

## Quality: Partnerships & Synergy



*Kansas Summit on  
Quality,  
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## HHS Challenges & Strategic Goals

HHS Secretary Alex Azar's Feb. 12, 2018 statement:

“The President’s budget makes investments and reforms that are vital to making our health and human services programs work for Americans and to sustaining them for future generations. In particular, it supports our four priorities here at HHS:

- addressing the opioid crisis,
- bringing down the high price of prescription drugs,
- increasing the affordability and accessibility of health insurance, and
- improving Medicare in ways that push our health system toward paying for value rather than volume.”

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# CMS Challenges & Strategic Goals

1. Empower patients and doctors to make decisions about their health care.
2. Usher in a new era of state flexibility and local leadership.
3. Support innovative approaches to improve quality, accessibility, and affordability.
4. Improve the CMS customer experience.

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## What is the Merit-based Incentive Payment System?

Quality Payment PROGRAM

### Performance Categories



Quality



Cost



Improvement  
Activities



Advancing Care  
Information

- Comprised of four performance categories.
- Provides MIPS eligible clinician types included in the 2017 Transition Year with the flexibility to choose the activities and measures that are most meaningful to their practice.

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# Meaningful Measures Objectives

**Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:**

- Address high-impact measure areas that safeguard public health
- Are patient-centered and meaningful to patients, clinicians and providers
- Are outcome-based where possible
- Fulfill requirements in programs' statutes
- Minimize level of burden for providers
- Identify significant opportunity for improvement
- Address measure needs for population based payment through alternative payment models
- Align across programs and/or with other payers



# Meaningful Measures Framework

## Meaningful Measure Areas Achieve:

- ✓ *High quality healthcare*
- ✓ *Meaningful outcomes for patients*

Criteria meaningful for patients and actionable for providers

### Draws on measure work by:

- Health Care Payment Learning and Action Network
- National Quality Forum – *High Impact Outcomes*
- National Academies of Medicine – *IOM Vital Signs Core Metrics*

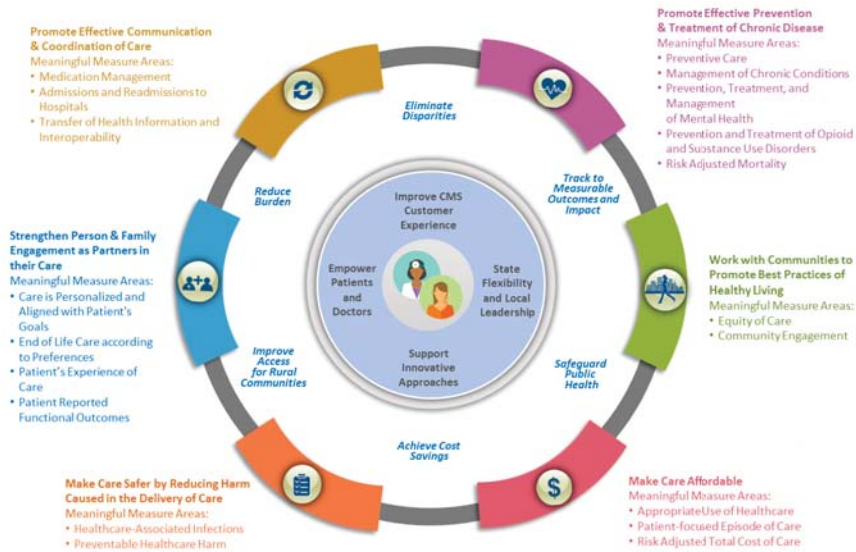
### Includes perspectives from experts and external stakeholders:

- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality
- Many other external stakeholders

