OREGON MACRA PLAYBOOK CONFERENCE

QPP IMPROVEMENT ACTIVITIES FOR SPECIALTY PROVIDERS/PRACTICES

CME DISCLOSURE

I disclose that I have no relevant financial relationships with commercial interests

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MACRA QUALITY PAYMENT PROGRAM IMPROVEMENT BASED ACTIVITIES (15%)

REVIEW KEY POINTS

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WHO QUALIFIES?

- Doctors of Medicine (MD)
- Doctors of Osteopathy (DO)
- Doctors of Dental Surgery/Dental Medicine (DMD/DDS)
- Doctors of Podiatry
- Doctors of Optometry
- Chiropractors
- Physician Assistants (PA)
- Nurse Practitioners (NP)
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists

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KEY POINTS

- 2017 = Performance Year

- Submit information by 3/2018

- Feedback from CMS after data submission will let you know adjustments to expect in 2019

- Today's work impacts 2019 payments

KEY POINTS

- 60 points possible

- 15% of total points

- 90+ activities to choose from

- Attestation based (https://qpp.cms.gov/about/resource-library) how to track for audit MIPS Data Validation Criteria)

- Reporting Jan 1 – October 2, 2017

- Must be submitted by March 31st

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CMS PAGE https://qpp.cms.gov/about/resource-library
WHAT TO LOOK FOR

Guide for Obtaining a 'Physician Quality and Value Programs' Role for an Existing EIDM User (1.87MB)	PDF	March 31st, 2017
Guide for Obtaining a New EIDM Account with a 'Physician Quality and Value Programs' Role (2.68MB)	PDF	March 31st, 2017
MIPS Participation Fact Sheet (133KB)	PDF	May 4th, 2017
MIPS Improvement Activities Fact Sheet (106KB)	PDF	April 6th, 2017
MIPS 2017 Qualified Registries (953KB)	PDF	May 11th, 2017
MIPS Data Validation Criteria (412KB)	ZIP	April 26th, 2017
A Quick Start Guide to the Merit-based Incentive Payment System (MIPS) (459KB)	PDF	May 19th, 2017
MIPS APMs in the Quality Payment Program (193KB)	PDF	May 23rd, 2017
Medicare Shared Savings Program and the Quality Payment Program (172KB)	PDF	May 23rd, 2017

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PICK YOUR PACE: A REVIEW

- **Test:** Submit minimum amount of 2017 data to Medicare (e.g. one quality measure or one improvement activity for any point in 2017) and ***you can avoid a downward payment adjustment***.

- **Partial:** Submit 90 days of 2017 data to Medicare you ***may*** earn neutral or positive payment adjustment (***may*** even earn max adjustment).

- **Full:** Submit a full year of 2017 data to Medicare, you ***may*** earn a positive payment adjustment.

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IMPROVEMENT ACTIVITIES – 15% OF TOTAL SCORE
WHERE DO I START?

Evaluate the list of 90+ improvement activities

- Determine if you are already working on some of them.
  - If so, and the process started this year (or process iteration) be sure it meets requirements and use the improvement activity toward completion of this measure. (determine weight: Medium = 10 pts; High = 20 pts)
  - If not, can the process be adjusted so it does meet requirements?

IMPROVEMENT ACTIVITY EXAMPLE

Implementation of use of specialist reports back to referring clinician or group to close referral loop (ACTIVITY 1A_CC_1)

INCLUDES

- Performance of regular practices that include providing specialist reports back to the referring MIPS eligible clinician or group to close the referral loop. Or, where the referring MIPS eligible clinician or group initiates regular inquiries to specialist for specialist reports which could be documented or noted in the certified EHR technology

IMPROVEMENT ACTIVITY EXAMPLE (continued)

Implementation of use of specialist reports back to referring clinician or group to close referral loop (ACTIVITY 1A_CC_1)

(validation and suggested documentation for continuous 90-day or year long reporting period)

VALIDATION: Functionality of providing information by specialist to referring clinician or inquiring clinician receives and documents specialist report

DOCUMENTATION

- Specialist reports to referring clinician: Sample of specialist reports reported to referring clinician or group (e.g. within EHR or medical record)
- Specialist reports from inquiries into certified EHR: Specialist reports documented in inquiring clinicians certified EHR or medical records.

