Specialty Practice in a Value Based Payment World

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From the Triple Aim to the Quadruple Aim

A Practice Response to MACRA

Thanks to

Andrew P. Miller, M.D., FACC, FAHA, FASH

CardioVascular Associates

Birmingham, Alabama

CVA Cardiovascular Associates

Practice

- 32 physicians
- Integrated with Tenet since 2011
- 14 office locations
- 2 full-time tertiary and 3 community hospitals
- Central main campus
- Allscripts EHR and PINNACLE reporting

CVA Cardiovascular Associates

MACRA team

- Added 7.5% practice bonus pool for quality metrics in re-negotiation in 2016
- Created MACRA readiness and quality assurance team
  - Physician champion
  - EHR/HIM manager
  - NP champion
  - RN members
  - Practice managers
  - CBO manager

MACRA Assessment 6/17

CVA MIPS SCORE

	Score Weight	CVA Score Percentage	CVA MIPS Points
Quality	60%	82%	49
Improvement Activites	15%	100%	15
Advancing Care Information	25%	100%	25
Cost	N/A FY 2017	N/A FY 2017	0
			89

Quality

MEASURE NAME	NQS DOMAIN	HIGH PRIORITY MEASURE	CVA SCORE APR 2017	MIPS POINTS
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	Effective Clinical Care	No	84.34	8
Advanced Care Plan	Communication and Care Coordination	Yes	64.97	5
Controlling High Blood Pressure	Effective Clinical Care	Yes	96.16	10
Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	Effective Clinical Care	No	89.21	9
Coronary Artery Disease (CAD): Antiplatelet Therapy	Effective Clinical Care	No	95.78	9
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Community/Population Health	No	98.37	8
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Measure_Name	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Topped Out
Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	71.03 - 74.18	74.19 - 76.51	76.52 - 78.94	78.95 - 81.10	81.11 - 83.99	84.00 - 87.79	87.80 - 95.99	>= 96.00	No
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	76.67 - 85.53	85.54 - 89.87	89.88 - 92.85	92.86 - 95.14	95.15 - 97.21	97.22 - 99.10	99.11 - 99.99	100	No
Controlling High Blood Pressure	51.00 - 58.20	58.21 - 63.56	63.57 - 68.27	68.28 - 72.40	72.41 - 76.69	76.70 - 82.75	82.76 - 91.06	>= 91.07	No
Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	20.00 - 39.18	39.19 - 52.33	52.34 - 69.56	69.57 - 76.18	76.19 - 82.49	82.50 - 94.33	94.34 - 99.99	100	No
Hypertension: Improvement in Blood Pressure	2.39 - 2.93	2.94 - 3.46	3.47 - 3.92	3.93 - 4.71	4.72 - 5.53	5.54 - 6.74	6.75 - 9.99	>= 10	No
Advance Care Plan	16.52 - 38.11	38.12 - 59.14	59.15 - 74.99	75.00 - 88.71	88.72 - 96.29	96.30 - 99.17	99.18 - 99.99	100	No
Coronary Artery Disease (CAD): Antiplatelet Therapy	76.92 - 81.75	81.76 - 84.99	85.00 - 87.53	87.54 - 90.22	90.23 - 92.54	92.55 - 95.64	95.65 - 99.99	100	No