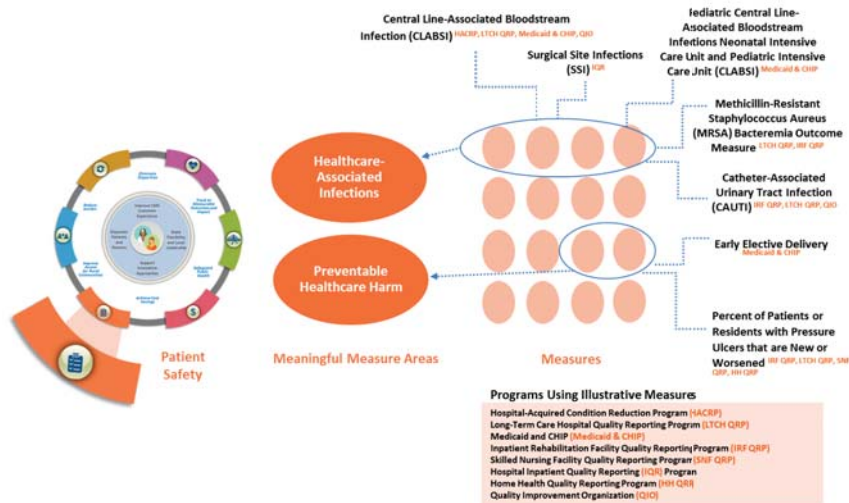
Quality Measures



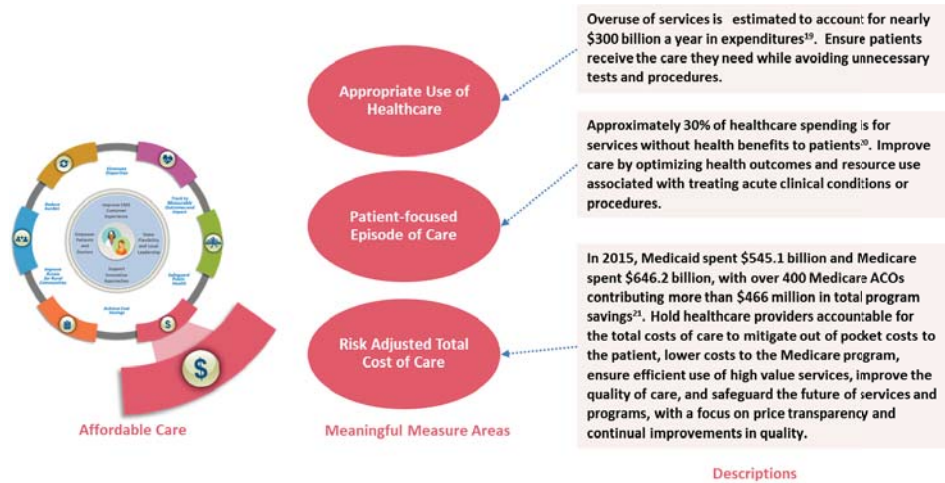
# Meaningful Measures



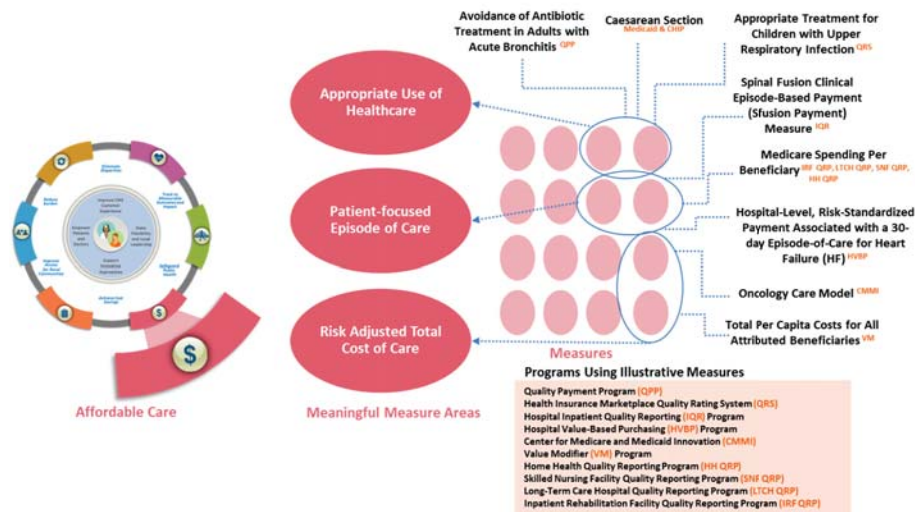
# Make Care Safer by Reducing Harm Caused in the Delivery of Care



