Meet Your Speakers

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MIPS in the Real World
How Your Peers are Achieving Success

QIN NCC Sharing Call
Wednesday, May 17th, 2017
This material was prepared by the New England Quality Innovation Network-Quality Improvement Organization (QIN-QIO), the Medicare Quality Improvement Organization for New England, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
Overview

- MIPS Overview
- Pick Your Pace/Financial Impact
- Guided Conversation
  - Inter Med Associates
  - Eye and Lasik Center
- Resources
- Questions
Acronyms

- **APM** – Alternative Payment Models
- **CMS** – Centers of Medicare & Medicaid Services
- **EHR** – Electronic Health Record
- **MACRA** – Medicare Access & CHIP Reauthorization Act
- **MIPS** – Merit-Based Incentive Payment System
- **IA** – Improvement Activities
- **QPP** – Quality Payment Program
- **MU** – Meaningful Use
- **EC** – Eligible Clinician
- **PQRS** – Physician Quality Reporting System
- **QRUR** – Quality Resource & Use Reports
- **TIN** – Tax Identification Number
- **VBM** – Value Based Modifier
- **ACI** – Advancing Care Information
- **ONC** – Office of the National Coordinator
CMS’s QIO Program Approach to Clinical Quality – Triple Aim:

- QIN-QIOs are regional, multistate entities providing services within 2 to 6 states for 5 year contracts.
MIPS 2017 Performance Categories

Quality

Advancing Care Information

Improvement Activities
Pick your pace in MIPS: If you choose the MIPS track of the Quality Payment Program, you have three options.

- Don’t Participate: -4% Adjustment
- Submit Something: Neutral Adjustment
- Submit a Partial Year: Neutral or Positive Adjustment
- Submit a Full Year: Positive Adjustment
Financial Impact

- 2017: ±
- 2018: ±
- 2019: ±4%
- 2020: ±5%
- 2021: ±7%
- 2022: ±9%
Polling Question

Question #1

What is the size of your practice?

a) Solo practice

b) 2-5 clinicians

c) 6-15 clinicians

d) More than 15 clinicians
Polling Question

Question #2

What is your practice type?

a) Internal Medicine/Family Practice

b) Specialty

c) Multi-specialty

d) Hospital-based
Polling Question

Question #3

What reporting pace has your practice chosen?

a) Crawl/Test Pace

b) Walk/Partial Year

c) Run/Full Year

d) I am part of an APM

e) Unsure
Questions We Are Hearing...

- How do I know if I/my clinicians are eligible for MIPS?
- How do I know what measures to select?
- How do I choose the reporting pace that is appropriate for me?
- How will I report my performance to CMS?
Inter Med Associates was established in 2000 in Webster, MA by Dr. Ishwara N. Sharma, MD, FACC, board certified in Internal Medicine and Cardiovascular Disease.

Practice Active Patient Panel: 6000 patients

Practice Active Medicare Part B Primary Insurance Patients: 814 patients


Contact Information for Dr. Sharma:
isharma@webstermd.com
Tel. 508-461-0011
How we get the job done beyond the clinical care of our patients.

- Strong work/visit flow
- Simple and better understanding of tasks impacting performance measures

How do we choose our MIPS Quality Measures? Improvement Activities?

We chose our MIPS Quality Measures based on what works best with our work flow and clinical interest.

_MIPS requires only 6 Measures with at least one being an outcome measure. Report 6 measures from a pool of 400+ quality measures, including 1 outcome measure, or another high priority measure (appropriate use, patient safety, efficiency, care coordination, or patient experience) if an outcome measure is unavailable._
The MIPS Quality Measures we are following:

1. Controlling High Blood Pressure (outcome measure)
2. Documentation of Current Medications in the Medical Record
3. Closing the Referral Loop
4. Preventive Care & Screening: Body Mass Index (BMI) Screening and Follow-UP Plan
5. Preventive Care & Screening: Influenza Immunization
6. Preventive Care & Screening: Tobacco Use: Screening and Cessation Intervention
7. Diabetes: Low Density Lipoprotein (LDL-C) Control (< 100mg/dl)
8. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
9. Use of High-Risk Medications in the Elderly

Improvement Activities:

As for the Improvement Activities, we only need to attest to 1 activity in addition to working with the QIN/QIO (IA_EPA_4).

