MIPS 2017

A
Crucial Year
for
LTPAC Clinicians

Webinar Presenters

Rod Baird, President - Geriatric Practice Management, LLC
- Partner - ECP Management, LLC - Provider of LTC Physician Services
- AMDA Committee Member - Public Policy & Government Affairs, QM Task Force
- CMS – 2012 Innovations Advisor – LTC PCMH
- LTC MD representative to NASL HIT Committee
  www.ltcmanagement.com

Jenny Liljeberg
Geriatric Practice Management, LLC
Regulatory Affairs Manager

Mikell J. Clayton
Geriatric Practice Management, LLC
Regulatory Compliance Specialist

gEHRiMed™
LTC Physician-Designed Portable EHR

GPM Disclaimer

This presentation was produced by Geriatric Practice Management. This presentation is provided for educational use only, is general in nature, and is not intended to take the place of your review and understanding of all applicable law or regulations. Please consult with your legal representative should you have questions regarding such laws or regulations.

While making reasonable efforts to ensure that all information in this presentation is accurate and up to date, GPM makes no representation or warranty of the accuracy, reliability, or completeness of the information. GPM further makes no representation or warranty concerning errors, omissions, delays, defects in, or the accuracy, completeness, timeliness or usefulness of, the information supplied in this presentation.
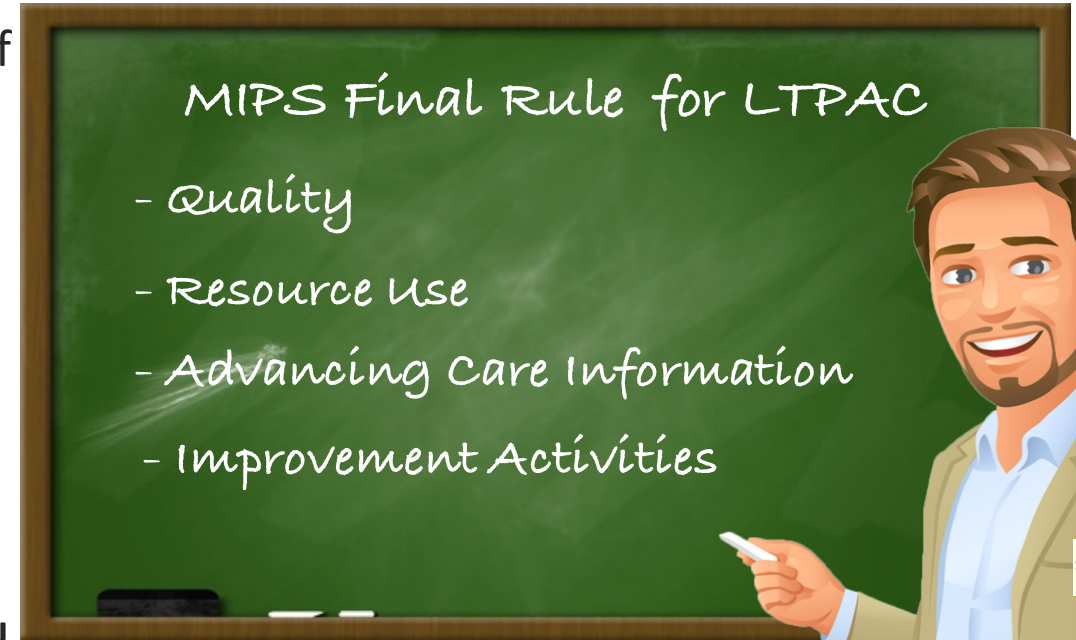
About gEHRiMed

gEHRiMed was engineered specifically for physicians and clinicians providing direct patient care in the nation's 16,000 nursing homes. The long term, skilled nursing, nursing, and assisted-living settings are unique and require an EHR that is wholly focused on the workflow of the physician and providers With easy navigation and an intuitive design, our portable, web-based EHR supports the unique workflow of providers caring for patients at multiple long-term care facilities — from patient management and charting, to reporting and billing.

Intended Audience: Long-Term Care Focused

- LTPAC Medical Professionals:

  - The 16,500 MD/DO/NP/PAs who's primary Place of Service is SNF/NF or AL

  - And the subset of 10,340 who exclusively serve these LTPAC locations
    (Data based on CPT® Data from CMS)

- LTPAC Practice Managers & Staff

- LTPAC Facilities

- Organizations supporting LTPAC Practices and Facilities

MIPS Final Rule for LTPAC

- Quality

- Resource Use

- Advancing Care Information

- Improvement Activities

MACRA Overview

The Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)

- MACRA places each Medicare Part B provider into the following categories:
  - Merit-based Incentive Payment System (MIPS) – 80% of all clinicians
  - Advanced Alternative Payment Models (Advanced APMs) – less than 5% of all clinicians
  - Both MIPS and APM – approximately 15% of all clinicians

- The new MIPS Program:
  - Leverages and augments PQRS, Value-Based Modifier (VBM) and Meaningful Use rules; replacing existing Medicare quality/cost reporting programs.
  - Clinicians' performance composite score will be the basis for positive, negative or zero payment adjustments beginning in 2019. The payment adjustment schedule will be based on 2017 performance scores.

