



MIPS Improvement Activities: Quality Insights Tips, Tools and Support Transcript from Live Webinar

Wednesday, March 14, 2017

Maureen: Good afternoon and welcome everyone. Thank you for joining us. My name is Maureen Kelsey. I'm a practice integration task lead at Quality Insights. I hope everyone is weathering the storm in a warm, safe place today. Today Quality Insights is reviewing the improvement activity performance category MIPS and a tool we've developed to support the category. The improvement activity category provides an extensive collection of 90+ activities supporting patient centered team based care. We thought it would be helpful to develop a tool that will assist you with review, assessment, implementation and tracking of improvement activities. We hope you will find the tool and this presentation helpful.

In 2017, MIP scoring will comprise three categories: quality, improvement activities and advancing care information. The cost resource use category will be added in 2018.

Weights are assigned to each performance category based on a 100 point scale. For 2017, quality represents 60% of the total score, improvement activities 15% and advancing care information 25%. In year two, the weights change. The cost resource use category will represent 15%, quality 45%, improvement activities 15% and advancing care information 25%. Year three, the cost resource use category will be 30%, quality 30%, improvement activities 15% and advancing care information will be 25%.

Completing one improvement activity in 2017 guarantees that a clinician or group will not receive a 4% Medicare penalty in 2019. Fifteen points will be awarded toward the MIPS total score if the requirements of the improvement activity category are met. Focusing on implementing activities over time contributes to higher scoring, positive payment adjustments and fosters improvements in the health and wellness of the patient population.

In 2017, 40 points will be needed to earn full credit. Points will be awarded based on activity weight and the number of clinicians in a practice, the location of the practice and if the clinician is non-facing. Each activity needs to be completed for a minimum of 90 days to receive credit. Practices with fewer than 15 clinicians or located in a rural zip code or in a health professional shortage area or non-facing receive 40 points for high weight and 20 points for medium weight activities. Practices with 15 or more clinicians receive 20 points for high weight and 10 points for medium weight activities.

There are some special considerations. Participants in recognized patient centered medical homes, comparable specialty practices or advanced payment models designated as a medical home model earn full credit of 40 points. Participants of Medicare shared savings program Track 1 or the oncology care model automatically receive points based on the requirements of the APM. All current APMs under the APM scoring standard will earn full credit for the IA category. All future APMs under the APM scoring standard will receive at least half credit for the IA category.

Improvement activity submission methods for either individuals or groups include [inaudible 00:04:20], QCBOR, Qualified Registry or electronic health record vendor.

There are several improvement activities that award 10 points toward the advancing care information category of MIPS as long as all of the ACI base measures are met. These activities align with using health information technology to improve patient care.

The improvement activity category offers 92 activities within eight areas supporting patient centered team based care. The activities focus on achieving health equity, beneficiary engagement, the integration of behavioral and mental health, care coordination, expanded practice access, emergency response and preparedness, population management and patient safety and practice assessment. These activities provide a frame work for identifying and engaging patients, assessing patients' needs, planning patients' care, providing care in a team based environment and using clinical quality data in health information systems to support patient care outcomes in an environment of continuous quality improvement.

Quality Insights has organized 92 improvement activities within a user friendly tool titled Improvement Activities Readiness Assessment and Quality Improvement Tracking Tool. I'm pulling up the tool, and you can take a look at it. We've included information that will be helpful in managing your activities. The tool may be used to assess activity readiness and to track quality improvement projects. It may be used to help determine which activities are currently being performed and to track activities you may want to focus on in the future. In the first tab of the tool, we have provided detailed instructions. In the second tab, the activities are organized by section and include activity number, description, weight, eligibility for the advancing care information bonus, a review and select drop down box function and a resources section.

We've also identified activities supported by Quality Insights and our Learning Action Network program. These activities are highlighted in green text. Tab three contains a list of world zip codes and tab four contains a list of the health professional shortage areas for the states in our network.

Tab one instructions contains a summary of important information including activity completion requirements, scoring and weights applicable to practice size.

