

TCPI:
Transforming Clinical Practice Initiative




COMPASS
Practice Transformation Network

Radical Redesign

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Compass PTN Learning Community
2016

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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

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Four Pillars of Health Care Transformation

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

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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.

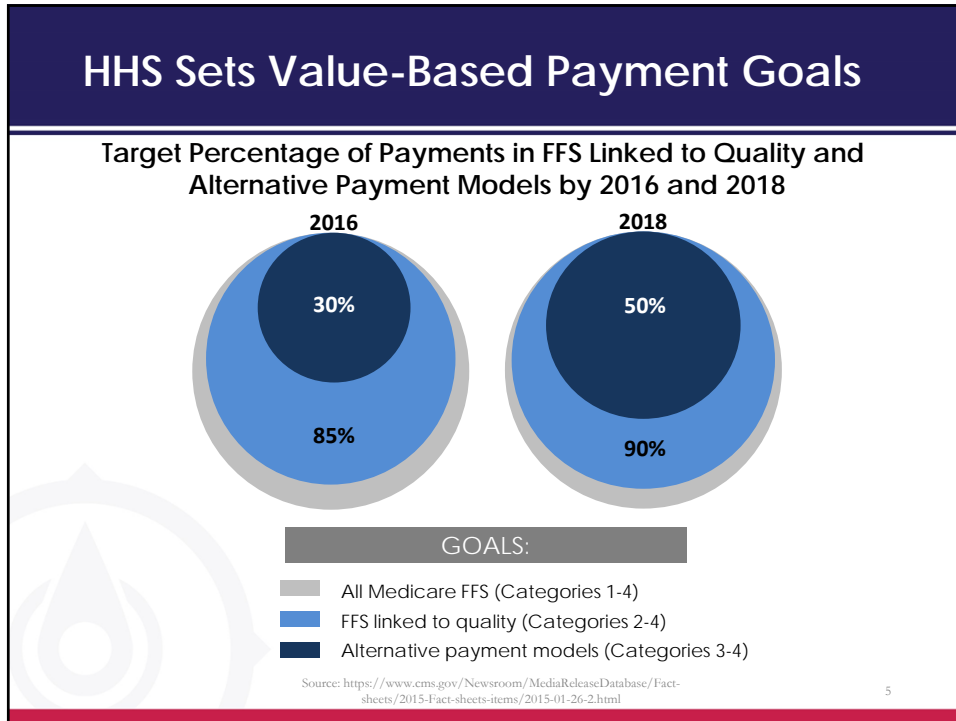
U.S. Dept. of Health and Human Services Secretary Sylvia M. Burwell

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

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

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- ## MACRA, SGR and MIPS
- **Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)**
 - Signed in to 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)**
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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

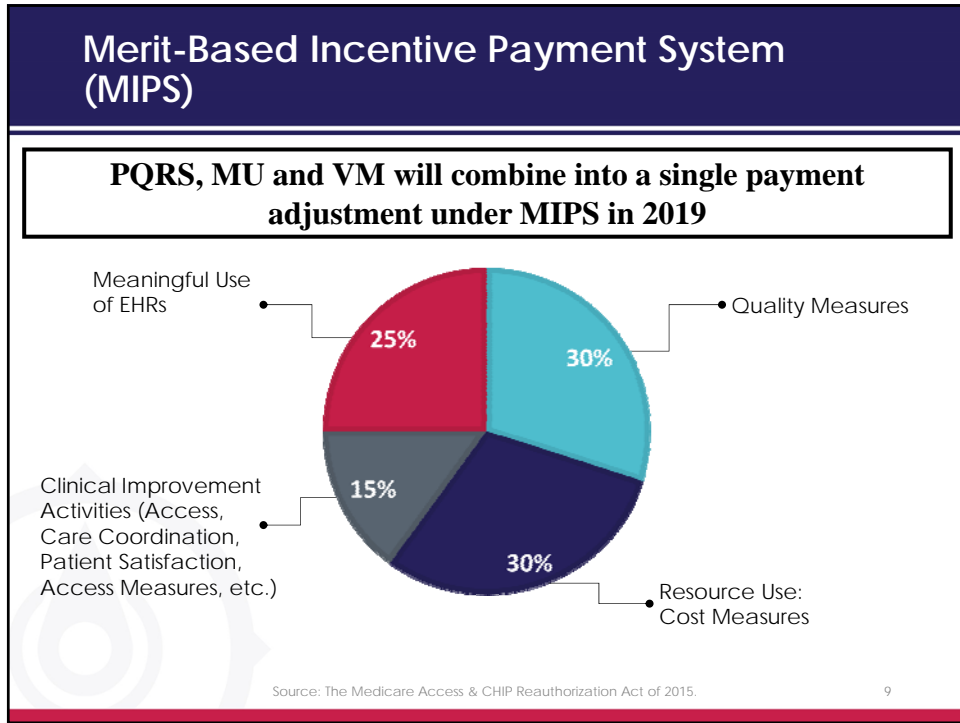
- Clinicians will be evaluated using a scoring system from 0 to 100
 - Score will be used to determine and apply a MIPS payment adjustment factor for 2019 onward
 - Adjustment can be positive, negative or zero
 - Budget neutral program