MIPS 2017 Timeline
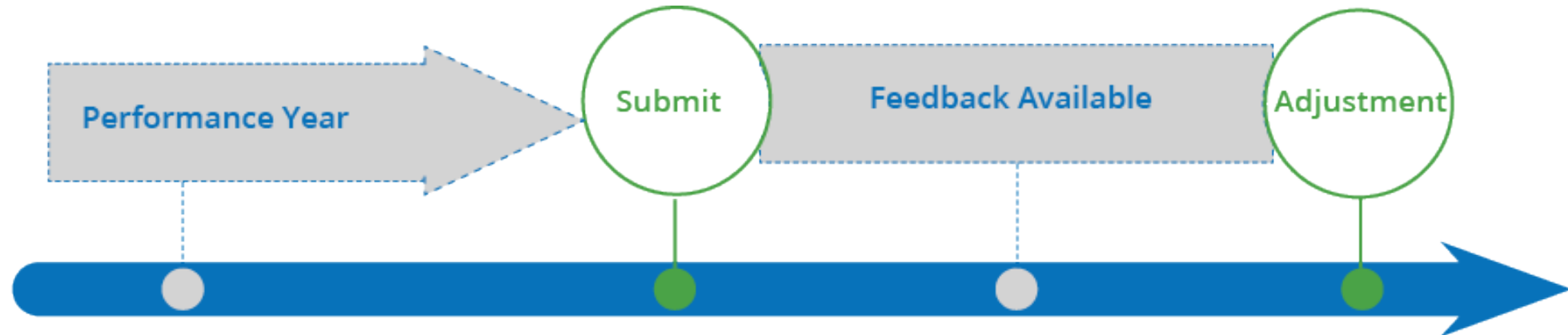
2017
Performance Year

The first performance period opens January 1, 2017, and closes December 31, 2017. During the performance year clinicians will record quality data and how technology (Certified EHR) supported their practice.

March 31, 2018
Data Submission

To avoid a negative 4% payment adjustment, clinicians will submit quality data and how technology (Certified EHR) supported their practice.

Feedback

After submission of data, Medicare will provide feedback on performance.

January 1, 2019
Payment Adjustment

Clinicians can earn a positive, neutral, or negative payment adjustment for their 2017 MIPS performance. Clinicians need a certified EHR to succesfully complete MIPS.

gEHRiMed™
LTC Physician-Designed Portable EHR

Key Considerations for the 2017 Transitional Year

- Multiple paths to avoid penalties-but only for 2017.

- Requirements will become increasingly more difficult and onerous in subsequent years.

- Resource Use will continue to be problematic for LTC providers due to aging and sick populations who disproportionally consume more healthcare resources.

Path to MIPS
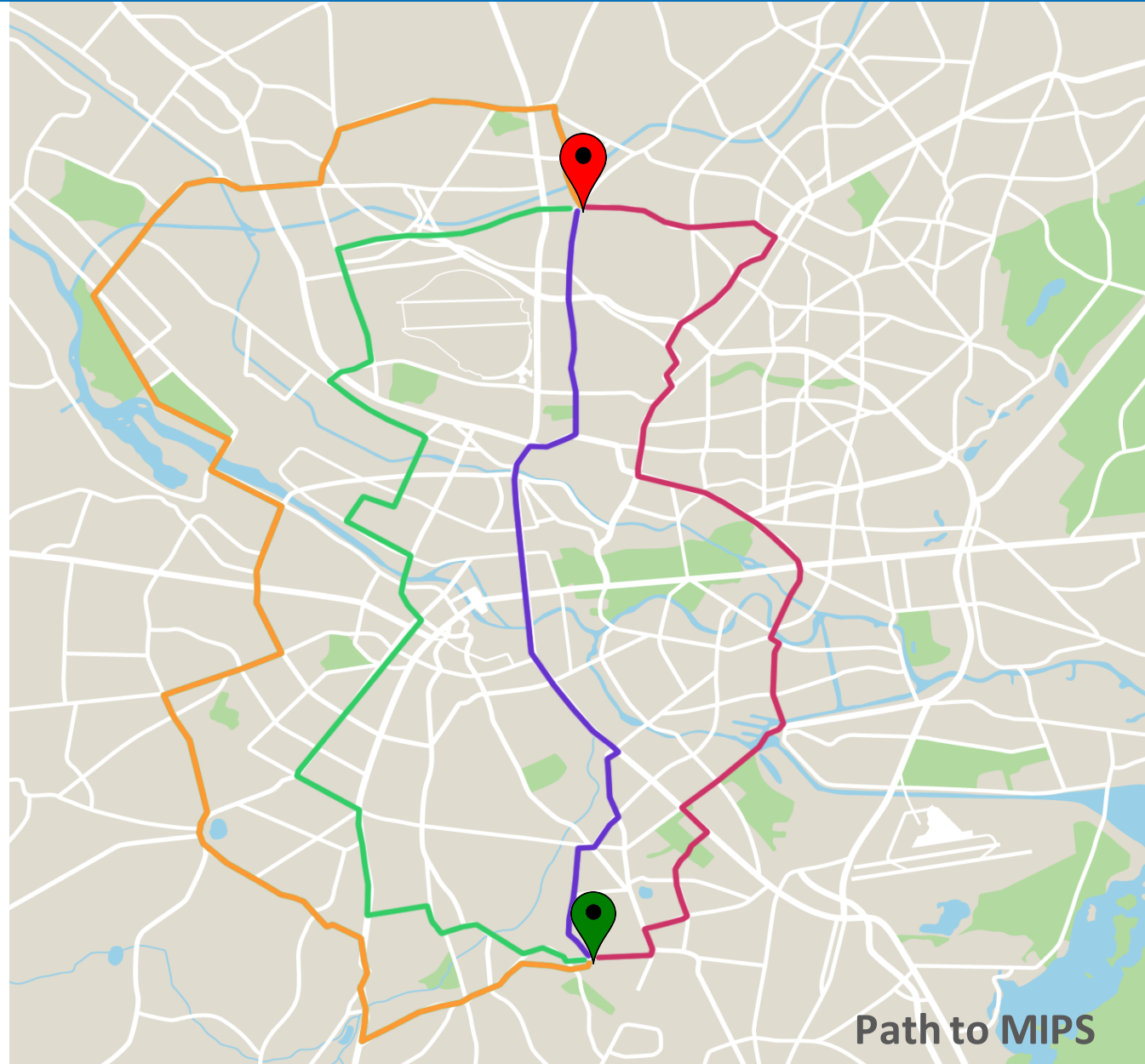
Financial Risk

- What's your practices' risk tolerance?
  - Crawl?
  - Walk?
  - Run?