# Make Care Affordable (1 of 2)



# Make Care Affordable (2 of 2)



# Meaningful Measures Next Steps

- Get stakeholder input to further improve the Meaningful Measures framework
- Work across CMS components to implement the framework
- Evaluate current measure sets and inform measure development



Give us your feedback!  
[MeaningfulMeasuresQA@cms.hhs.gov](mailto:MeaningfulMeasuresQA@cms.hhs.gov)



## Challenges

- Leverage your partnerships
- Create synergy
- Collaborate
- Help us identify ways to reduce burden



<https://www.linkedin.com/pulse/how-many-things-can-go-wrong-amy-panza-pharm-d->



# Technical Assistance

## Available Resources



CMS has **free** resources and organizations on the ground to provide help to eligible clinicians included in the Quality Payment Program:

### PRIMARY CARE & SPECIALIST PHYSICIANS

#### Transforming Clinical Practice Initiative

- Supports more than 140,000 clinician practices through active, collaborative and peer-based learning networks over 4 years.
- **Practice Transformation Networks (PTNs) and Support Alignment Networks (SANs)** are located in all 50 states to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs.
- The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.
- Contact [TCPI.ISCMail@us.ibm.com](mailto:TCPI.ISCMail@us.ibm.com) for extra assistance.



Locate the PTN(s) and SAN(s) in your state



### SMALL & SOLO PRACTICES

#### Small, Underserved, and Rural Support (SURS)

- Provides outreach, guidance, and direct technical assistance to clinicians in **solo or small practices (15 or fewer)**, particularly those in **rural and underserved areas**, to promote successful health IT adoption, optimization, and delivery system reform activities.
- Assistance will be tailored to the needs of the clinicians.
- There are 11 SURS organizations providing assistance to small practices in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.
- For more information or for assistance getting connected, contact [QPPSURS@IMPAQINT.COM](mailto:QPPSURS@IMPAQINT.COM).



### LARGE PRACTICES

#### Quality Innovation Networks- Quality Improvement Organizations (QIN-QIO)

- Supports clinicians in **large practices (more than 15 clinicians)** in meeting Merit-Based Incentive Payment System requirements through customized technical assistance.
- Includes one-on-one assistance when needed.
- There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.



Locate the QIN-QIO that serves your state

Quality Innovation Network (QIN) Directory

### TECHNICAL SUPPORT

#### All Eligible Clinicians Are Supported By:



**Quality Payment Program Website: [qpp.cms.gov](http://qpp.cms.gov)**  
Serves as a starting point for information on the Quality Payment Program.



**Quality Payment Program Service Center**  
Assists with all Quality Payment Program questions.  
1-866-288-8292 TTY: 1-877-715-6222 [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)



**Center for Medicare & Medicaid Innovation (CMMI) Learning Systems**  
Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs. More information about the Learning Systems is available through your model's support inbox.

To learn more, view the Technical Assistance Resource Guide: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Technical-Assistance-Resource-Guide.pdf>

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# Collaboration and Synergy

January 18, 2016



Welcome to the Compass Practice Transformation Network Newsletter! We give clinicians the support and tools needed to thrive in value-based care.