Plan-Do-Study-Act (PDSA)

Plan
What are we doing now?
Is it a big problem?
What can we try?

Do
Let's try our plan.

Study
Did it work? What is our data?

Act
How can we keep it going?
Should we try a new plan?

PDSA

PLAN

In this instance, you need to know if you already are doing some activities that may qualify for Improvement points. If you do, you need to identify them and also determine if you need to make any changes to qualify. Plan for those changes.

❑ What are you going to try?
- ➢ Scope carefully and realistically (current state, desired state, bridge to get there)

❑ Know your timeframe
- ➢ How long will you be in the DO phase before you formally move to STUDY phase?
- ➢ How many PDSA iterations do you think you will need to be able to evaluate your process?

❑ Who are your key stakeholders?
- ➢ Do you need their buy in for your project?
- ➢ Do you have it?
- ➢ Build in time for initial contact, meetings, etc.

Resources for PDSA and related work:
http://www.ihi.org/resources/pages/tools/plandostudyactworksheet.aspx
Project Planning Tool: Developing a Community Advocacy Project Proposal

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DO

Your plan is in place, you're ready for action

❑ Well scoped and defined
➢ Timelines
❑ Refer back to your plan
➢ Track your DO phase (what is going as you thought and what isn't?)
➢ What new issues are illuminated?
➢ What barriers were unknown to you?

STUDY

Your PLAN and DO stage should set you up well for the STUDY phase. Be sure to take the time to analyze both your original plan and what your DO, or action phase(s), have illuminated

Key questions:
- ❑ Does your plan need to be updated/changed? (did it work?)
  - ➢ Have you veered? (intentionally, unintentionally)
- ❑ Were the measurements you had the right ones?
  - ➢ (Too many, too few, wrong ones)
- ❑ What is the impact to your plan (positive, challenges, no change)
- ❑ What specific changes need to be made to your original plan?
  - ➢ Update it
- ❑ What are the barriers? Can you address them in the next phase? How?

ACT

You've gone through one cycle, you've evaluated your data points and your experiences and have new information. What needs to change? What should you keep going?

❑ What needs to change?

- ➤ Track your changes

- ➤ Do you need new or different data points and do you have them?

- ➤ Have you articulated your changes in your plan?

❑ Are stakeholders aligned with your changes?

- ➤ Are they impacted?

❑ Should we keep it going or try something new?

- ➤ PDSA again

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TABLE GROUPS: 35 MIN

1. PICK AN IMPROVEMENT ACTIVITY FROM THE SAMPLE LIST PROVIDED

2. PLAN AND DISCUSS USING PDSA INFO AND KEY QUESTIONS

3. BE PREPARED TO SHARE QUESTIONS, ITEMS OF INTEREST AND LEARNINGS FROM YOUR DISCUSSION AT REPORT OUT

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TABLE GROUP QUESTIONS

- Does your improvement project effect workflows?
  - Identify workflows
- How much time does the improvement process take to set up and enact?
  - Estimate time for set up, implementation, tracking and iteration
- How many improvement processes can you reasonably do if you need to start from scratch on all of them?
  - What is possible to tool up to do in light of the other measurement areas?

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TABLE GROUP QUESTIONS

- Do any process improvement activities you are already doing qualify for this measure?

- Do your improvement activities require internal or external resources/relationships (or both)?
  - Do you have time to make connections and reasonably partner?

- How will handoffs work? Including tracking
  - How will you share data between different places and people?
  - What are the process and documentation
  agreements?
  - Who tracks process and documentation? How is it reported? How often?

TABLE GROUP QUESTIONS

- How do you track patients who have been touched by the improvement activity?
  - Plan, accountabilities, tracking systems
- Do you need to try to track health status changes? If so, how?
  - Patient acceptance
  - Engagement
  - Adoption
- Will you set up your improvement activity so it can be expanded upon if you get successful results?

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REPORT OUT AND QUESTIONS