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MIPS Payment Adjustment Schedule

2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Sunset of existing penalties PQRS, VBM, EHR 12/31/2018											
Permanent Repeal of SGR											
Updates in Physician Payments											
		0.5% (7/2015-2019)			0% (2020-2025)						0.25% (2026)
Merit-based Incentive Payment System (MIPS)											
		Start of MIPS 2019 Measurement Cycle	+/-4%	+/-5%	+/-7%		+/-9%				
				MIPS exceptional performance adjustment: Up to 10% annually (2019-2026)							

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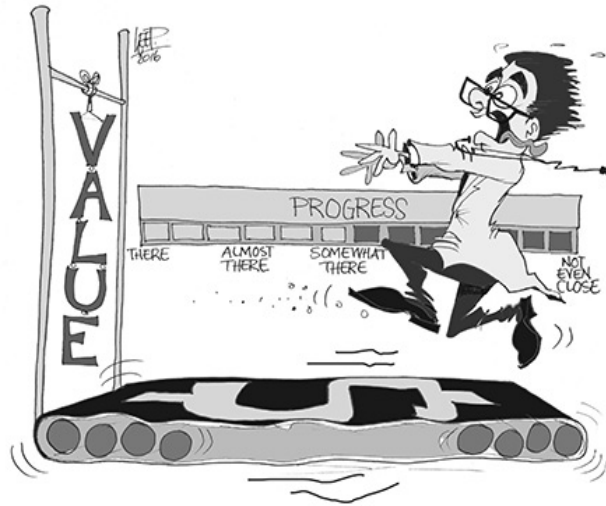


Relative Weights of MIPS Components

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

* MU weight may be reduced to 15% if 75% of Eps are successful

Preparing for Alternative Payment



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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

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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

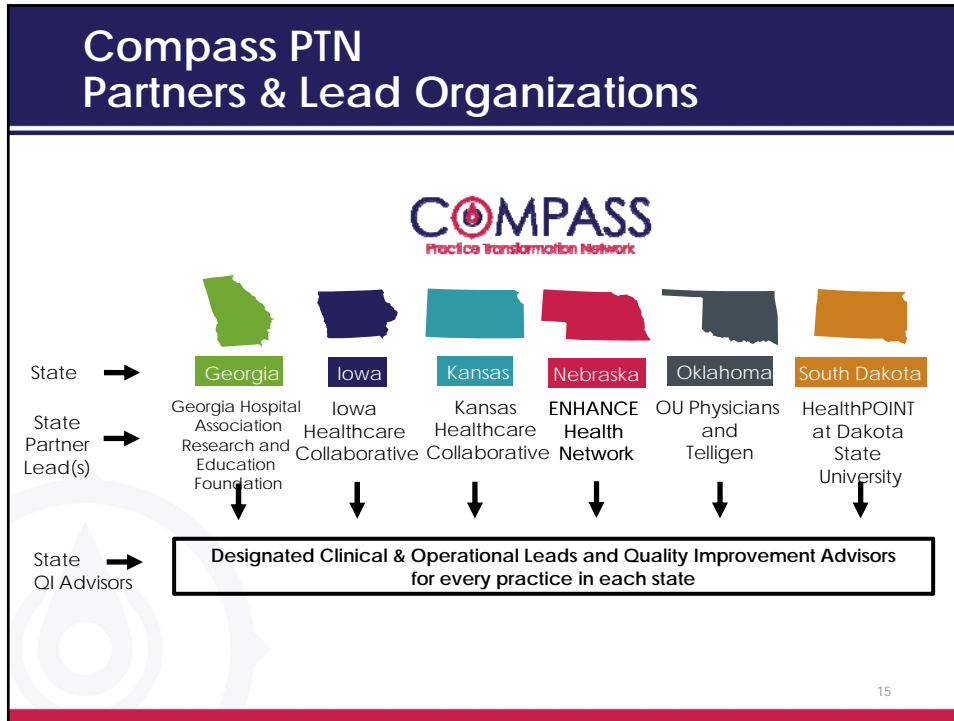
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TCPI: 5 Phases of Transformation



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

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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 healthcare
- 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

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Unique Attribute #2: Our Model

Compass PTN 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 measureable improvement and MACRA readiness
 - Local support from designated Quality Improvement Advisors
 - Focused and meaningful improvement cycles
 - Access to tested and proven resources

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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

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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.**

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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

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Elements of Radical Redesign

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

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