## Kansas Quality Improvement Partnership

Kansas Workshop: Hospital Antimicrobial Stewardship  
May 15, 2018



Healthcare-Associated Infections & Antimicrobial Resistance Program



## QUALITY PAYMENT PROGRAM

Small, Underserved and Rural Support

### Let's Talk QPP: Office Hours

Identifying Synergies between MIPS Categories

Tuesday, April 24, 2018  
6 - 7 p.m. CT



# 11<sup>th</sup> SoW Current Quality Improvement Tasks

## Quality Innovation Network (QIN)

<b>B.1</b> Cardiac Health	<b>B.2</b> Diabetes Care <i>Everyone with Diabetes Counts</i>	<b>C.2</b> Nursing Home Care
<b>C.3</b> Care Coordination <i>Reduction of Admissions/Readmissions</i>	<b>C.3.6</b> Medication Safety	<b>C.3.10</b> Antibiotic Stewardship
<b>D.1</b> Quality Reporting/ Quality Payment Program	<b>E.1</b> Quality Improvement Initiatives (QII)	<b>F.1</b> Immunizations
<b>G.1</b> Behavioral Health <i>Screening</i>	<b>H.1</b> Transforming Clinical Practice Initiative	

Note: Patient and Family Engagement is a cross-cutting requirement for all QIN tasks.

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The screenshot displays the Quality Payment Program interface. On the left, the 'MIPS Overview' section includes a note about informational purposes and a table with columns for 'Category' and 'What do you need to do?'. The 'Quality Measures' section on the right features instructions, a '2017 MIPS Performance' pie chart, and a 'Select Measures' search interface. The pie chart shows: Quality (60%), Advancing Care Information (25%), and Improvement Activities (15%). The search interface includes a search bar and filter options for 'High Priority Measure', 'Data Submission Method', and 'Specialty Measure Set'. Below the search bar, a list of measures is shown with 'ADD' buttons, including 'Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use' and 'Acute Otitis Externa (AOE): Topical Therapy'. A 'Selected Measures' box on the right indicates '0 Measures Added'.

<https://qpp.cms.gov>



# MIPS Improvement Activity related to Antibiotic Stewardship

▼ [Implementation of antibiotic stewardship program](#)

ADD

Implementation of an antibiotic stewardship program that measures the appropriate use of antibiotics for several different conditions (URI Rx in children, diagnosis of pharyngitis, Bronchitis Rx in adults) according to clinical guidelines for diagnostics and therapeutics

Activity ID	Subcategory Name	Activity Weighting
IA_PSPA_15	Patient Safety & Practice Assessment	Medium

[www.qpp.cms.gov/measures/ia](http://www.qpp.cms.gov/measures/ia)

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## Connecting MIPS and Antibiotic Stewardship



### Combating Antibiotic Resistant Bacteria through Antibiotic Stewardship

*Participate in the Outpatient Antibiotic Stewardship Project and Earn Points Toward Your MIPS Score*





## Patients Over Paperwork Overview

**PATIENTS  
OVER PAPERWORK**

## **PATIENTS OVER PAPERWORK**

**Our top priority at CMS is  
putting patients first**

CMS has established an internal process to evaluate and streamline regulations with a goal to reduce unnecessary burden, increase efficiencies, and improve the beneficiary experience.

Through Patients over Paperwork, we are moving the needle to remove regulatory obstacles that get in the way of providers spending time with patients and healthcare consumers.

# **PATIENTS** **OVER PAPERWORK**

## **Examples**

Claims being denied for a chemotherapy agent because the nurse's administration record was initialed rather than signed with a full signature...

Requiring providers to report on several Meaningful Use measures that may have been anything but meaningful to them....

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# **PATIENTS** **OVER PAPERWORK**

## **Approach**

CMS has set up an agency-wide process to evaluate and streamline our regulations and our operations with the goal to reduce unnecessary burden, increase efficiencies and improve the customer experience.

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# We need your perspective



## **PATIENTS** OVER PAPERWORK

### **Documentation Requirements Simplification**

#### **Administrator Verma's Charge:**

- Simplify our requirements
- Make them easier to understand
- Get rid of requirements we no longer need
- Seek input from stakeholders
- Challenge the way we have always done things

#### **We Need Your Input:**

[ReducingProviderBurden@cms.hhs.gov](mailto:ReducingProviderBurden@cms.hhs.gov)





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