After reviewing the published Improvement Activities List, we saw that our practice was currently involved in 13 improvement activities.
Visit Flow – documenting the visit and capturing the performance measures during the visit effectively.

Medication Review and Reconciliation — (Counts as 2 of the 6 measures for MIPS)

- **IMPACT: Quality Measure ID: 130**, High Priority Measure, NQS Domain-Patient Safety *Documentation of Current Medications in the Medical Record*
- **IMPACT: Quality Measure ID: 238**, High Priority Measure, NQS Domain-Patient Safety *Use of High-Risk Medications in the Elderly*
- **IMPACT: Advancing Care Information (Meaningful Use) #7**: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation

Documenting Weight and Height – BMI Screening and follow-up (Counts as 1 for MIPS)

- **IMPACT: Quality Measure ID: 128**, NQS Domain-Community/Population Health *Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan*

Documenting Tobacco Use – Screening and Cessation Intervention (Counts as 1 for MIPS)

- **IMPACT: Quality Measure ID: 226**, NQS Domain-Community/Population Health *Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention*

Documenting Influenza Immunization– By coding injection or documentation in CarePlan (Counts as 1 for MIPS)

- **IMPACT: Quality Measure ID: 110**, NQS Domain-Community/Population Health *Preventive Care and Screening: Influenza Immunization*
Visit Flow – documenting the visit and capturing the performance measures during the visit effectively.

1. This patient has been identified as being High Risk.
2. For more details of the High Risk condition, click on the Risk Stratification tab.
3. The patient’s BMI is out of range so blinking HIGH BMI icon appears.
4. Indicate the patient requires BMI and or Dietary consultation.
5. BP is entered and auto synced with Population Health tool.
6. The vitals’ history easily viewed and graphed.
Outcome Measures: Our practice is focusing on the following 2 measures:

Quality ID 001:
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%), High Priority and Outcome Measure

Quality ID 236:
Controlling High Blood Pressure—High Priority and Outcome Measure

We currently have 889 patients diagnosed with diabetes in our practice. Our goal is to drop the number of poor control patients and improve the compliant patients through HbA1c monitoring with in office testing and counseling with our licensed nutritionist. We have also partnered with the NE QIN-QIO which sponsored a Free 6 week Diabetes Education Workshop for our Diabetic patients last spring. We had great feedback from the participates and will be having another class this year.

Dr. Sharma with the some of the Diabetic Class participates and instructors
Controlling High Blood Pressure

- **2127 patients** currently diagnosed with HTN.
- Home Blood Pressure Monitoring
- Role of 24-hour ABPM

Software Tools used to achieve this:

- Use **pHealth ++** - Population Health Portal to monitor Real-time status of the patients and panels by Providers / Measures
### Improvement Activities

Regular review practices in place on targeted patient populations needs

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### Managing High Risk Patients... TCM & CCM

#### Subjective

<table>
<thead>
<tr>
<th>Objective</th>
<th>Assessment</th>
<th>Plan</th>
<th>Patient</th>
<th>Summary</th>
<th>Email</th>
<th>Visit</th>
<th>Chart</th>
<th>Meds</th>
<th>CDS</th>
<th>Labs</th>
<th>Risk Stratification</th>
</tr>
</thead>
</table>

#### Active Diagnosis History

<table>
<thead>
<tr>
<th>Onset</th>
<th>Description</th>
<th>ICD</th>
<th>HCC</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/04/2017</td>
<td>COALWORKER'S PNEUMOCONIOSIS</td>
<td>J60</td>
<td>✔</td>
<td>Select ▼</td>
</tr>
<tr>
<td>04/04/2017</td>
<td>PNEUMOCONIOSIS DUE TO ASBESTOS AND</td>
<td>J61</td>
<td>✔</td>
<td>Select ▼</td>
</tr>
<tr>
<td>04/04/2017</td>
<td>PNEUMOCONIOSIS DUE TO TALC DUST</td>
<td>J62.0</td>
<td>✔</td>
<td>Select ▼</td>
</tr>
<tr>
<td>03/23/2017</td>
<td>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</td>
<td>J44.9</td>
<td>✔</td>
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<tr>
<td>12/19/2016</td>
<td>TYPE 2 DIABETES MELLITUS WITH HYPEROS...</td>
<td>E11.01</td>
<td>✔</td>
<td>Select ▼</td>
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<tr>
<td>12/19/2016</td>
<td>TYPE 1 DIABETIC, GENEHE WHOOP STMIDN</td>
<td>E10.251</td>
<td>✔</td>
<td>Select ▼</td>
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#### Social History