- MIPS may be a problem, but there are strategies and solutions that can help you succeed.

- Do not expose yourself to needless risk if you can avoid it.

+4% +5% +7% +9%

+/- Maximum Adjustments

-4% -5% -7% -9%

2019 2020 2021 2022 onward
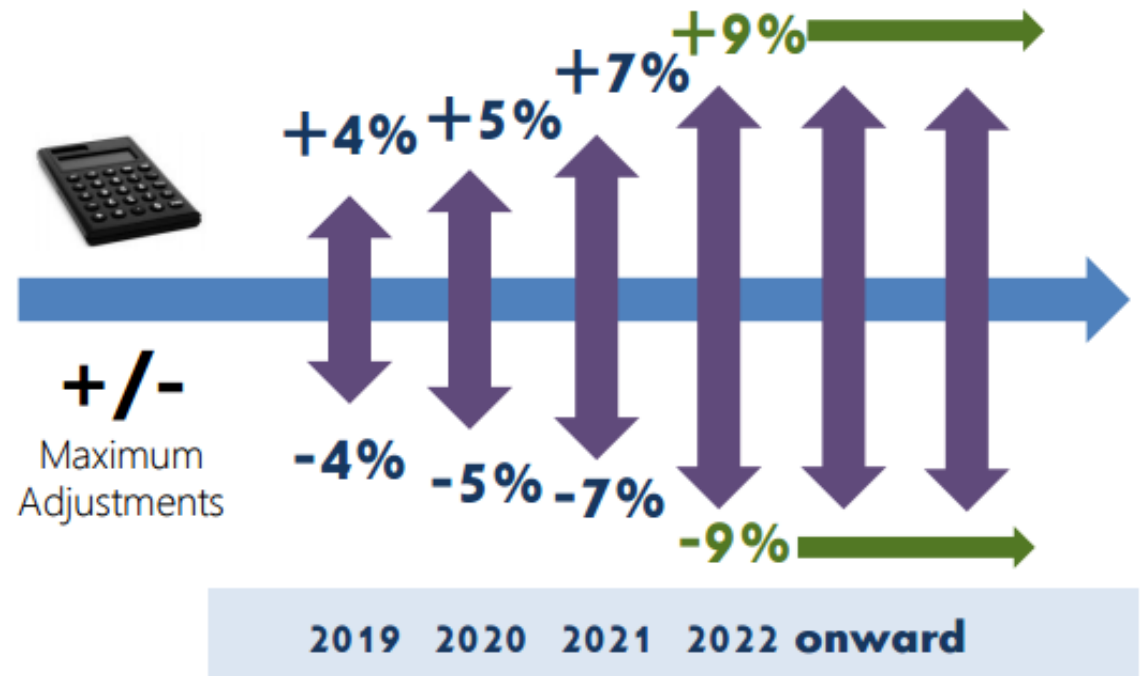
Maximizing Your Score

- Do you want to just avoid penalties or do you want to be success?

- We assume that by attending this webinar, you want to succeed.

- gEHRiMed was built with the specific needs of the LTPAC community, understanding the specific obstacles these providers face

- We build a product that takes the tax out of reporting while still able to provide quality care. Let us help you maximize your MIPS Composite Score without the undue burden of altering your workflows.

Reputational Risks of MIPS

- EC MIPS Composite Scores will be publically published on **Physician Compare Website** annually.

- MIPS Scores are attach at the **NPI level**. Therefore, each eligible clinicians' score will follow them, even if they change organizations.
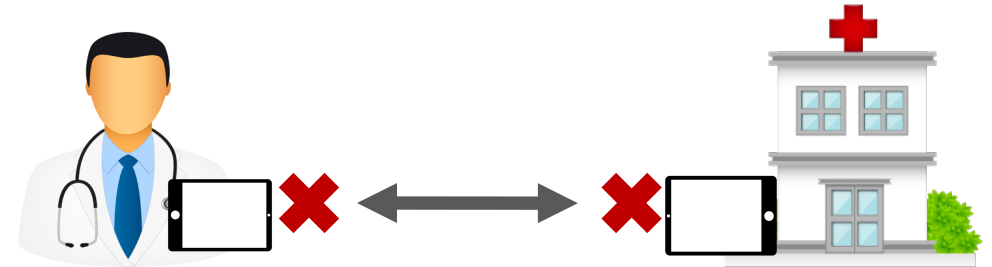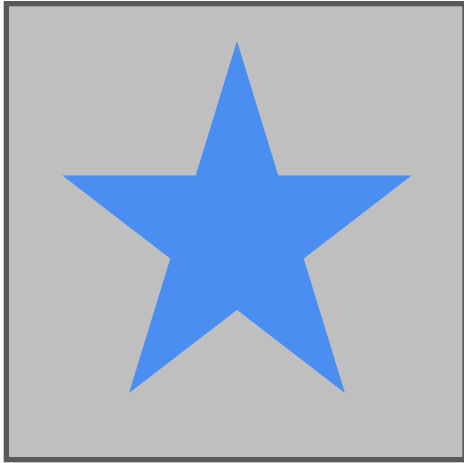
Professional Risk

- Burdensome reporting can alter workflows and create lag-time.

