NQRN QCDR Webinar

*Improvement Activities in the QCDR*

September 13, 2017
Agenda

• Welcome, Introductions and Housekeeping  Chrystal Price, 5 minutes
• Presentation  Eden Essex, 20 minutes
• Presentation  Lance Mueller, 10 minutes
• Moderated Q&A  Emily Richardson, 15 minutes
• Wrap-up  Chrystal Price, 5 minutes
Housekeeping

- The webinar is being recorded
- The slides and a link to the recording will be posted at thepcpi.org
- For the Q&A portion of the webinar, please enter your questions into the chat window
Speakers and Moderator

Eden Essex
Assistant Director, American Society for Gastrointestinal Endoscopy

Emily Richardson, MD
Chief Quality Officer, Encompass Medical Partners
NQRN QCDR Committee Co-chair

Lance Mueller
Manager, Healthcare Quality, AMA
NQRN QCDR Committee Co-chair
The ASGE Approach to Educating Its Members on the MIPS Improvement Activities Performance Category

Presented by Eden Essex
for the PCPI-NQRN on September 13, 2017
Learning Objectives

At the conclusion of the presentation, participants should understand:

• Discuss the requirements to successfully report to the Improvement Activities performance category of Merit-Based Incentive Payment System (MIPS), including options for reporting mechanisms.
• Discuss the ASGE experience in determining which activities among its programming qualify as improvement activities, meeting CMS expectations.
• Review best practices for documentation to ensure provider compliance and readiness if selected for CMS audit.
Quality Payment Program
Two Paths to Payment

Merit-Based Incentive Payment System (MIPS)

If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.

Advanced Alternative Payment Models (APMs)

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.
2017 “Pick Your Pace”

- **Test Pace** — Report any information. For example, one quality measure, or one improvement activity, or 4 or 5 required advancing care information measures any point in 2017.

- **Partial** — Report more than one quality measure, more than one improvement activity or more than the required advancing care information measures for at least 90 days and possibly receive a positive payment adjustment.

- **Full** — For full participation in MIPS and to achieve the highest possible final scores and positive payment adjustment, MIPS eligible clinicians submit required measures and activities in all three performance categories: quality, improvement activities, and advancing care information. Report for a full year (or at least 90 days).
Reporting Options

- Individuals eligible clinicians required to meet MIPS requirements for each TIN/NPI association.
- For individual eligible provider reporting, scoring and payment adjustment applied at the TIN/NPI level.
- For group reporting, scoring at TIN level and payment adjustment at the TIN/NPI level.

- For the Improvement Activities performance category, if at least one clinician within the group is performing the activity for a continuous 90 days in the performance period, the group may report on that activity.
Reporting Criteria

• You must attest by indicating “Yes” to each activity that meets the 90-day requirement (activities that you performed for at least 90 consecutive days during the current performance period).

• You may report activities using a qualified registry, via certified EHR Technology), qualified clinical data registry (QCDR), the CMS Web Interface (for groups of 25 or more), or via attestation.
Subcategories

• Expanded Practice Access
• Population Management
• Care Coordination
• Beneficiary Engagement
• Patient Safety and Practice Assessment
• Participation in an APM
• Achieving Health Equity
• Integrating Behavioral and Mental Health
• Emergency Preparedness and Response
### Accessing the List of Activities

Welcome to the Quality Payment Program Resource Library where you’ll find links to official information to help you prepare for success in the Quality Payment Program.

#### Documents & Downloads

<table>
<thead>
<tr>
<th>Document Name (size)</th>
<th>Type</th>
<th>Date Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIPS 2017 Qualified Registry (953KB)</td>
<td>PDF</td>
<td>May 11th, 2017</td>
</tr>
<tr>
<td>MIPS APMs in the Quality Payment Program (193XKB)</td>
<td>PDF</td>
<td>May 31st, 2017</td>
</tr>
<tr>
<td>MIPS Data Validation Criteria (412KB)</td>
<td>PDF</td>
<td>April 26th, 2017</td>
</tr>
<tr>
<td>MIPS Improvement Activities Fact Sheet (10050KB)</td>
<td>PDF</td>
<td>April 6th, 2017</td>
</tr>
<tr>
<td>MIPS Measures for Cardiologists (176KB)</td>
<td>PDF</td>
<td>June 15th, 2017</td>
</tr>
<tr>
<td>MIPS Measures for Primary Care Physicians (517KB)</td>
<td>PDF</td>
<td>June 15th, 2017</td>
</tr>
</tbody>
</table>

*Image: Resource Library page from the Quality Payment Program website.*
Improvement Activities Scoring