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Risk</th>
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<tbody>
<tr>
<td>Alcohol use</td>
<td>Status: Non-Drinker</td>
<td>Low</td>
</tr>
<tr>
<td>Dietary finding</td>
<td>Diet: Normal diet</td>
<td>-Select-</td>
</tr>
<tr>
<td>Drug use</td>
<td>PATIENT DENIES USE</td>
<td>High</td>
</tr>
<tr>
<td>Exercise</td>
<td>Daily walking</td>
<td>Low</td>
</tr>
<tr>
<td>Marital status</td>
<td>Status: Single</td>
<td>Low</td>
</tr>
<tr>
<td>Occupation</td>
<td>Employment status: Employed</td>
<td>Select ▼</td>
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#### Surgical History (4)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Admission Date</th>
<th>Discharge Date</th>
<th>Reason</th>
<th>Reported By</th>
<th>Reported On</th>
<th>Follow-up Date</th>
<th>Next Visit Date</th>
<th>Risk</th>
<th>Location</th>
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<tbody>
<tr>
<td>VNA OF GREATER MIL...</td>
<td>02/01/2017</td>
<td>02/02/2017</td>
<td>fever</td>
<td>patient</td>
<td>02/15/2017</td>
<td>02/16/2017</td>
<td>Medium</td>
<td>INA</td>
<td></td>
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<td>HARRINGTON HOSP...</td>
<td>01/11/2017</td>
<td>01/12/2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Medium</td>
<td>INA</td>
<td>□</td>
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<tr>
<td>ER-UMASS MEMORIAL...</td>
<td>01/06/2017</td>
<td>01/06/2017</td>
<td>testing</td>
<td>testing</td>
<td>01/06/2017</td>
<td></td>
<td>INA</td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>ACCORD ADULT DAY...</td>
<td>01/04/2017</td>
<td>01/04/2017</td>
<td>pne umass-call</td>
<td>01/04/2017</td>
<td></td>
<td></td>
<td>INA</td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

#### Hospitalization/ER visit History

<table>
<thead>
<tr>
<th>Practice Risk Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 3/9/2017</td>
</tr>
<tr>
<td>High Risk</td>
</tr>
<tr>
<td>Comments: risk</td>
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</tbody>
</table>

#### Insurance Risk Assessment

<table>
<thead>
<tr>
<th>Insurance Risk Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 3/9/2017</td>
</tr>
<tr>
<td>Low Risk</td>
</tr>
<tr>
<td>Comments: insurance low risk</td>
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</table>

#### Risk History

<table>
<thead>
<tr>
<th>Practice Risk Date</th>
<th>Practice Assessment</th>
<th>Practice Comments</th>
<th>Insurance Risk Date</th>
<th>Insurance Assessment</th>
<th>Insurance Comments</th>
<th>User</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/09/2017</td>
<td>High</td>
<td>risk</td>
<td>03/09/2017</td>
<td>Low</td>
<td>insurance low risk</td>
<td>JGARAMY</td>
</tr>
</tbody>
</table>

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*emr4MD Powered by MedNet Medical Solutions*
Engaging with our patients – Use of Patient Portal and SMS messaging – 80%

i) Patient Portal from emr4MD
- Web Portal
- iPhone APP
- Android APP

ii) SMS Messaging

iii) Tele-Messaging Hub
- Triage and document Patient phone calls
- Receive secure messaging the Patient Portal
- Self Assessment notifications from Patient Portal
Improvement Activities
Implementation of fall screening & assessment programs

Patient Self Assessment Tools on the Patient Portal

Fall Risk Self Assessment Questionnaire

PHQ-2 & PHQ-9 Depression Self Assessment Questionnaire

Completed Self Assessment Tools goes into our emr4MD from the portal.
Tele-Messaging Hub: Triage and document Patient phone calls, Receive secure messaging from the Patient Portal, Receive Self Assessment notifications from the Patient Portal

Depression Screening sent by patient – comes to Tele-Messaging Hub, files into the patients Tele Chart and saved as a pdf in the patient’s chart automatically.
About us

- 8 Locations in Central and Western Massachusetts
- 21 Providers
- 8 Ophthalmologists, 13 Optometrists
- Multi-Specialty- Cataract, Cornea, Oculoplastics, Glaucoma, Retina, LASIK and Refractive Surgery
Why participate?