- Increased errors may occur in decision-making when disparate systems are unable to communicate information to one another.
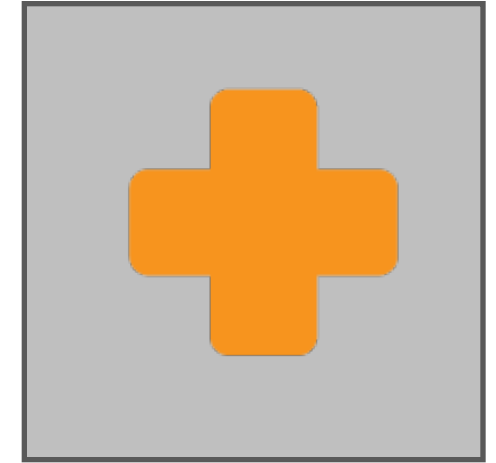
2017 MIPS Components & Weights
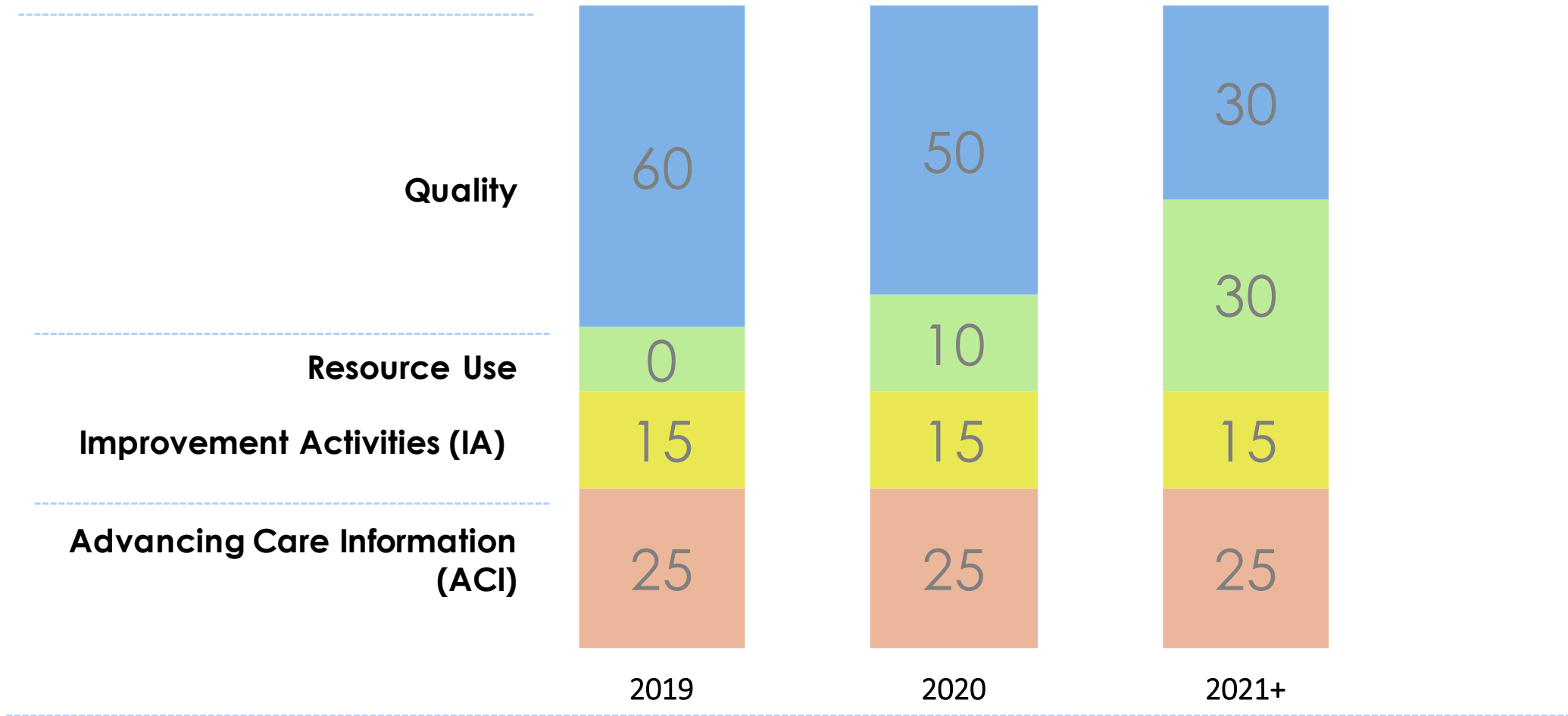

60%
Quality

25%
Advancing Care
Information (ACI)

15%
Improvement
Activities

0%
Resource Use

gEHRiMed™
LTC Physician-Designed Portable EHR

MIPS Components: Relative Weight Over Time

	2019	2020	2021+
Quality	60	50	30
Resource Use	0	10	30
Improvement Activities (IA)	15	15	15
Advancing Care Information (ACI)	25	25	25

gEHRiMed™
LTC Physician-Designed Portable EHR

2017 MIPS Components & Weights

60%
Quality

25%
Advancing Care Information (ACI)

15%
Improvement Activities
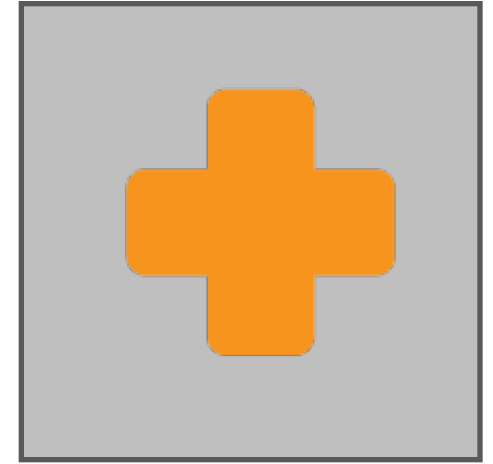
0%
Resource Use

Quality Considerations

- Full participation consists of reporting 6 measures

    - One must be an Outcome Measure
    - Few Outcome Measures are available for strictly LTPAC clinicians

- 300 quality measures– most do not apply to LTPAC patient populations.