The instructions tab also contains information on special considerations that may be applicable to your practice regarding patient center medical homes and advanced

payment models. It also provides information on the content of tabs two and three and how the activities that align with Quality Insight support are identified within the tool.

Using the tools review and select function. After you've read each improvement activity, go to the right hand column to click on the box to select IA status. Then click the drop down arrow to indicate whether the activity is in place. Select yes if the activity is being performed and process if the activity is in the process of implementation or no if the activity is not being performed. After completing the review and select exercise, the activities will be easily identified for reporting and for tracking future quality improvement work. For future work, select activities that best fit your practice goals considering your patient population and the clinical conditions you treat.

To the far right column of the tool, the resources section includes multiple sources of information supporting activity topics. These resources are not all inclusive and are for informational purposes only to provide guidance. Please let Quality Insights know if you have questions or need support in helping to identify additional resources for the activities you are implementing. Make the tool your own. Adopt the tools to meet your practice needs. For example, you can add columns to assign staff responsibility and to establish timelines to manage projects. You can add notes, build in additional information and add resource links that support the activities. The tool has many uses. There's no right or wrong way to use it. It's designed to help you in whatever way you think best to meet your needs.

The improvement activities highlighted in green within the tool align with Quality Insights' collaboration. In the next few slides, we'll be providing an overview of these activities and the programs holstered by Quality Insights to support them. The activities include beneficiary engagement number three, care coordination numbers 3 and 4, expanded practice access number four and population management numbers 5 and 6. We will also be providing an overview of patient safety and practice assessment activity 19, adopting a formal model of improvement, which provides a focus on continuous quality improvement.

Some of the programs offered by Quality Insights' support activities include referring Medicare patients with diabetes to diabetes self management classes, care coordination and medication management, the antibiotic stewardship program, the transforming clinical practice initiative, improving cardiac health and reducing healthcare disparity, improving adult immunization rates and increasing annual wellness visits for Medicare beneficiaries.

Beneficiary engagement activity number three, engagement with a quality innovation network, is supported by Quality Insights' program. The increasing annual wellness visits program is designed to improve prevention and increase the number of Medicare beneficiaries who receive their annual wellness visit. The antibiotic stewardship program is based on The Center for Disease Control's core elements and has a goal of reducing unnecessary antibiotic use and antibiotic resistance through patient and provider education and also supports patient safety and practice assessment activity number 15. The Everyone With Diabetes Counts program engages beneficiaries in diabetes self management workshops and is coordinated throughout the Quality

Insights five state network. Everyone With Diabetes Counts is a community based approach that is free to beneficiaries and addresses diabetes prevention, complications, medications, nutrition, exercise and stress reduction. The program is actively seeking providers to identify patients who may benefit from the self management workshop.

Quality Insights supports care coordination activity number three by forming community coalitions uniting providers with a shared vision of reducing hospital admissions. We share information on incorporating patient and family engagement, on medication reconciliation best practices, on tips on reducing readmission and other resources supporting the coordination and transitions of care. The Reducing Opioid Misuse and Diversion program is an expansion of our medication safety initiative. Quality Insights was awarded this project to work with providers to increase prescription drug monitoring program utilization, which is geared toward helping clinicians reduce duplicated or overlapping opioid prescriptions. Participating in your state's prescription drug monitoring program for a minimum of six months also supports patient safety and practice assessment improvement activity number five.

Quality Insights engage with partners and stake holders in our community in order to identify and develop areas where education in antibiotic stewardship programs are needed. This coordinated approach leads to comprehensive patient centered programs supported by a learning and action network designed to empower providers and consumers to create synergy, impact outcomes and meet the goals of increasing the number of outpatient settings that have incorporated all core elements of antibiotic stewardship. The core elements of commitment, action, tracking and reporting and education and expertise support reducing unnecessary antibiotic use and antibiotic resistance.

Quality Insights works with the centers for Medicare and Medicaid services and The Practice Transformation Network to support the transforming clinical practice initiative care coordination activity number four. This initiative is designed to help healthcare providers achieve large scale practice transformations and to strengthen the quality of patient care. TCPI promotes improved clinical quality, enhancing the patient and family experience and reduce cost to the development of collaborations that support healthcare transformations. The Transforming Clinical Practice Initiative is one of the largest federal investments uniquely designed to support clinician practices, nationwide collaborative and peer based learning networks that facilitate large scale transformations. Through TCPI implementation, practice transformation networks provide assistance and peer level support to assist clinicians in delivering care in a patient centered and efficient manner.

