



Transforming Clinical Practice Initiative

Kansas Lunch & Learn Webinar

February 18, 2016
12:00-1:00 p.m. CST



Today's Speaker



Tom Evans, MD

President and CEO, Iowa Healthcare Collaborative
Physician Lead, Compass Practice Transformation Network



History: Iowa Healthcare Collaborative

- Community initiative in 2003; incorporated in 2005
- Provider-convened, community coalition to improve quality, safety and value
- Performance improvement vs. public reporting
- **Align and equip** health care providers for continuous improvement
- Promote **responsible public reporting** of healthcare information
- **Raise the standard** of healthcare



Today's Agenda

- The Shift from Volume to Value
- MACRA, MIPS and APMs
- Transforming Clinical Practice Initiative and the Compass Practice Transformation Network
- Ten Elements of Radical Redesign
- Question & Answer

Disclaimer:

Components of this presentation include information as we currently know it and as has been explained by CMS. Some of the information is part of rules, regulations and laws that are currently evolving and may change.



Background and Context

The Shift from Volume to Value

HHS Sets the Stage for Change



Setting Value-Based Payment Goals — HHS Efforts to Improve U.S. Health Care

Sylvia M. Burwell

New targets have been set for value-based payment: 85% of Medicare fee-for-service payments should be tied to quality or value by 2016, and 30% of Medicare payments should be tied to quality or value through alternative payment models by 2016 (50% by 2018).

TCPI was listed as a specific strategy to improve care delivery in the U.S.

Three Strategies to Drive Progress:

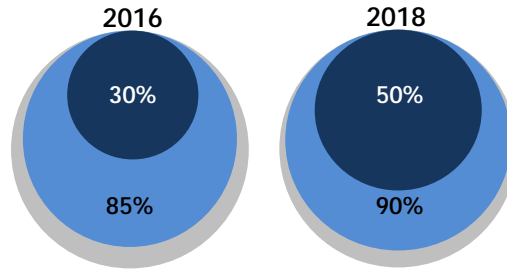
1. Incentives to reward high-quality health care
2. Improving the way care is delivered
3. Accelerate availability of information to guide decision making



Source: The New England Journal of Medicine, January 26, 2015.

HHS Sets Value-Based Payment Goals

Target Percentage of Payments in FFS Linked to Quality and Alternative Payment Models by 2016 and 2018



GOALS:

- All Medicare FFS (Categories 1-4)
- FFS linked to quality (Categories 2-4)
- Alternative payment models (Categories 3-4)



Source: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26-2.html>

MACRA, SGR and MIPS

- **Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)**
 - Signed into law on April 16, 2015
 - Permanently repeals the Sustainable Growth Rate (SGR)
 - Changes Medicare Physician Fee Schedule payments
- **MACRA – must choose between two value-based payment tracks:**
 1. Merit-Based Incentive Payment System (MIPS)
 2. Alternative Payment Model (APM)



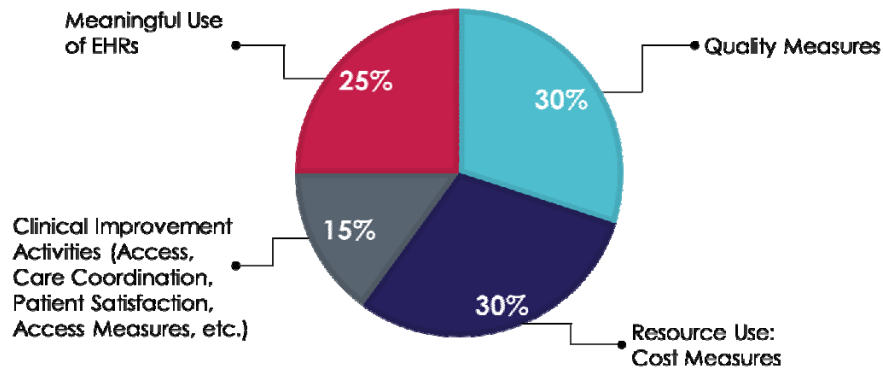
MIPS

The Merit-Based Incentive Program

The Merit-Based Incentive Payment System (MIPS)

- **Begins January 1, 2019**
- **Includes components of:**
 - EHR Meaningful Use (MU) Program
 - Physician Quality Reporting System (PQRS)
 - Value Modifier (VM)
- **Clinicians will be evaluated using a scoring system from 0 to 100**
 - Score will determine payment adjustment factor
 - Adjustment can be positive, negative or zero

MIPS: PQRS, MU and VM Combine into a Single Payment Adjustment in 2019



Source: The Medicare Access & CHIP Reauthorization Act of 2015.