    - Only 16% of the 300 measures apply to LTPAC Populations (Place of Service 13,31,32.)

    - gEHRiMed actively incorporates measures annually that are most applicable to LTPAC Clinicians, including:

        - Measures with attainable benchmarks
        - High-Priority Measures
        - LTPAC appropriate Outcomes Measures.

gEHRiMed™
LTC Physician-Designed Portable EHR

Quality Reporting

gEHRiMed has experience with Quality Reporting since 2008. Never received a penalty.

Quality Considerations

- CMS Transitional Year

  - Crawl – Submit minimum amount of data. One quality measure, for one patient.

  - Walk & Run – Report Six Quality measures, including one outcome measure for a minimum of 90 days.

- gEHRiMed helps you keep track of which measures are most meaningful

  - We select measures that make the most sense, ex. picking a time of year that makes works well for you practice and selecting measure that correspond with the season

  - gEHRiMed reviews the entire process as a **tax**. Reporting slows down your workflow and costs you more time, which in the end costs you more money.
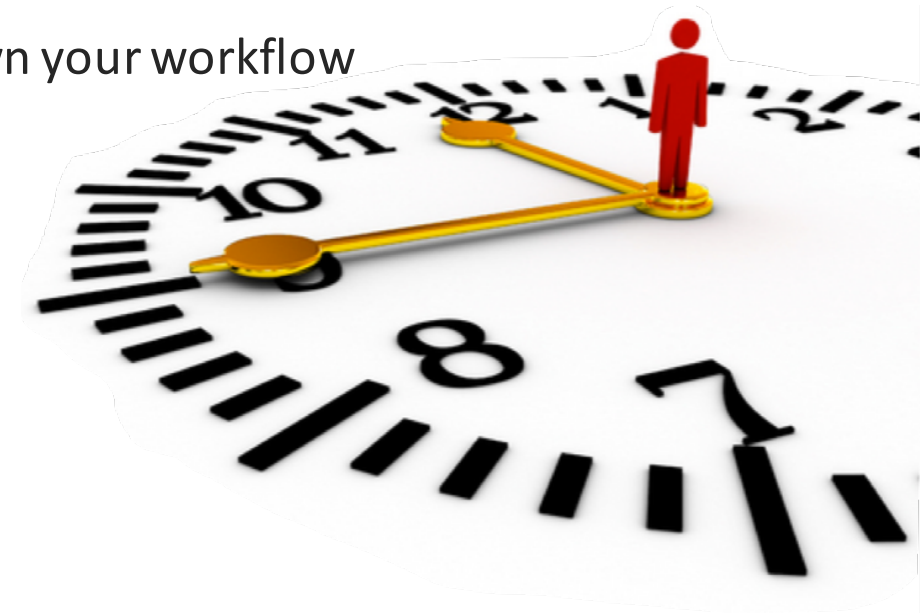
2017 MIPS Components & Weights
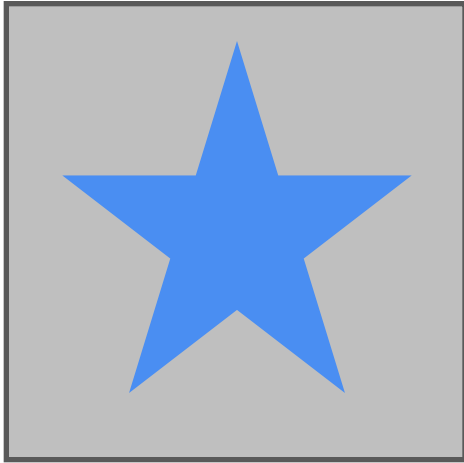
60%
Quality

25%
Advancing Care Information (ACI)

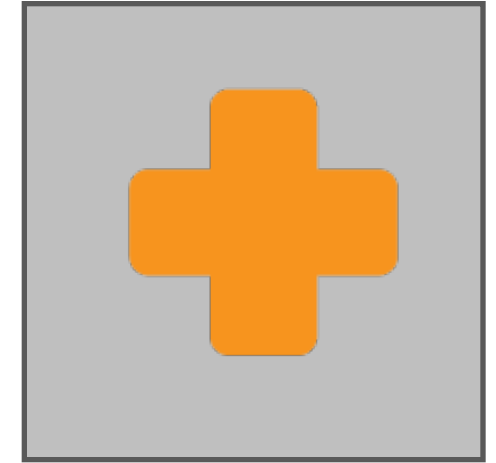**15%**
Improvement Activities

0%
Resource Use

gEHRiMed™
LTC Physician-Designed Portable EHR

ACI Base & Performance Measure

ACI Base Score Required Measures:
2014 EHR Certification

Obective	Measure
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange	Send a Summary of Care

ACI Performance Score Measures:
2014 EHR Certification

| Objective	Measure
Patient Electronic Access	Provide Patient Access
Patient Electronic Access	View, Download and Transmit (VDT)
Patient-Electronic Education	Patient-Specific Education
Secure Messaging	Secure Messaging
Health Information Exchange	Health information Exchange
Medication Reconciliation	Medication Reconciliation
Public Health Reporting	Immunization Registry Reporting
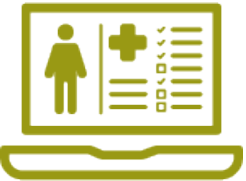
ACI Considerations

- The Base score still consists of an all-or-nothing approach.