Expanded practice access activity number four. As a result of Quality Insights technical assistance, performance of additional activities that improve access to services. Examples include investment of onsite diabetes educators. Diabetes education fosters use of primary care and preventative services. Increasing annual wellness visits will enhance beneficiary use of appropriate clinical preventative services, thus improving your health and quality of life and will also insist in identifying high risk patients who may need chronic care management services.

Activity number five population management taking steps to improve the health status of communities such as collaborating with key partners to implement evidence based practices to improve a specific chronic condition. Quality Insights supports clinicians to participate in our Improving Cardiac Health Outcomes program. We help providers learn how to use data to improve the controlling high blood pressure outcome measure and other related [inaudible 00:17:21] measures. We host educational events and share provider and patient education tools for blood pressure control, smoking cessation and cholesterol management. Our improving adult immunization rates program assists our participants with improving influenza, pneumonia and zoster vaccination rates. We offer learning activities, resources and tools to support immunization campaigns, immunization assessment and documentation. Improving outcomes for patients with diabetes is supported through our Everyone With Diabetes Counts program.

Quality Insights supports activity number 6 population management, taking steps to improve healthcare disparities and improve the health status of communities by helping healthcare providers achieve improvements and measures for the [inaudible 00:18:19] quality payment program. We do this through active engagement in population health activities. In the course of our work on cardiac health, increasing adult immunization and Everyone With Diabetes Counts, collaborate with local communities, health care providers, partners and stake holders to provide education and resources to improve healthcare disparities and the health of our communities and strive to increase awareness of racial and ethnic disparities in healthcare among healthcare providers and key stake holders.

Patient safety and practice assessment activity number 19 is adopted a formal model for quality improvement and creating a culture in which all staff actively participates in improvement activities. The implementation of this activity supports all areas of the quality payment program. This activity focuses on providing education to staff on a model for improvement and integrating quality improvement methods into workflows, as well as engaging staff in regular team meetings and ongoing identification and testing of changes to foster and sustain improvements. It may also involve the sharing of [inaudible 00:19:39] practice level and panel level quality of care, patient experience and utilization data with staff or promoting transparency and engaging patient's family members by sharing data.

This slide provides a brief overview of how implementation of improvement activities can help to prepare for the cost resource category of MIPS, which starts in performance year 2018. For 2017, which is a transition year, the cost category carries a weight of zero; however, starting in 2018, the percent levels begin to increase from zero to 30% by the third MIPS payment year of 2021. Cost category measures will include the total per capita cost for all attributed beneficiaries, Medicare spending for beneficiaries and ten episode based measures. Focusing on improving outcomes through expanding access, care coordination, population management, enhancing beneficiary engagement, coordinating behavioral health services, reducing disparities in patient safety supports reducing cost. Participating with Quality Insights in our learning action network, sharing clinical quality data and implementing a model for improvement are ways to help prepare for success in all areas of the quality payment program, supporting

improvements of patient experience of care including quality of satisfaction, improving the health population and reducing the per capita costs of healthcare.

On this slide we've included a list of Quality Insights state contacts. We invite you to reach out with any questions or resource needs. We encourage you to engage patients who will benefit from our diabetes self management workshop and we invite you to partner with us in our antibiotic stewardship program by joining efforts in reducing unnecessary antibiotic use and antibiotic resistance.

We invite you to visit our Quality Insights website at www.qualityinsights-qin.org and also the quality payment program website at www.qpp.cms.org for additional MIPS improvement activities information and resources.

Please remember that the MACRA MIPS team at Quality Insights is here to help your practice with the new quality payment program. We know that it can seem overwhelming at times but we are here to help you succeed. At this time we will address any questions you may have regarding MIPS improvement activities and our improvement activities tool.