• Maximum achievable points = 40
• Improvement Activity weights:
  – **High**: 20 points per activity
  – **Medium**: 10 points per activity
• Maximum number of activities required for highest possible score:
  – 2 High-weighted activities
  – 4 Medium-weighted activities
  – Combination of high- and medium-weighted
Improvement Activities Scoring

• Reporting modifications:
  — small practices (15 or fewer eligible clinicians)
  — practices located in rural areas or geographic HPSAs
  — non-patient facing MIPS eligible clinicians or groups

• Full Score: Report 1 High-weighted or 2 Medium-weighted improvement activities

• Half Score: 1 Medium-weighted improvement activity
Performance Category Weighting

<table>
<thead>
<tr>
<th>Category</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>60%</td>
</tr>
<tr>
<td>Cost</td>
<td>0%</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>25%</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>15%</td>
</tr>
</tbody>
</table>
### Scoring Example

<table>
<thead>
<tr>
<th>Activity</th>
<th>Subcategory</th>
<th>Total Possible Points</th>
<th>Relative Weight (based on whether a small, rural, geographic HPSA or non-patient facing MIPS eligible clinician)</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For Midsize Practice (not rural, HPSA or non-patient facing)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity 1 (Medium Weighted)</td>
<td>Population Management</td>
<td>10</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Activity 2 (High Weighted)</td>
<td>Expanded Practice Access</td>
<td>20</td>
<td>1</td>
<td>30/40 points</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>30 points</td>
</tr>
</tbody>
</table>

30/40 x category weight (15%) = 11.25 points
CMS’ acceptance of ASGE programming as qualifying for MIPS clinical practice improvement activities is a welcome move towards meaningful activities in improving the quality of endoscopy.

~ Nalini Guda, MD
ASGE Quality Assurance in Endoscopy Committee
ASGE Programs Qualifying for MIPS

- Endoscopy Unit Recognition Program (EURP)
- GIQuIC registry-related improvement activities
- Skills Training Assessment Reinforcement (STAR) Certificate Programs
- Screening Colonoscopy Performance Improvement Module (PIM)
- GI Operations Benchmarking

- Supporting documentation should be maintained for 10 years.
Submitting Programs for Approval

Quality Payment Program

 Improvement Activities Performance Category
 Call for Activities Submission Form

Activities recommended for inclusion should be sent using the Improvement Activities template (below) to CMSEfferActivities@fisheyeum.com. Stakeholders will receive an email confirmation for their submission. Recommendations submitted by February 28, 2017 will be considered for inclusion in 2018. Recommendations submitted after February 28, 2017 will be considered for inclusion in future years.

Improvement Activities Recommended for Inclusion

| Activity Sponsors: | American Society for Gastrointestinal Endoscopy  
www.asge.org  
Contact: Edan Esser, ASGE, 3300 Woodcreek Drive, Downers Grove, IL 60515, 630.570.6646.  
eosses@asge.org |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide entity name, url, and individual contact information: name, address, phone, email—in case we need to contact submitter.</td>
<td></td>
</tr>
<tr>
<td>CMS NPI # or Sponsor Type:</td>
<td>medical specialty society</td>
</tr>
<tr>
<td>Include NPI number, or indicate other entity type, e.g. EHR vendor, specialty group, or other—25 words or less.</td>
<td></td>
</tr>
<tr>
<td>Activity Title:</td>
<td>Endoscopy Unit Recognition Program (EURP)</td>
</tr>
<tr>
<td>Provide the activity title only—10 words or less.</td>
<td></td>
</tr>
</tbody>
</table>
Submitting Programs for Approval

<table>
<thead>
<tr>
<th>Quality Payment Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity Description:</strong> Provide a brief description of the proposed activity—300 words or less.</td>
</tr>
<tr>
<td><strong>Supporting Website or Media Platform:</strong> <a href="http://www.asge.org/quality/eoorp">www.asge.org/quality/eoorp</a></td>
</tr>
<tr>
<td><strong>Activity Subcategory:</strong> Patient Safety and Practice Assessment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Payment Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Documentation Suggestions for Validations:</strong> Include data or primary sources that would be used to substantiate performance (e.g., medical charts, office schedules, data reports, meeting minutes)—50 words or less.</td>
</tr>
<tr>
<td><strong>Contribute to ACP Bonus:</strong> Yes or no. Yes responses require a justification/rationale—100 words or less.</td>
</tr>
<tr>
<td><strong>Copy of complete program application along with dated ASGE Certificate of Recognition of Quality in Endoscopy</strong></td>
</tr>
</tbody>
</table>
Endoscopy Unit Recognition Program