- Future years - thresholds will return, specifically with patient engagement measures which are difficult to LTPAC providers.

- Complex calculations in determining an ACI score create difficulty in gauging progress.

- GPM is building a dashboard visual representation for tracking.

- Interoperability is a major challenge. gEHRiMed is building an integrated solution:

  Jean Yarnell, Sr. Director Product Management at Genesis Healthcare, *"The integration and interoperability of PointClickCare's PE+ and gEHRiMed has significantly improved our physicians' workflow and given us the opportunity for our eligible providers to attest for Meaningful Use. Documenting encounters within the PointClickCare system and using workflows designed around how physicians work, has increased productivity across the board. Encounter documentation is taking less time and is available to the entire facility clinical care team to improve quality of care and clinical decision making."*
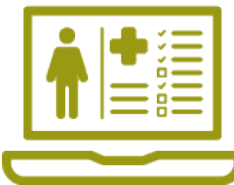
ACI Hardship Exemption

- Reweight ACI Score to 0%

  - If clinicians face significant hardship and are unable to report ACI measures, they can apply to have their performance category score weighted to zero.

- Ramifications of ACI Hardship Exemption

  - The Quality Component will increase from 60% to 85%. The points from ACI will redistributed to Quality.

- Putting all of your eggs in the Quality Basket

  - If you apply for the hardship exemption, we recommend still attempting to report the measures, since the program will become increasingly more difficult in the subsequent years. It's best to be prepared. No one runs a marathon without training before the main event!
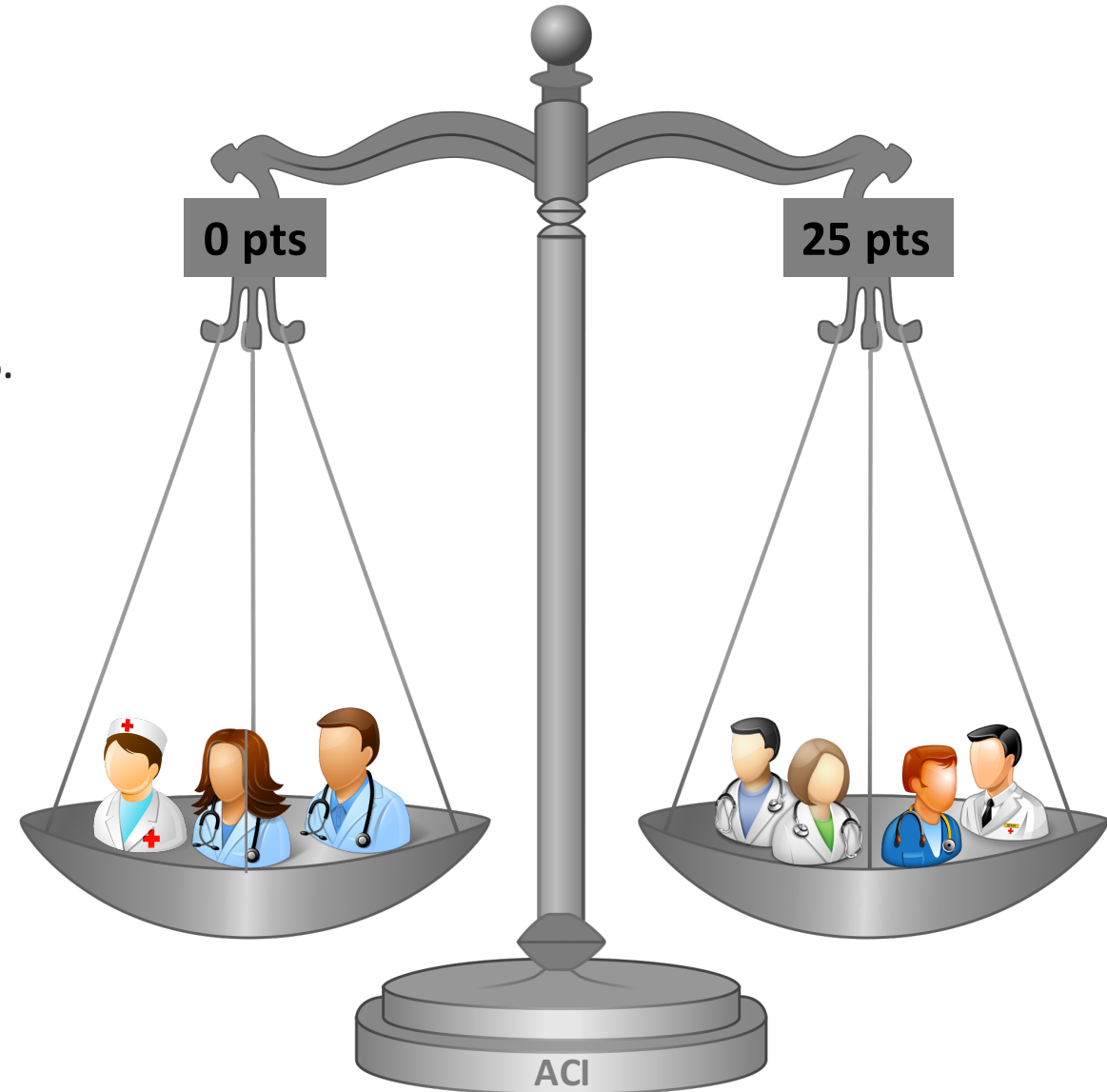
2017 MIPS Components & Weights