Laurie: Hi, Maureen. This is Laurie. I know Kathy Wild has been fielding some questions in the Q&A and I have a couple that were submitted directly to me. I'll go ahead and read those to you. I know we also have Rebecca Dase from our team on the line. Feel free whoever would like to take the question. I'll just go ahead and read it.

The first one asks what do I need to do to complete an improvement activity?

Maureen: I think the tool is a really good resource to help you get started. What I would suggest is that you use the tool and review all of the activities and identify those activities that you may be currently performing. Once you have identified them, you will be ready for reporting, which does not occur until 2018.

Laurie: Another question asks can we earn extra points for the IA category if we complete extra activities?

Maureen: The maximum points that you can earn for the category is 40; however, implementing additional activities has a lot of benefits. As you look at the various categories of the improvement activities, you see all those areas that when you're focusing on them, you're improving patient care in many ways. Ultimately, the more activities that you implement over time, the more you're going to improve your patient outcomes and you're also going to reduce your overall cost of care. There is benefit to implementing and focusing on multiple activities.

Laurie: Another question is regarding the onsite diabetes educator. Can a hospital based diabetes educator be utilized?

Maureen: I believe they're referring to the activity where they are increasing services for their patients. The activities themselves are not prescriptive, so implementation of onsite

diabetes education for your patients in your practice I would say whatever way you decide to provide that service as an additional service to your patients I would think would be adequate. The activities are not prescriptive, so I would think that that would be fine.

Kathy: Maureen, this is Kathy. I'll just add on to that. The way that that activity is worded is it says as a result of QIN, QIO technical assistance, performance of additional activities that improve access to services, such as the investment of an onsite diabetes educator. I'm not sure if the question means can the practice refer patients to a hospital based educator or if they're saying can that person come to their practice? I agree with you that, once again, CMS is not prescriptive. Figure out what you want to do, create a policy, of course keep that policy in your records in case you get audited down the road to say that this is how I interpreted what this improvement activity is. This is what I've done. I've had this many more patients receive diabetes education as a result of me implementing this new activity.

Laurie: The next question asked can you attest after 90 days or do we wait until year end?

Kathy: Do you want me to take that one, Maureen?

Maureen: Yeah, go ahead, Kath.

Kathy: Okay. I'm just trying to give you a break. The answer is no you have to wait. CMS doesn't even have anything ready for you to go ahead and attest. Once again, for this activity, there are certain mechanisms and methods that you can use to submit the attestation, whether you use a registry, the EHR or manual attestation. If you have participated in meaningful use in the past, we imagine that CMS will be creating a brand new portal where you'd be logging in and what I imagine is they'll have the list of all 92 improvement activities. You will be required to put a check mark beside the ones that you've completed and then check off that yes, I swear that I completed these and then submit the attestation that way. From what we hear, CMS is not going to require any documentation or evidence of what you did, but once again, if you would get audited, you would need that information.

Laurie: Our next question is what are the chances that this will go away if the government is really cutting regulations?

Kathy: I don't think it's going away. Value based care is where it's at. If you think about how CMS has changed, Medicare's changed, they implemented the PQRS program about 10 years ago and then meaningful use, the EHR program, and what those two programs were trying to do is get providers to learn to just report certain things. Now they figure that you've had multiple years to do that and now it's not good enough for the government to just go ahead and have you report the data. Now it's necessary to go ahead and look at the data. You'll see this whole MIPS program is all about having you be reimbursed based on your actual performance rates on these measures. This improvement activity category is a little different than the rest of MIPS, but still if you think about it, it's all about quality improvement. That's what this whole list of things

are. They're all suggestions to improve the quality of care. This is not going to be going away.

Laurie: Another question. Where do you get the worksheet IARA and QI tracking tool?

Maureen: Our tracking tool, we did share it in a few of our e-bulletins. You can reach out to your state contact and we will be happy to share directly with you. We also have it out on our website. Here's our state contacts - just reach out and we'll be happy to...

Kathy: There is an error there. For West Virginia, instead of Debbie Wascom, it should be Debbie Hennon and we apologize for that. The phone number and the extension are correct but it should be Debbie Hennon for West Virginia.