MIPS Payment Adjustments

- Adjustment factor will be:
 - Positive (+) above threshold
 - Exceptional performance opportunity
 - Negative (-) below threshold
 - No payment adjustment if yields exact threshold
 - Based on a sliding scale and is **budget neutral**
- Maximum adjustment factors defined: (+ or -)
 - 2019: 4%
 - 2020: 5%
 - 2021: 7%
 - 2022 and beyond: 9%



APM

Alternative Payment Models

Alternative Payment Models (APM)

- **Definition of APM**

- A Center for Medicare & Medicaid Innovation (CMS Innovation Center) model;
- A Medicare Shared Savings Program model; and/or
- A similar CMS demonstration model.

- **Requirements**

- Participate in a defined APM, such as an accountable care organization (ACO), and meet additional requirements (using certified EHR technology, etc.)
- Meet established thresholds

Where does the Transforming Clinical Practice Initiative (TCPI) fit in to this?

TCPI is the major initiative designed to “provide **hands-on support** to 140,000 physicians and other clinicians for **developing the skills and tools needed to improve care delivery and transition to alternative payment models.**”

-HHS Secretary Sylvia M. Burwell



The Transforming Clinical Practice Initiative (TCPI)

The Compass Practice Transformation Network and Iowa Healthcare Collaborative

A Whole New Sport



Context for Transforming Clinical Practices

- With the passage of the Affordable Care Act came **renewed efforts to improve our health care system**
- Efforts guided by **focus on better care, smarter spending and healthier people** through quality improvement
- **Physicians and clinicians want to improve care** for patients and to position their practices to **thrive in a pay-for-value system**
- **Increasing accountability** from care delivery reform programs
- **16% (185,000)** of physicians and clinicians are **participating in CMS care delivery models**
- With CMS Innovation Center support, **successful practices can support their peers with technical assistance to help them transform**



Source: CMS ICPIN Information Webinar, November 20, 2014.

TCPI is a Sustainable Practice Redesign

- A collaborative, peer-based learning initiative with focused, onsite improvement
- An opportunity to engage physicians, clinicians, patients, families and communities in stronger local partnerships to improve health and health care
- Bi-directional learning and strengthening of healthcare policy



TCPI Goals

- 1 Support more than 140,000 clinicians in their practice transformation work
- 2 Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients
- 3 Reduce unnecessary hospitalizations for 5 million patients
- 4 Generate \$1 to \$4 billion in savings to the federal government and commercial payers
- 5 Sustain efficient care delivery by reducing unnecessary testing and procedures
- 6 Build the evidence base on practice transformation so that effective solutions can be scaled



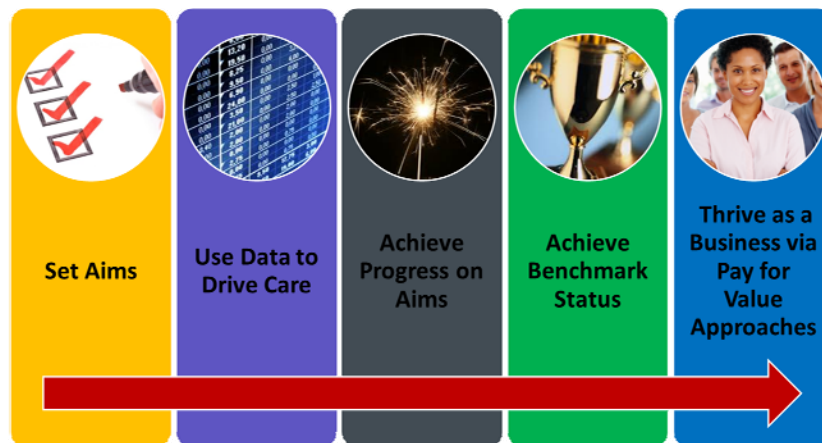
Source: CMS TCPI PIN Information Webinar, November 20, 2014.