60%
Quality

25%
Advancing Care Information (ACI)
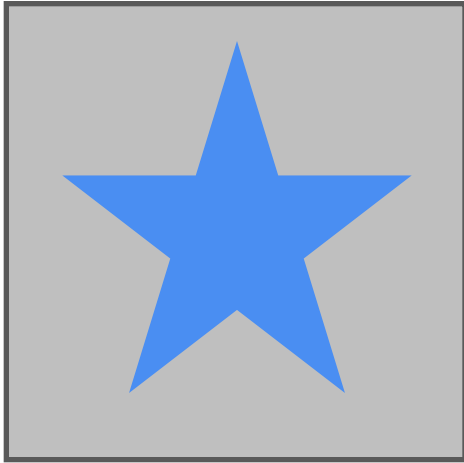
15%
Improvement Activities
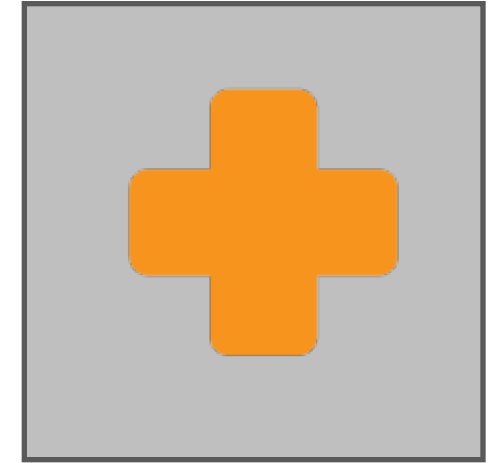
0%
Resource Use

IA Considerations

- Attestation in 2017, future years will more than likely require data capture.

- gEHRiMed has built an IA Dashboard that displays the most appropriate activities fro LTPAC Clinicians.

  - Attest that you've completed up to 4 activities for a minimum of 90 days.
  - Clinicians choose from 94 activities under 9 subcategories:

1. Expanded Practice Access
2. Population Management
3. Care Coordination
4. Beneficiary Engagement
5. Patient Safety & Practice Assesssment

6. Participation in an APM
7. Achieving Health Equity
8. Integrating Behavioral & Mental Health
9. Emergency Preparedness & Response

Improvement Activities
gEHRiMed

IA - Improvement Activities ⟳ GPM Development ▾

Provider: Simona Hristovska ▾

	Weight	Question
☐	H*	Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following: 1. Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care); Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management.
☑	H	Participation in a systematic anticoagulation program (coagulation clinic, patient self reporting program, patient self-management program) for 60 percent of practice patients in year 1 and 75 percent of practice patients in year 2 who receive anticoagulation medications (warfarin or other coagulation cascade inhibitors).
☐	H	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.
☑	M	Implementation of regular reviews of targeted patient population needs which includes access to reports that show unique characteristics of eligible professional's patient population, identification of vulnerable patients, and how clinical treatment needs are being tailored, if necessary, to address unique needs and what resources in the community have been identified as additional resources.
☐	M*	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.
☐	M*	Provide longitudinal care management to patients at high risk for adverse health outcome or harm that could include one or more of the following: Use a consistent method to assign and adjust global risk status for all empaneled patients to allow risk stratification into actionable risk cohorts. Monitor the risk-stratification method and refine as necessary to improve accuracy of risk status identification; · Use a personalized plan of care for patients at high risk for adverse health outcome or harm, integrating patient goals, values and priorities; and/or · Use on-site practice-based or shared care managers to proactively monitor and coordinate care for the highest risk cohort of patients.
☐	M*	Provide episodic care management, including management across transitions and referrals that could include one or more of the following: Routine and timely follow-up to hospitalizations, ED visits and stays in other institutional settings, including symptom and disease management, and medication reconciliation and management; and/or Managing care intensively through new diagnoses, injuries and exacerbations of illness.
☐	M*	Manage medications · to maximize efficiency, effectiveness and safety that could include one or more of the following: Reconcile and coordinate medications and provide medication management across transitions of care settings and eligible clinicians or groups; · Integrate a pharmacist into the care team; and/or Conduct periodic, structured medication reviews.

Total Score: 30

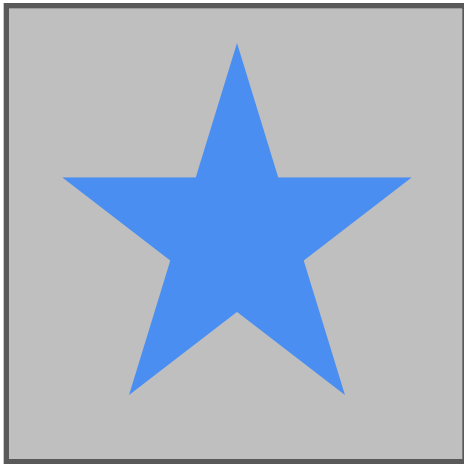☐ Save for the Entire Group   Cancel   Save
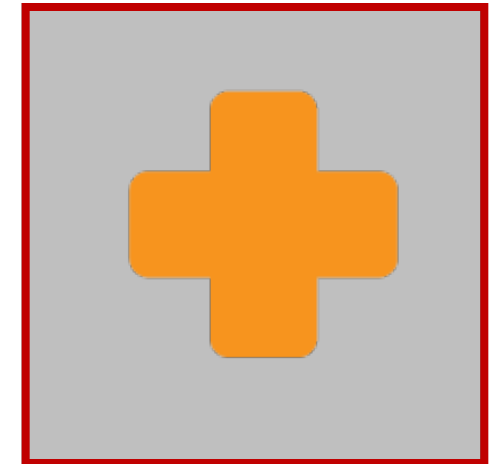
2017 MIPS & Weights