Laurie: Does the improvement activity period have to be the same 90 days as the quality measures?

Kathy: Do you want me to take that, Maureen?

Maureen: Yeah, go ahead, Kath.

Kathy: Okay. No. For each of the different categories of MIPS, which are quality, the improvement activities and the advancing care information, each of them is kind of siloed. The only thing you have to do the same across all the categories is decide whether your practice wants to report everything individually at the clinician level using their NPI or as a group and then that would be at the 10 level. Other than that, you can report each of the different categories using a different method. You could report your quality measures using a registry and then for these improvement activities you can report them via attestation. Did I answer the question completely? The time period, once again, can vary too because these improvement activities almost all of them I think except for one, CMS calls them completed if you do them for just a time period of 90 days.

There is one improvement activity if you participate in the state prescription drug monitoring program, that improvement activity states that the activity must be done for a period of six months. That's the minimum if you pick that one. I know in the state of Pennsylvania all clinicians are required to participate in that. If you are a practice in PA, then you automatically have that activity done. When you go to the quality category, once again you can report those measures for 90 days, 100, 101, all the way to 365. The time periods do not have to match. Even if you report two different improvement activities, they don't even have to be during the same time period. You're just stating that you're doing two different activities. If you're in a small or rural practice and you perform a high weight activity that's worth 40 points, it's full credit and you would only have to do that one.

Maureen: The QPC website is also a very good resource and we have the address included in the slides. It provides information on all of the categories of the quality payment program and a few tools are also included that are very helpful as well.

Laurie: We have another question. As an ENT practice, what activities will need to be completed?

Maureen: The activities are not prescriptive. Again, you want to align with activities that are pertinent to your practice, your patient population and you can go through the different activities and identify those that you may already be doing and the ones that you may want to focus on. Within the quality payment program website, they also have a narrative for each of the activities. They have the steward information for the measure as well. You might want to take a look at that. It really depends on what you want to focus on, what your goals are for your practice. There are over 90 activities, so there are several to choose from.

Laurie: The next question asks when will the seminar be available in the archive, and I can actually go ahead and answer that one since I'm the one who posts it. We are recording this session, so the recording link will be posted probably later this afternoon, and if not, first thing tomorrow morning and that can be found if you go to qualityinsights-qin.org and click on the events tab and then you go to archived events and it'll most likely be listed at the very top of that page. The recording will have the slide deck up there and also a transcript of today's session will be posted on that page. The recording should be there within the next 24 hours.

Another question is CRNPs and midwives billed under our physicians, can they participate in MIPS?

Kathy: I was just going to say I had just written that answer in. If they do not get a lunge of their own NPI, then no, they do not have to participate. First of all the certified nurse midwife, for 2017 they are not even an eligible professional. Down the road in future years, maybe beginning in 2019 they will be. The professionals that we know about right now are for 2017 and 2018. Once again, midwives might be down the road. As far as the nurse practitioners, if they do not bill under their own NPI, they would not be eligible for the program; however, if they would like to go ahead and get scores and report measures, they can do so but there would be no financial implications for that if they're submitting separately. If you're submitting as a group and even submit some measures under them, then those measures would be taken into consideration, their performance rates.

One of the things I want to bring up. I've had a couple questions asking about the rural zip code designation. I know Maureen pointed out that on our tool, the third tab for our five states and our network, we did identify the federal zip codes that are considered rural; however, the question that I'm not sure and I am going to go to the QPP service center and get an answer is for those practices that have multiple locations and there's examples where maybe one of the locations has a rural zip code but another one does not, how would that work? I'm going to have to clarify that with the help desk. I'm not really sure. I'm thinking they would probably go by the practice zip code for the 10 but I'm not sure or it may depend if you're going to report as a group or individually because if you report as a group, then it would take everyone into consideration. It would probably be the 10 address but if you reported each clinician at the individual level then maybe it would go by the address of where each one works.

Then that runs into another problem because I know we have many physicians that work at multiple locations. Two days a week they're here and three days a week they're there or something like that. Let me get some clarification on that and we will definitely get that out to everyone in a newsletter and added to the questions and answers when we get this stuff finalized after today.