Improvement Activities

ACTIVITY NAME	ACTIVITY DESCRIPTION	ACTIVITY ID	SUBCATEGORY NAME	ACTIVITY WEIGHTING
Anticoagulant management improvements	MIPS eligible clinicians and groups who prescribe oral Vitamin K antagonist therapy (warfarin) must attest that, in the first performance year, 60 percent or more of their ambulatory care patients receiving warfarin are being managed by one or more of these clinical practice improvement activities: Patients are being managed by an anticoagulant management service, that involves systematic and coordinated care*, incorporating comprehensive patient education, systematic INR testing, tracking, follow-up, and patient communication of results and dosing decisions; Patients are being managed according to validated electronic decision support and clinical management tools that involve systematic and coordinated care, incorporating comprehensive patient education, systematic INR testing, tracking, follow-up, and patient communication of results and dosing decisions; For rural or remote patients, patients are managed using remote monitoring or telehealth options that involve systematic and coordinated care, incorporating comprehensive patient education, systematic INR testing, tracking, follow-up, and patient communication of results and dosing decisions; and/or For patients who demonstrate motivation, competency, and adherence, patients are managed using either a patient self-testing (PST) or patient-self-management (PSM) program. The performance threshold will increase to 75 percent for the second performance year and onward. Clinicians would attest that, 60 percent for first year, or 75 percent for the second year, of their ambulatory care patients receiving warfarin participated in an anticoagulation management program for at least 90 days during the performance period.	IA_PM_2	Population Management	High
Chronic care and preventative care management for empanelled patients	Proactively manage chronic and preventive care for empaneled patients that could include one or more of the following: Provide patients annually with an opportunity for development and/or adjustment of an individualized plan of care as appropriate to age and health status, including health risk appraisal; gender, age and condition-specific preventive care services; plan of care for chronic conditions; and advance care planning; Use condition-specific pathways for care of chronic conditions (e.g., hypertension, diabetes, depression, asthma and heart failure) with evidence-based protocols to guide treatment to target; Use pre-visit planning to optimize preventive care and team management of patients with chronic conditions; Use panel support tools (registry functionality) to identify services due; Use reminders and outreach (e.g., phone calls, emails, postcards, patient portals and community health workers where available) to alert and educate patients about services due; and/or Routine medication reconciliation.	IA_PM_13	Population Management	Medium
Participation in CAHPS or other supplemental questionnaire	Participation in the Consumer Assessment of Healthcare Providers and Systems Survey or other supplemental questionnaire items (e.g., Cultural Competence or Health Information Technology supplemental item sets).	IA_PSPA_11	Patient Safety & Practice Assessment	High
Use of QCDR data for ongoing practice assessment and improvements	Use of QCDR data, for ongoing practice assessment and improvements in patient safety.	IA_PSPA_7	Patient Safety & Practice Assessment	Medium
Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination	Participation in a Qualified Clinical Data Registry, demonstrating performance of activities that promote use of standard practices, tools and processes for quality improvement (e.g., documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups).	IA_CC_6	Care Coordination	Medium

Advancing Care Information

MEASURE NAME	MEASURE DESCRIPTION	REQUIRED FOR BASE SCORE	PERFORMANCE SCORE WEIGHT
e-Prescribing	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.	Yes	0
Provide Patient Access	For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programing Interface (API) in the MIPS eligible clinician's certified EHR technology.	Yes	Up to 10%
Request/Accept Summary of Care	For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician receives or retrieves and incorporates into the patient's record an electronic summary of care document.	Yes	Up to 10%
Security Risk Analysis	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45 CFR164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.	Yes	0
Send a Summary of Care	For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider-(1) creates a summary of care record using certified EHR technology; and (2) electronically exchanges the summary of care record.	Yes	Up to 10%
Clinical Data Registry Reporting	The MIPS eligible clinician is in active engagement to submit data to a clinical data registry. Earn a 5 % bonus in the advancing care information performance category score for submitting to one or more public health or clinical data registries.	No	0
Clinical Information Reconciliation	For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician performs clinical information reconciliation. The MIPS eligible clinician must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient's current and active diagnoses.	No	Up to 10%
Electronic Case Reporting	The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions. Earn a 5 % bonus in the advancing care information performance category score for submitting to one or more public health or clinical data registries.	No	0
Immunization Registry Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	No	0 or 10%
Patient-Generated Health Data	Patient-generated health data or data from a non-clinical setting is incorporated into the certified EHR technology for at least one unique patient seen by the MIPS eligible clinician during the performance period.	No	Up to 10%
Patient-Specific Education	The MIPS eligible clinician must use clinically relevant information from certified EHR technology to identify patient-specific educational resources and provide electronic access to those materials to at least one unique patient seen by the MIPS eligible clinician.	No	Up to 10%
Public Health Registry Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries. Earn a 5 % bonus in the advancing care information performance category score for submitting to one or more public health or clinical data registries.	No	0
Secure Messaging	For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of certified EHR technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative).	No	Up to 10%
Syndromic Surveillance Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from a urgent care ambulatory setting where the jurisdiction accepts syndromic data from such settings and the standards are clearly defined. Earn a 5 % bonus in the advancing care information performance category score for submitting to one or more public health or clinical data registries.	No	0
View, Download and Transmit (VDT)	During the performance period, at least one unique patient (or patient-authorized representatives) seen by the MIPS eligible clinician actively engages with the EHR made accessible by the MIPS eligible clinician. An MIPS eligible clinician may meet the measure by either-(1) view, download or transmit to a third party their health information; or (2) access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the MIPS eligible clinician's certified EHR technology; or (3) a combination of (1) and (2).	No	Up to 10%

