

Transforming Clinical Practices Initiative

NEW JERSEY
HEALTH CARE
QUALITY
INSTITUTE



Quality
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Innovation Institute



An NJIT Corporation

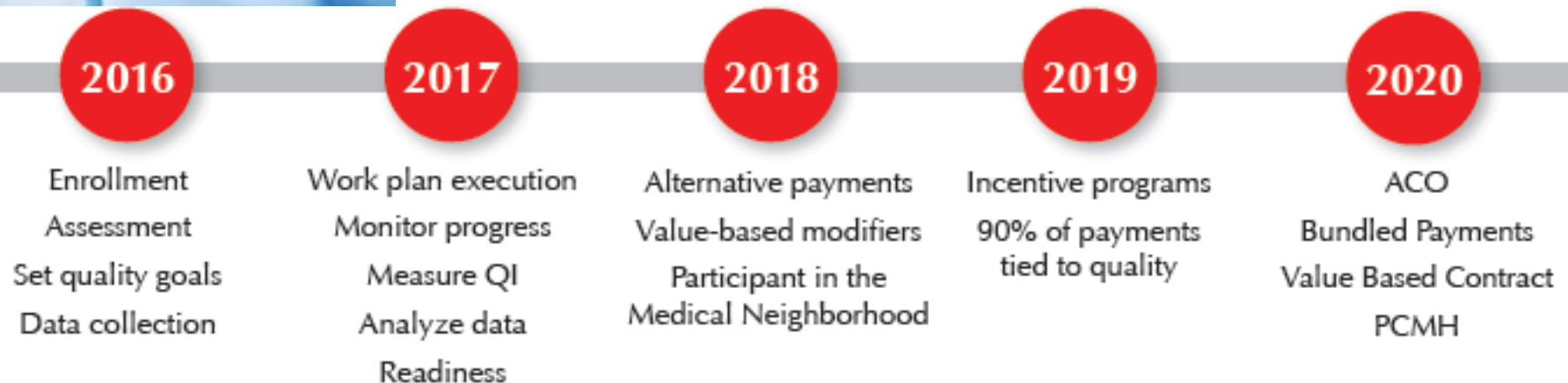
Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)



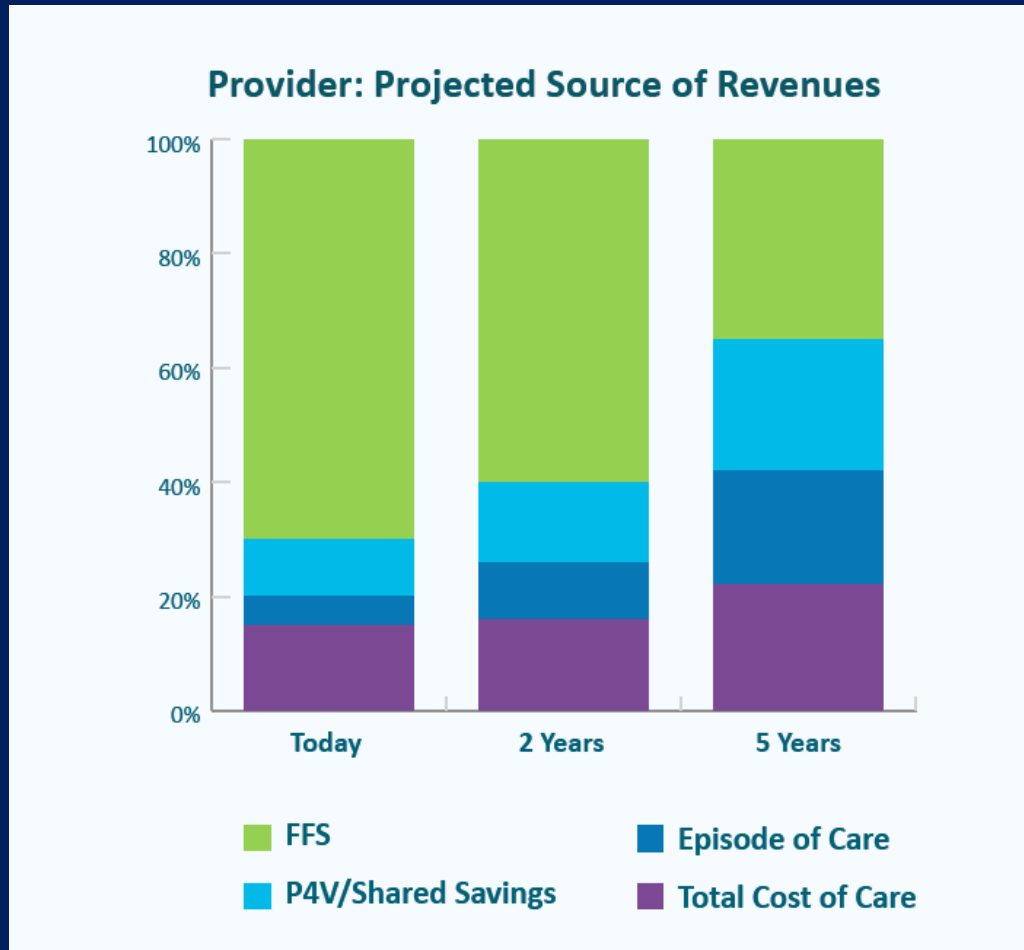
The **Quality Payment Program** replaces current Medicare programs and requires providers to choose one of two paths that link quality to payments:

- **Advanced Alternative Payment Models.**
- **Merit-Based Incentive Payment System (MIPS)**

CMS Transformation Track



The Future of Provider Revenue



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*Suggested Eligible Alternative Payment Models** Pending 11/1/16 Final Rule

- Next Generation Accountable Care Organization Model
 - Medicare Shared Savings Program (MSSP) - Tracks 2 & 3
 - Comprehensive End-Stage Renal Disease (ESRD) Care (CEC)
 - Comprehensive Primary Care Plus (CPC+) – 2017
 - Oncology Care Model (OCM) Two-sided risk model - 2018
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Merit-Based Incentive Payment System (MIPS)

Clinicians Eligible for MIPS are providers who bill for Medicare Part B services

***Most Clinicians Are Expected to Fall Under the MIPS Track**

Years 1 and 2

- Physicians (MD/DO, DMD/DDS)
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists

Years 3+ (subject to change)

- Physical/Occupational Therapists
- Nurse Midwives
- Audiologists
- Clinical Social Workers
- Clinical psychologists
- Dietitians/Nutritional Professionals

MIPS Scoring

**MIPS Composite
Performance
Score (CPS)**
0-100 point scale



Quality – 50% (PQRS)



Resource Use – 10% (Value-Based Modifier)

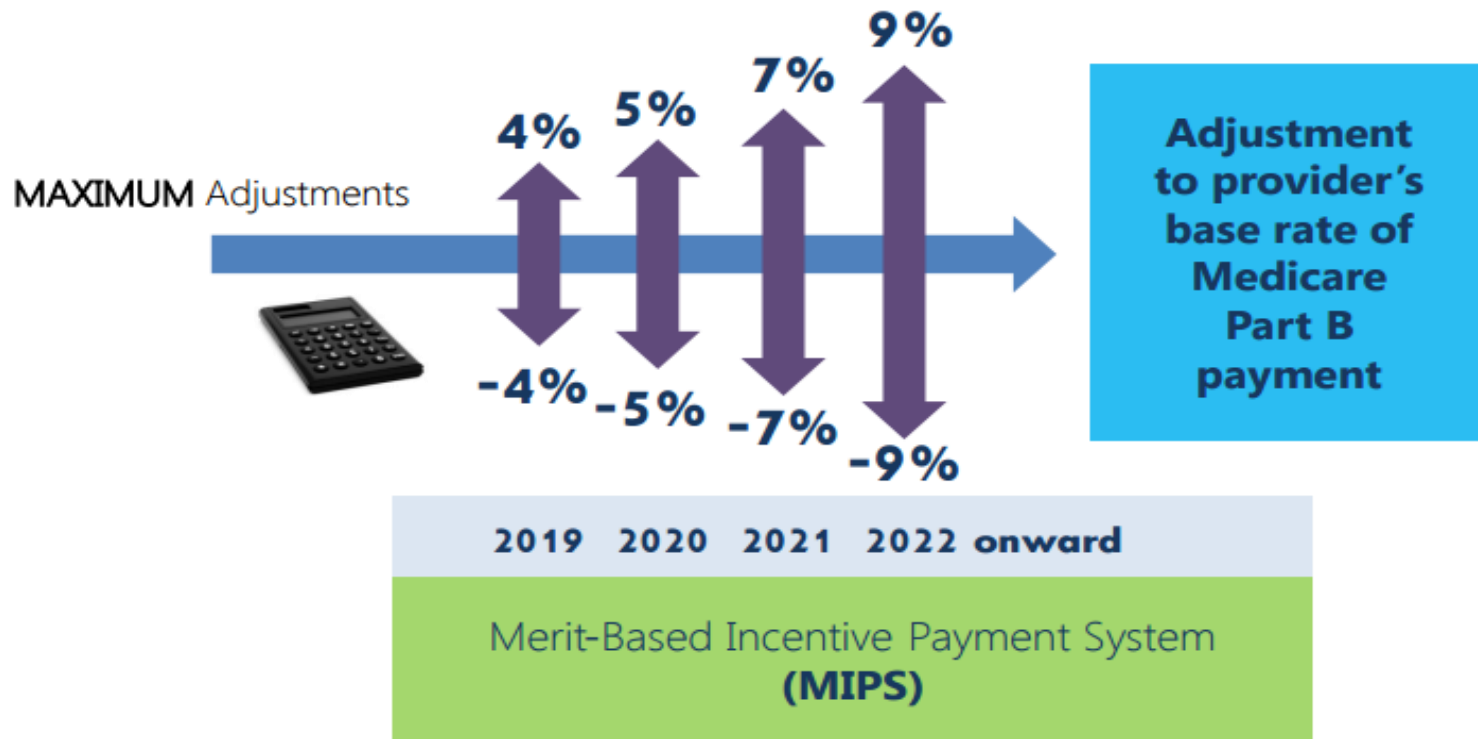


Clinical Practice Improvement Activities – 15%

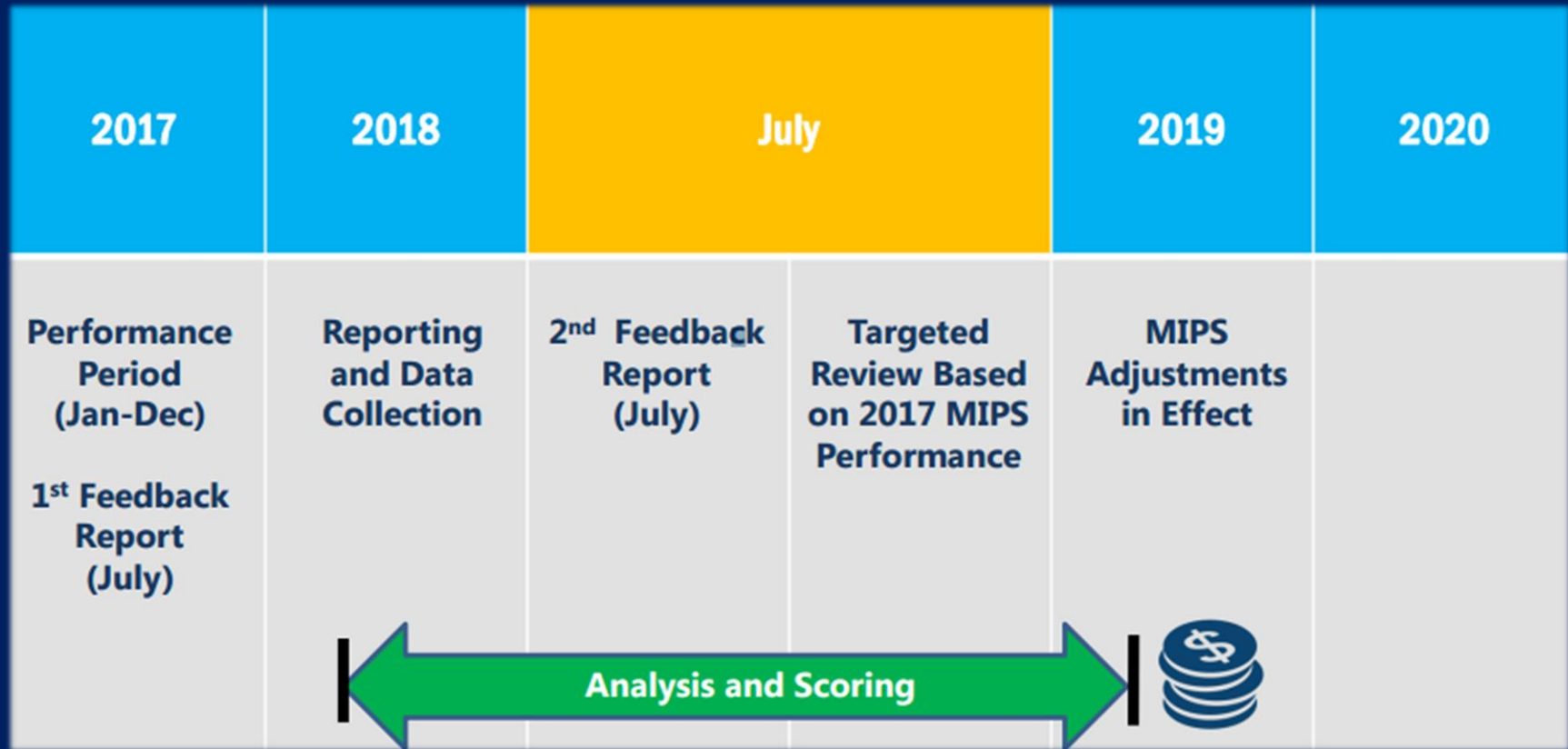


Advancing Care Information – 25% (EHR or MU)

How Will MIPS Affect Your Reimbursement Rates?



How Soon Will MIPS Affect Providers?



Flexibility In MACRA?