The Transforming Clinical Practice Initiative (TCPI)

- Aligns with innovative models set forth in the Affordable Care Act:
 - Promoting broad payment, practice reform and care coordination
 - Establishing community-based health teams to support chronic care management, and
 - Promoting improved quality and reduced cost through collaborative networks that support practice transformation
- Moves clinician practices through **five phases of transformation**
 - Supported by Practice Transformation Networks (PTN), Support & Alignment Networks (SAN), Quality Improvement Organizations and others

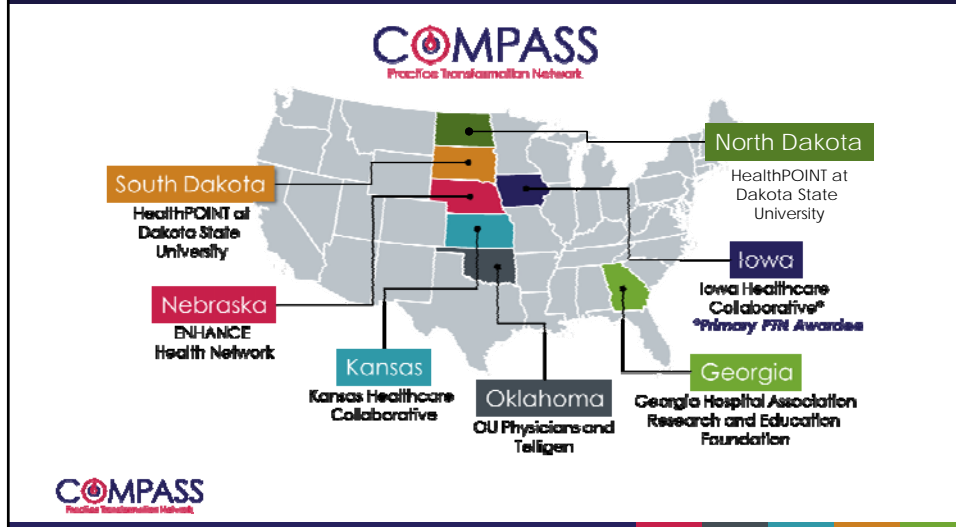


The TCPI Five Phases of Transformation



Source: CMS TCPI PIN Information Webinar, November 20, 2014.

The Compass PTN: Participating States and Partners



Key Benefits to Participation

1. **Optimizes health outcomes** for your patients
2. **Promotes coordination of care** for your patients
3. **Learn from high performers** how to effectively engage patients and families in care planning
4. **More time spent caring for your patients**
5. **Alignment with new and emerging federal policies**
6. **Opportunities to be part of the national leadership** in practice transformation efforts
7. **No cost or risk to participate** in TCPI or PTN
8. **Prepares you to be successful in MIPS or APMs**

We're signed up...now what?

- Join the PTN by **signing a charter** and **complete the enrollment documentation**
- **Meet with your Quality Improvement Advisor**
- **Complete the *Practice Assessment Tool (PAT)*** to identify areas for improvement within 30 days of enrollment
- **Assess your practice status on current reporting elements** (PQRS, Meaningful Use, etc.)
- **Explore the TCPI change package** (available April 1)
- **Develop your practice plan for improvement**
- **Prepare to collect and submit performance data** via secure web portal
- **Participate in 4-month PDSA improvement cycles** coupled with in-person (regional or statewide) learning sessions



Ten Elements of Radical Redesign

1. Change the balance of power...co-production
2. Standardization
3. Customization
4. Promote well being
5. Joy in the work
6. Make it easier...Lean
7. Modernization
8. Collaboration
9. Assume abundance
10. Return the money



Question & Answer



www.ihconline.org/CompassPTN

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The Compass Practice Transformation Network is supported by Funding Opportunity Number CMS-11F-15-003 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents of this publication are solely the responsibility of the authors and do not necessarily represent the views of the U.S. Department of Health and Human Services or any of its agencies.

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