60%
Quality

25%
Advancing Care Information (ACI)

15%
Improvement Activities

0%
Resource Use

gEHRiMed™
LTC Physician-Designed Portable EHR
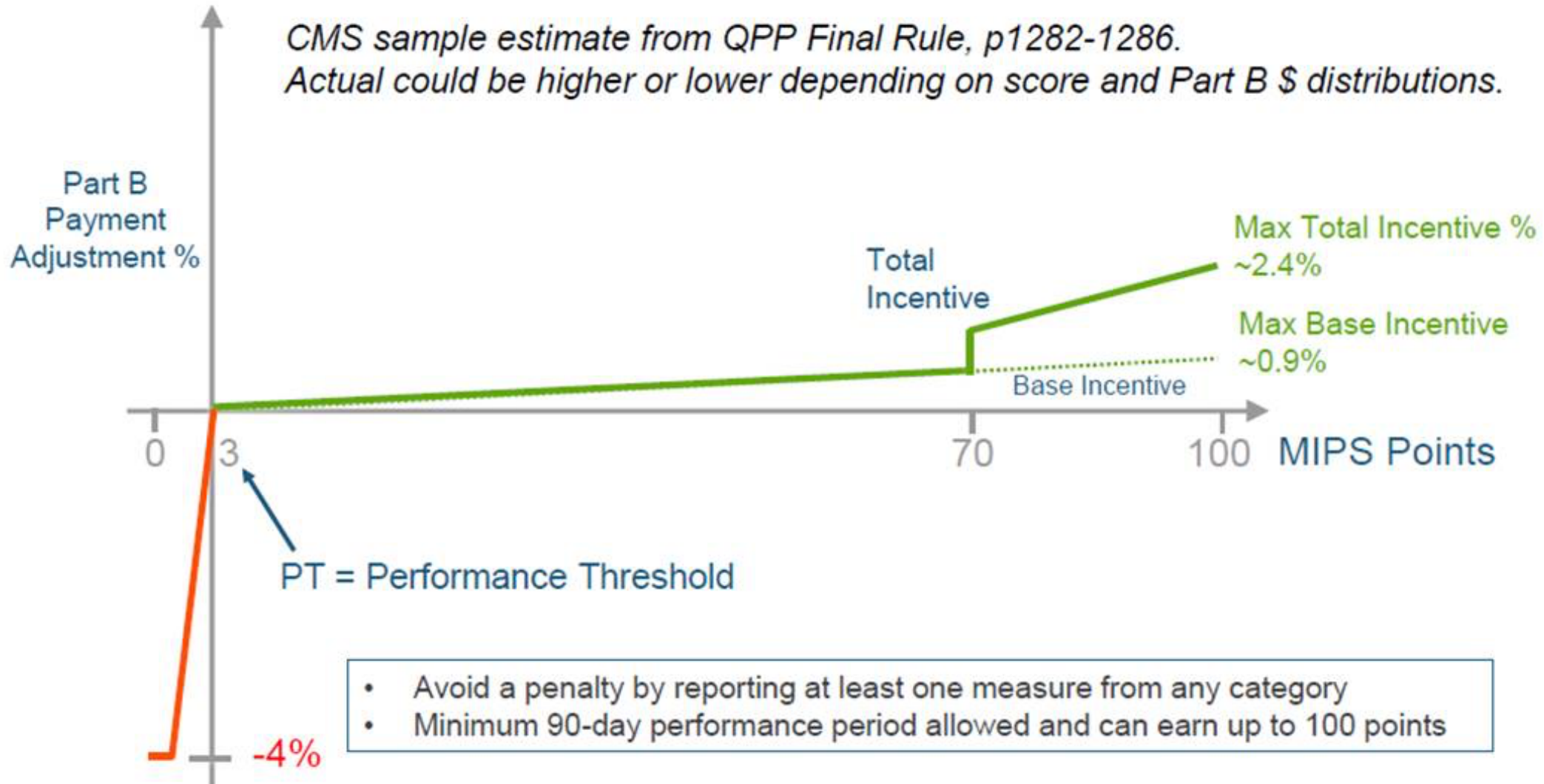
- For 2017, clinicians' Resource Use score will not factor into the overall MIPS composite score.

- CMS will calculate the proposed cost measures based on the 2017 performance period for informational purposes only.

- Resource Use will consist of 30% of the MIPS Composite Score in the 2019 performance year.

- While POS 31 will no be attributable, LTPAC will continue to remain in the high-cost classifications due to the specific patient population.

MIPS Final Rule – Performance Threshold

CMS sample estimate from QPP Final Rule, p1282-1286.
Actual could be higher or lower depending on score and Part B $ distributions.

Part B Payment Adjustment %

Total Incentive

Max Total Incentive % ~2.4%

Max Base Incentive ~0.9%

Base Incentive

0   3   70   100   MIPS Points

PT = Performance Threshold

-4%

- Avoid a penalty by reporting at least one measure from any category
- Minimum 90-day performance period allowed and can earn up to 100 points

Copyright © 2016 GPM

How Can gEHRiMed Help?

- MIPS-ready platform
  - Technology will improve as CMS clarifies scoring

- ONC Certified solution

- Offer Integrated reporting and dashboards

- Guarantee that you will not be subject to a negative penalty under MIPS.

- Client-specific webinar with strategic approaches

- User Group Meetings – with strategy specific tasks

- Feedback from on-site Regulatory Team

- Experience with >30% User Base in APM