- 21% of our payments come from Medicare and RR Medicare
- $1.92 Million in Medicare Payments yearly
- If you compound the penalty for not doing PQRS/MU
  - 1% - $19,244
  - 2% - $38,489
  - 3% - $57,733
  - 4% - $76,977
  - 5% - $96,222
  - 6% - $115,466
  - 7% - $134,711
  - 8% - $153,955

This adds up quick!
History of Meaningful Use and PQRS

- Started reporting in 2011 for MU stage 1
- Succeeded for all years since, and succeeded with stage 2 changes
  - Received confirmation that we were in fact the 4th Ophthalmology practice in the US to successfully achieve Stage 1 and receive the bonus payment.
- Successfully passed all audits done by Medicare
  - Audits do come and the best advice is to be prepared for them - in order to prepare you must document from the very beginning.
MIPS/MACRA Choices

- Most of the PQRS measures we were performing have carried over to the new program.
- Planning to continue to do additional measures from MU Stage 2. We can use these scores if they end up awarding more points then the measures we have chosen.
- Working with IRIS registry. They have been great in helping maintain a current list of our compliance with these measure. They are able to access our records to ensure we are compliant.
Quality Measures
(60% of score)

- POAG optic nerve Evaluation
- Cataract complications in 30 days requiring additional surgery
- Age related macular degeneration- dilated exam
- Diabetes eye exam
- Documentation of current medication in Medical record
- Tobacco use - cessation and counseling
Advancing Care Information
(25% of score)

- Reporting on required base measures as well as the following performance measures:
  - Patient education
  - Secure messaging
  - Medication reconciliation
  - View, Download or Transmit
  - Provide patient access
  - Health information exchange

- Reporting to a clinical data or public health registry - We are exempt due to insignificant patient population diagnosed by our providers with these disorders

- Use of CEHRT in Improvement Activities - We use Medflow which is a certified EHR
Improvement Activities
(15% of score)

- These are new to us, but we have already been doing them.
- Implementation of formal quality improvement methods, practice changes or other practice improvement processes (IA_PSPA_19)
  - We have an outside consultant that meets with us twice a month to discuss how we can improve patient experience.
- Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes (IA_PSPA_20)
  - We have regular manager meetings twice a month
- Improved practices that disseminate appropriate self-management materials (IA_BE_21)
  - We hand out/send out regular education materials to staff and patients
- Portal Participation (IA_BE_4)
  - We have a plan in place to increase patient participation in portal use
Helpful Hints

- Assign someone to keep track of your numbers on a weekly basis.
- Send out a report to all of your providers, so they know where they stand.
- If you see decrease in compliance or issues with your reporting systems, form a plan of action to rectify.
- Let all the providers know where each other stand so they can help each other or ask questions if they arise.
- Create a spreadsheet or document to help organize the data. This makes it easier for your providers to understand.
### MIPS Checklist

#### QUALITY MEASURES = 60%

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Measure Type</th>
<th>Performance Numerator</th>
<th>Performance Denominator</th>
<th>Performance %</th>
<th>Decile Score</th>
<th>Outcome Bonus</th>
<th>CERRT Bonus</th>
</tr>
</thead>
<tbody>
<tr>
<td>POAG reduction of intraocular pressure or plan of care</td>
<td>Outcome</td>
<td>99</td>
<td>100</td>
<td>99%</td>
<td>4</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Cataract complications in 30 days requiring additional surgery</td>
<td>Outcome</td>
<td>0</td>
<td>100</td>
<td>0%</td>
<td>10</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Age related macular degeneration-dilated exam</td>
<td>Process</td>
<td>99</td>
<td>100</td>
<td>99%</td>
<td>6</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes eye exam</td>
<td>Process</td>
<td>9</td>
<td>100</td>
<td>90%</td>
<td>4</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Documentation of current medication in medical record</td>
<td>Process</td>
<td>90</td>
<td>100</td>
<td>100%</td>
<td>9</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Tobacco use - cessation and counseling</td>
<td>Process</td>
<td>99.5</td>
<td>100</td>
<td>100%</td>
<td>9</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>All-Cause Readmission</td>
<td>Claims-no data submission</td>
<td>8</td>
<td>10</td>
<td>80%</td>
<td>9</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td><strong>Total Points</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>46</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Total % of Total avail (70)</td>
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<td></td>
<td></td>
<td></td>
<td>0.771428571</td>
<td></td>
<td></td>
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<tr>
<td>% of MIPS Total (60%)</td>
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<td></td>
<td></td>
<td></td>
<td>46%</td>
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#### ADVANCING CARE INFORMATION = 25%

