patient outcomes; and demonstrate use of evidence and best practices compared to peers and national benchmarks” <http://www.abms.org/board-certification/a-trusted-credential/assessed-through-a-four-part-framework/>

Core Principles Aligned

MACRA IA Requirements	PICME	MOC Part IV
Address a quality or safety gap based on a Needs Assessment	X	X
Specific measurable aim for improvement	X	X
Include interventions intended to result in improvement	X	X
Data collection & analysis	X	X
Define meaningful clinician participation	X	X

- www.cms.gov/INSERT-A-MACRA-SOURCE-FIRST
- www.aafp.org/dam/AAFP/documents/advocacy/payment/medicare/ES-2018FinalQPP-11817.pdf
- <https://www.aafp.org/cme/creditsys/about/activity-types.html#pip>
- <http://www.abms.org/board-certification/a-trusted-credential/built-upon-professional-standards/>

Three in One?!?



Common Questions

- Does it have to be accredited?
 - It depends
- Does it have to be PICME?
 - No, any CME format could be utilized



What keeps Healthcare Systems up at night?

Perspective based on direct interaction: John Ruggiero, PhD, MPA, CHCP, Genentech

Where CE departments can make an impact:

Discovery

Learning

Cultural
throughput
through account management



Sources: Amerinet. Four things that keep healthcare executives up at night? 2017;
Interviews and interactions with healthcare systems that collaborate across state
boundaries

Additional periphery?

Perspective based on direct interaction: John Ruggiero, PhD, MPA, CHCP, Genentech



Questions and Answers