MIPS Weighting For 2018 Performance Year/2020 Payment Year

- Maintain 60 percent weight for Quality
- Maintain 15 percent weight for Improvement Activities
- Maintain 25 percent weight for Advancing Care Information; clinicians can use 2014 or 2015 certified electronic health record technology (CEHRT), with a bonus for using 2015 CEHRT
- Maintain zero weight for Cost; however, CMS seeks comments on introducing this category at 10 percent. CMS continues to develop and test episode-based measures which will be introduced over time.

MIPS Weighting For 2018 Performance Year/2020 Payment Year

- Increasing the low-volume threshold to less than or equal to $90,000 in Medicare Part B allowed charges or less than or equal to 200 Part B patients to allow more small practices to qualify for MIPS exemption.
- · Implementation of virtual groups, allowing small groups and solo practitioners under two or more taxpayer identification numbers to participate in MIPS as a single group for both 2018 and 2019. Technical assistance will be made available to these practices.
- ·

MIPS Weighting For 2018 Performance Year/2020 Payment Year

Implementation of facility-based measures in MIPS to allow clinicians to be assessed based on their facility's performance.

· Continued recognition of qualified clinical data registries such as the NCDR PINNACLE Registry and the Diabetes Collaborative Registry as MIPS data reporting options.

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Advanced APM

- Maintenance of the nominal risk and qualifying participant thresholds for the Advanced APM pathway
- Implementation of the ‘All-Payer Combination Option’ for the Advanced APM pathway starting in the 2019 performance year