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Performance Numerator</th>
<th>Performance Denominator</th>
<th>Performance %</th>
<th>Decile % Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient education</td>
<td>32</td>
<td>34</td>
<td>94%</td>
<td>10%</td>
</tr>
<tr>
<td>Secure messaging</td>
<td>75</td>
<td>100</td>
<td>75%</td>
<td>8%</td>
</tr>
<tr>
<td>Medication reconciliation</td>
<td>19</td>
<td>20</td>
<td>95%</td>
<td>10%</td>
</tr>
<tr>
<td>View, Download, or Transmit (VDT)</td>
<td>2</td>
<td>8</td>
<td>25%</td>
<td>3%</td>
</tr>
<tr>
<td>Provide patient access</td>
<td>19</td>
<td>30</td>
<td>63%</td>
<td>7%</td>
</tr>
<tr>
<td>Health information exchange</td>
<td>1</td>
<td>22</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Immunization registry reporting</td>
<td>No</td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Reporting to a clinical data or public health registry</td>
<td>No</td>
<td></td>
<td></td>
<td>0%</td>
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<tr>
<td>Use of CERRT in Improvement Activities</td>
<td>Yes</td>
<td></td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>Total for performance measures and bonus</td>
<td>49%</td>
<td></td>
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<td>49%</td>
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<tr>
<td>Total for ACI category</td>
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<td>50%</td>
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<tr>
<td>% of MIPS Total (25%)</td>
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<td></td>
<td></td>
<td>25%</td>
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#### IMPROVEMENT ACTIVITIES = 15%

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Measure Description</th>
<th>Measure Weight</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of formal quality improvement methods, practice change or other practice improvement processes (A_01Q_35)</td>
<td>visual clinical twice per month, educate team on how to improve patient care and redesign procedures. Supporting documentation to include the contract you have with the individual providing this task, monthly team meetings, with leadership participation.</td>
<td>Medium</td>
<td>10</td>
</tr>
<tr>
<td>Leadership engagement in regular guidance and demonstration of commitment for implementing practice improvement changes (A_01P_35)</td>
<td>Support documentation to include details/times of each meeting, agendas, attendance sheets and quality improvement activities.</td>
<td>Medium</td>
<td>10</td>
</tr>
<tr>
<td>Improved practice that disseminate appropriate self-management materials (A_01M_31)</td>
<td>Disseminate educational documents, pamphlets, self-management materials for conditions related to eye care (diabetes/trachoma).</td>
<td>Medium</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>Medium</td>
<td>40</td>
</tr>
<tr>
<td>% of Total avail (40)</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>% of MIPS Total (15%)</td>
<td></td>
<td></td>
<td>15%</td>
</tr>
</tbody>
</table>
Thank you -

Paul Babineau, COT
Clinic Manager
paulb@eyeandlasik.com
Questions?
Resources

  – Ask A Question http://www.healthcarefornewengland.org/initiatives/macra/ask-question/

• CMS Quality Payment Program website – https://qpp.cms.gov/
Contact Information

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Cardiac Health Program Administrator
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kevans@healthcentricadvisors.org
Thank you for participating!

- Let us know what you’d like to hear about and what you’d like to share
- The survey will open after the WebEx is closed
- If you have additional thoughts, the link will remain live for 48 hours – https://www.surveymonkey.com/r/G5HNYB8
  QIN NCC Connect - https://app.smartsheet.com/b/form?EQBCT=04363d33214d4d7584c8712f3d210680
- QIN NCC email - QINNCC@area-d.hcqis.org