Objectives

- Understand the 2015 MACRA legislation, timeline, and impact on care delivery
- Describe the Transforming Clinical Practice Initiative
- Explore the power of “aims-based” collaborative learning to achieve new levels of performance
Four Pillars of Health Care Transformation

- Put the patient in the center
- Transparency and openness
- Elimination of waste and continuous improvement
- Collaboration and partnership

HHS Sets the Stage for Change

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

U.S. Dept. of Health and Human Services Secretary Sylvia M. Burwell

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

HHS Sets Value-Based Payment Goals

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

2016

- 30% FFS linked to quality (Categories 2-4)
- 85% All Medicare FFS (Categories 1-4)

2018

- 50% FFS linked to quality (Categories 2-4)
- 90% Alternative payment models (Categories 3-4)

GOALS:

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


MACRA, SGR, and MIPS

- **Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)**
  - Signed into law April 2015 with bipartisan support
  - **Permanently repeals the 1997 Sustainable Growth Rate (SGR) Physician Fee Schedule (PFS) Update**
  - Changes Medicare PFS Payments

- **MACRA: Must Choose Between Two Value-Based Payment Tracks:**
  1. Merit-Based Incentive Payment System (MIPS)
  2. Alternative Payment Models (APM)
Merit-Based Incentive Payment System (MIPS)

- **Effective Date of January 1, 2019**
  - Performance measurement begins January 1, 2017

- **Features of PQRS, the Value Modifier (VM) and the EHR Meaningful Use program are included in MIPS**

- **Clinicians will be evaluated using a scoring system from 0 to 100**
  - Score will be used to determine and apply a MIPS payment adjustment factor for 2019 onward
  - Adjustment can be positive, negative or zero
  - Budget neutral program

MIPS Payment Adjustment Schedule

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<td>Sunset of existing penalties PQRS, VBM, EHR 12/31/2018</td>
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<td>Permanent Repeal of SGR</td>
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<td>Updates in Physician Payments</td>
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<td>0.5% (7/2015-2019)</td>
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<td>0% (2020-2025)</td>
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<td>0.25% (2026)</td>
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<tr>
<td>Merit-based Incentive Payment System (MIPS)</td>
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<tr>
<td>Start of MIPS 2019 Measurement Cycle</td>
<td>+/-4%</td>
<td>+/-5%</td>
<td>+/-7%</td>
<td>+/-9%</td>
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<td>MIPS exceptional performance adjustment: Up to 10% annually (2019-2026)</td>
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Merit-Based Incentive Payment System (MIPS)

PQRS, MU and VM will combine into a single payment adjustment under MIPS in 2019

Relative Weights of MIPS Components

<table>
<thead>
<tr>
<th>MIPS Score Category</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
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</thead>
<tbody>
<tr>
<td>Quality (PQRS)</td>
<td>50%</td>
<td>45%</td>
<td>30%</td>
<td>30%</td>
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<tr>
<td>Resource Use</td>
<td>10%</td>
<td>15%</td>
<td>30%</td>
<td>30%</td>
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<tr>
<td>MU*</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
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<tr>
<td>Clinical Process Improvement</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
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<tr>
<td>Reward/Risk</td>
<td>+4% to -4%</td>
<td>+5% to -5%</td>
<td>+7% to -7%</td>
<td>+9% to -9%</td>
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</tbody>
</table>

* MU weight may be reduced to 15% if 75% of Eps are successful
So, where does TCPI fit in to this?

Transforming Clinical Practice Initiative is a major national initiative funded by the Center for Medicare & Medicaid Innovation and is 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
**Transforming Clinical Practice Initiative Model & Goals**

**Model**
- Align with the criteria for innovative models set forth in the Affordable Care Act & MACRA
- Build the evidence base on practice transformation so that effective solutions can be scaled
- Move clinician practices through 5 phases of transformation with support from:
  - Practice Transformation Networks (PTN)
  - Support & Alignment Networks (SAN)
  - Quality Improvement Organizations and others.

**Goals**
- Support clinicians in their practice transformation goals
- Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries
- Reduce unnecessary hospitalizations
- Sustain efficient care delivery by reducing unnecessary testing and procedures

**TCPI: 5 Phases of Transformation**

1. Set Aims
2. Use Data to Drive Care
3. Achieve Progress on Aims
4. Achieve Benchmark Status
5. Thrive as a Business via Pay for Value Approaches

Compass PTN Partners & Lead Organizations

State Partner Lead(s)
- Georgia: Georgia Hospital Association Research and Education Foundation
- Iowa: Iowa Healthcare Collaborative
- Kansas: Kansas Healthcare Collaborative
- Nebraska: ENHANCE Health Network
- Oklahoma: OU Physicians and Telligen
- South Dakota: HealthPOINT at Dakota State University

Designated Clinical & Operational Leads and Quality Improvement Advisors for every practice in each state

Unique Attribute #1: Experienced Leadership

- Community initiative in 2003, incorporated in 2005
- Provider-convened, community coalition to improve quality, safety and value
- **Align and equip** health care providers for continuous improvement
- **Use Data** - public reporting vs. performance improvement
- **Raise the standard** of health care
- National, regional and local relationships and recognition for documented and sustainable results

Since 2011 has convened and led the Iowa Hospital Engagement Network as part of the Partnership for Patients Campaign
Unique Attribute #2: Our Model

Compass PIN is committed to meeting clinics where they are with a flexible and proven approach of aligning and equipping providers with evidence-based models of care that thoughtfully utilizes data to drive quality, safety and measurable outcomes.

Overreaching Goal
- Support and prepare clinicians and clinics to thrive in value-based healthcare

Model
- Move clinician practices through 5 phases of transformation with:
  - Thoughtful use of data to drive and measurable improvement and MACRA readiness
  - Local support from designated Quality Improvement Advisors
  - Focused and meaningful improvement cycles
  - Access to tested and proven resources

Unique Attribute #3: A Flexible Approach

Setting Goals
- Multiple Levels
  - Each system will have the ability to choose how they will work within Compass
  - System-level; clinic-level; physician-level; and/or a combination
- Alignment
  - With PQRS, MU and other practice quality or process improvement initiatives including care coordination

Building Your Team
- Quality Improvement Advisor
- Institute for Healthcare Improvement Model
  - Clinical Leadership
  - Technical Expertise
  - Day-to-Day Leadership
  - Project Sponsorship
**Unique Attribute #4: Engagement**

**Designated Quality Improvement Advisor**
- Practice Assessment
- Onsite support

**Focused faculty resources**
- Physician & Specialty
- Lean/Process Improvement
- Medication Safety
- PCMH

**Collaborative Opportunities**
- Learning Communities
- HealthcareCommunities.org

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**Summary of Key Benefits to Participating Clinicians & Clinics**

- **Optimize health outcomes and safety for your patients**
  - With assistance of a designated QIA who will work onsite with your practice to provide evidence-based quality improvement and patient engagement resources that align with your existing clinic processes and quality initiatives

- **Learn how to achieve and maintain benchmark status**
  - Thrive under MACRA and its value-based models of MIPS, APM or Physician Focused Payment Model (PFPM)

- **Get ahead of the 2019 mandated reimbursement curve**
  - Implement patient-centered, quality-focused strategies now that produce measurable results for your clinic and the people you serve. Measurement begins January 2017!

- **Collaborate and lead with local, regional and national colleagues to influence healthcare transformation.**
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

Elements of Radical Redesign

6. Make it easier…Lean
7. Modernization
8. Collaboration
9. Assume abundance
10. Return the money