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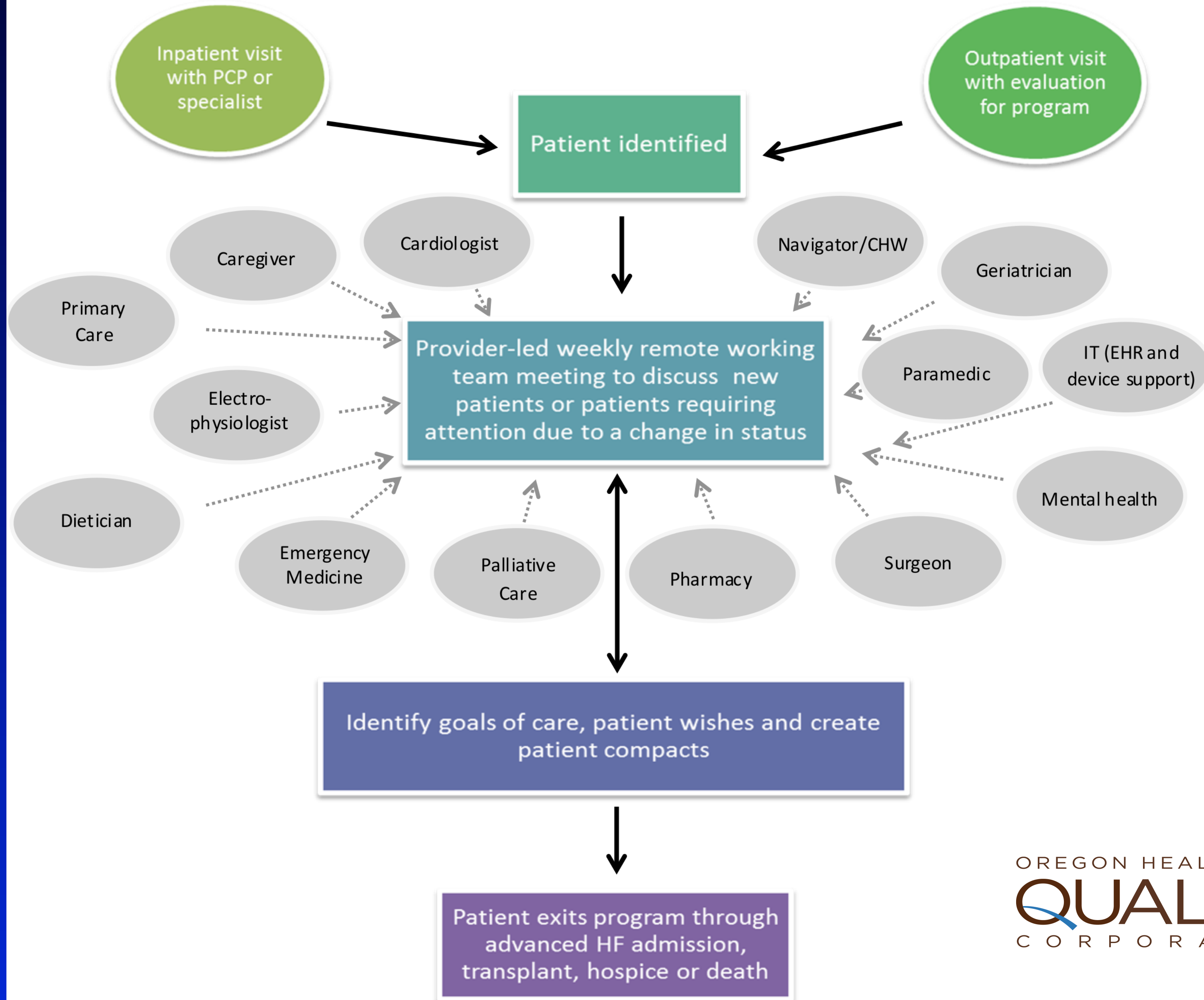
Comprehensive Care Payment for Heart Failure: A Physician-Focused Payment Model Proposal Outline



OREGON HEALTH CARE QUALITY CORPORATION

Type of Model

- Physician-Focused Payment Model Alternative Payment Model
- Condition-based
  - Heart failure
  - Inclusion in the model triggered by evaluation completed by PCP or specialist in inpatient or outpatient visits
  - Inclusion in the model also triggered by outpatient visit with evaluation for program
  - Patient exits the model through advanced HF admission, heart transplant hospice or death
  - Primary care delivered by primary care provider and is excluded from the model
  - ESRD patients excluded

Clinical Practice Transformation

- Care delivery
  - Care coordination through nurse-led weekly remote team meeting
    - Discuss new patients and/or patients with a change in status
    - Primary care provider and cardiologist work together to provide care to patients
    - Also include other practitioners like mental health providers, dieticians and pharmacists
  - Care navigation
    - Community Health Workers (CHW) can assist patients and caregivers navigate inpatient and outpatient needs
  - Patient-centered
    - Patient compacts for shared decision making

Payment reform

  - One-time three month prospective payment from CMS
  - Annual bundled payment
- Retrospective monthly case management payment for outlier patients

Rationale for APM

- Prevents readmissions and focuses care
- Supporting data
  - Current clinical outcomes for HF patients
    - Patient and provider experience
    - QOL measures
    - Caregiver experience
- Payer experience
  - Current PMPY total for commercial, Medicaid and Medicare payer