The final MACRA rule is scheduled to be released by November 1, 2016

Andy Slavitt, Acting Administrator of CMS, announced the law will allow for some reporting flexibility — a change to give providers an opportunity to work their way up to the full requirements

New Options:

1. Test the Quality Payment Program by submitting some data to avoid a penalty
 2. Participate for part of the calendar year by pushing back the performance period, and potentially qualify for a partial incentive payment
 3. Participate for the full calendar year in order to qualify for an incentive payment
 4. Participate in an Advanced Alternative Payment Model in 2017 to avoid being evaluated under the MIPS construct
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CMS Transforming Clinical Practices Initiative

TCPi | Transforming Clinical
Practices Initiative

Practice Transformation Networks

National Infrastructure

Support and Alignment Networks

Public and Private Partners

- NJII awarded \$49.6 million by CMS for the “Garden Practice Transformation Network” to prepare physicians and other providers for the shift from FFS to more Value-Based Care
- One of 29 Practice Transformation Networks around the country responsible for:
 - **Recruitment** – Primary and Specialty care providers
 - **Transformation** – Tech Support, Goal Setting, Enhanced Workflows
 - **Quality Improvement** – 10+ Quality Measures to Target Improvement
 - **Cost Savings** – Improve Quality and Efficiency to Reduce Costs

Who Is Eligible?

Eligible Providers Include:

✓ Primary Care:

Internal Medicine, Family Medicine, Gerontology

✓ Internal Medicine Sub Specialties:

Cardiology, Pulmonology, Endocrinology, Nephrology

✓ Nurse Practitioners and Medical Assistants who bill Medicare

How Will We Transform Practices?

Practice Transformation Coaches will be assigned to each individual practice to work with staff to achieve transformation. Coaches will:

- Perform a baseline assessment and work with the practice to develop work plans
- Assess practices every 6 months to monitor and manage progress
- Use performance data dashboards to identify where to implement improvement actions including evidence based interventions
- Assist practices in achieving improved health outcomes for their patients, including:
 - Reduce potentially preventable ER visits
 - Reduce potentially preventable hospital readmissions
 - Reduce potentially preventable and unnecessary testing

Target Quality Measures

Metric
Adult Smoking Rate Reduction
HbA1c Poor Control
Controlling high BP for patients with hypertension aged 18-85
Potentially Preventable ER Visits (PPV) – Primary Care Related and Non-Emergent
Advance Care Plan
Third next available appointment (TNAA) - Total # practices with measure fully implemented
Increase Transitional care Management (TCM)
Reduction in unplanned 30 day readmissions per 1,000
Colorectal Cancer Screening
Medical Attention for Nephropathy

Advantages of Joining the GPTN

The GPTN will help practices:

- Report to the Physician Quality Reporting System (PQRS) for FREE
 - Obtain Quality and Resource Use Reports (QRUR)
 - Improve financial performance, quality and clinical outcomes
 - Avoid up to 9% potential MIPS penalties; and maximize potential to receive a 9%+ increase in Medicare reimbursements
 - Obtain resources and earn continuing education credits through its learning network, run by the Health Care Quality Institute
 - Choose the right Alternative Payment Model and reporting options
-

Additional Opportunities to Generate Revenue

Medicare Transitional Care Management (TCM)

Additional codes for taking ownership of discharged patients

\$150 to \$250 per beneficiary

TCM Clearinghouse and best practices

Medicare Chronic Care Management (CCM)

20 minutes per beneficiary per month

Coordinate care and engage with patients

\$43 per beneficiary per month

Payment Programs with Commercial Payers

Plan Workgroup to explore incentive payment opportunities

QI Collaborative – TCPI Learning Network

Patient and family centered care

- 1.1 Patient and family engagement
- 1.2 Team-based relationships
- 1.3 Population management
- 1.4 Practice as a community partner
- 1.5 Coordinated care delivery
- 1.6 Organized, evidence-based care
- 1.7 Enhanced access

Data-driven quality improvement

- 2.1 Engaged and committed leadership
- 2.2 Quality improvement strategy supporting a culture of quality and safety
- 2.3 Transparent measurement and monitoring
- 2.4 Optimal use of Health Information Technology (HIT)

Sustain Business Operations

- 3.1 Strategic use of practice revenue
- 3.2 Workforce vitality and joy in work
- 3.3 Capability to analyze and document value
- 3.4 Efficiency of operation

Monthly Webinars
Self-Paced On-line courses

Team-Based Care

Renee Murray

Camden Coalition of Healthcare Providers

Risk Stratification

Bryan Wellens

Continuum Health Alliance

Population Management

Dr. Stephen Kolesk

Virtua

Join the Garden Practice Transformation Network – Questions and Next Steps

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Garden
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Practice Transformation Advisors

Visit:

<http://njii.com/ptn/>

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