Rabbecca: There was also a question previously about extra credit or extra points if you do additional improvement activities and the answer was no for that; however, if you do participate and use your certified EHR to report some of your improvement activities, you can be eligible for a 10% bonus under the ACI category. I just wanted to note that.

Kathy: Thank you. That's a great point, Rabbecca. It's not extra points for this category but it's extra points for the advancing care information category. If you look on the list of them, I can give you an example. Some of the examples are using clinical decision support, doing medication reconciliation, using patient portals and posting educational things out there. Those are the kinds of improvement activities that involve using an EHR, so that's why CMS is providing credit for not only doing the improvement activity in this category but also if you pick one of them you'll get 20 extra points in that category as well.

Laurie: Rebecca, we did have an attendee ask if you could repeat what you just said about the 10% bonus.

Rabbecca: Yes. There are certain improvement activities that if you use your EHR, your certified EHR, to complete these improvements activities, you can earn up to a 10% bonus under the ACI category. Does that answer the question? I hope so.

Maureen: They're the 19 activities that we have included in the slide.

Laurie: We have a question coming in that asks we are a multi-specialty practice and want to do group reporting. Some of the activities we are considering are not applicable to all clinicians in our practice. Do we have to select improvement activities that everyone must participate in?

Kathy: If you are going to do group reporting, which would be across all the MIPS categories, then the requirement that only one clinician in the group has to perform an improvement activity and everyone in the group would get credit. That's what CMS states; however, if you think about the implications of that, it really doesn't make sense. When you look at these improvement activities, you really want everyone in the practice to implement that procedure and process. After all, it's all about improving the care of the patient. You wouldn't want one physician to just start referring his patients to diabetes classes or something. Why wouldn't you want all your physicians to do that? For this example, if you have a multi-specialty practice and you have primary care docs that would be doing that but maybe an ENT specialist that he wouldn't even think about that, that's quite all right because you're reporting as a group. Everyone would get credit for completing the improvement activity.

Laurie: Are there any crossover activities and improvement activities that will cover one of the other two?

Kathy: I'm not sure I know what that means.

Maureen: There are some activities where you can get credit in a few different areas. For instance, I know the antibiotic stewardship program can fall under the care coordination and it also falls under patient safety. I'm not sure if that's what they're inquiring about.

Kathy: I just want to add that if you take a look at these, I think everyone can definitely pick two, three or four or whatever you need to do and definitely get full credit for the category. Some of the things really they're not asking a lot to do that you should be doing. Once again, it's all about improving care for the patients. I think if you really take a look at it and we've given like those links to some websites that might give you some ideas of what to do, but once again because it's not prescriptive, create your own policy. This is what we want to do to improve the care.

If you have a certified EHR and you're using it and you've met meaningful use in the past, there's multiple improvement activities in the list that you would automatically be doing as a result of that and as a result of the advancing care information. Once again, there are several activities that our organization Quality Insights are working on different other projects that if you're working on those projects with us also then you would get credit for these activities. It's a win/win and it should be a really easy category to get full credit in. Do you have anything else Maureen or any other questions from anybody?

Maureen: No. I think we're good unless anyone has any other questions. We hope that the tool will be helpful.

Kathy: If there are any unanswered questions here in the chat box that we didn't get to today, we will certainly create a frequently asked question and provide that to you when we go ahead and send everything and post it out on the website. We'll send it to everyone that's registered and participated.

Maureen: We encourage everyone if you have any other questions or you need help with identifying resources on something that you're interested in implementing, please don't hesitate. Reach out to us. We're here to help in whatever ways we can.

Kathy: Okay. That will conclude today's improvement activity webinar. Just so you know, on March 29, we'll be hosting a webinar to go over the Advancing Care Information performance category. Then on April 19, we will be doing the same for the Quality category. Down the road, probably in June, we will be talking about the Cost category, which, although it's not scored this year, it's still important for you to look at your QRUR reports and understand what those reports show and how you can make some changes now that will improve your cost score when it is scored next year in 2018.

Thank you everybody for attending and we will talk to you next time.