- **IA_PSPA_19**: Implementation of formal quality improvement methods, practice changes or other practice improvement processes. [*Medium*]
- **Validation**: Implementation of a formal model for quality improvement and creation of a culture in which staff actively participates in one or more improvement activities
1. **Adopt Formal Quality Improvement Model and Create Culture of Improvement** - Documentation of adoption of a formal model for quality improvement and creation of a culture in which staff actively participate in improvement activities; and

2. **Staff Participation** - Documentation of staff participation in one or more of the six identified; including, training, integration into staff duties, identifying and testing practice changes, regular team meetings to review data and plan improvement cycles, share practice and panel level quality of care, patient experience and utilization data with staff, or share practice level quality of care, patient experience and utilization data with patients and families.
EURP Proof of Participation

• Completed EURP application, including supplements
• Data reports run at regular intervals, as documented in unit policies or a 10-step quality plan
• Minutes from unit committee meetings documenting CQI/QAPI review and discussion
• ASGE Certificate of Recognition of Quality in Endoscopy
• Recognition letter
GIQuIC Registry

- **IA_PM_7**: Use of QCDR for feedback reports that incorporate population health. [High]

- **Validation**: Involvement with a QCDR to generate local practice patterns and outcomes reports including vulnerable populations

- **CMS Suggested Documentation**: Participation in QCDR for population health, e.g., regular feedback reports provided by QCDR that summarize local practice patterns and treatment outcomes, including vulnerable populations
GIQuIC Registry

- **IA_PM_10**: Use of QCDR data for quality improvement such as comparative analysis reports across patient populations. [Medium]
- **Validation**: Participation and use of QCDR, clinical data or other registries to improve quality of care
- **CMS Suggested Documentation**: Participation in QCDR for QI across patient populations, e.g., regular feedback reports provided by QCDR using data for quality improvement such as comparative analysis reports across patient populations
GIQuIC Registry

• **IA_PSPA_7**: Use of QCDR data for ongoing practice assessment and improvements. [Medium]

• **Validation**: Use of QCDR data for ongoing practice assessment and improvements in patient safety

• **CMS Suggested Documentation**: Participation in QCDR that promotes ongoing improvements in patient safety, e.g., regular feedback reports provided by the QCDR that promote ongoing practice assessment and improvements in patient safety
GIQuIC Registry

- **IA_CC_6**: Participation in a Qualified Clinical Data Registry, demonstrating performance of activities that promote use of standard practices, tools and processes for quality improvement (e.g., documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups).

  [Medium]

- **Validation**: Active participation in QCDR to promote standard practices, tools and processes for quality improvement
GIQuIC Registry

- **CMS Suggested Documentation**: Participation in QCDR demonstrating promotion of standard practices, tools and processes for quality improvement, e.g., regular feedback reports provided by QCDR that demonstrate the use of QCDR data to promote use of standard practices, tools, and processes for quality improvement, including, e.g., preventative screenings
GIQuIC Proof of Activities

• GIQuIC data reports run quarterly or at other regular intervals, as documented in unit policies or a 10-step quality plan
• Minutes from unit committee meetings documenting CQI/QAPI review and discussion
Conclusion

• The MIPS Improvement Activities performance category is a work in progress.
• CMS is seeking to reduce reporting burden so eligible clinicians can focus on patient care.
Questions

• Quality Payment Program
  https://qpp.cms.gov/
  qpp@cms.hhs.gov

• American Society for Gastrointestinal Endoscopy
  https://www.asge.org/
  info@asge.org

• Eden Essex
  Assistant Director of Quality and Policy
  eessex@asge.org
  630.570.5646
MACRA Quality Payment Program Improvement Activities
QPP website provides a search tool for IAs

Select Improvement Activities

SEARCH BY KEYWORD:
- All
- Search for...

FILTER BY:
- Subcategory Name
- Activity Weighting

Showing 93 Activities

Add All Activities
Select Improvement Activities

Showing 13 Activities

- Leveraging a QCDR for use of standard questionnaires

- Leveraging a QCDR to promote use of patient-reported outcome tools

- Leveraging a QCDR to standardize processes for screening
Select measures which apply across the MIPS performance categories
Find a Quality Measure

Controlling High Blood Pressure

Percentage of patients 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

<table>
<thead>
<tr>
<th>MEASURE NUMBER</th>
<th>NQS DOMAIN</th>
<th>MEASURE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>eMeasure ID: CMS165v5</td>
<td>ECC</td>
<td>Intermediate Outcome</td>
</tr>
<tr>
<td>eMeasure NQF: None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NQF: 0018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality ID: 236</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Link to an Improvement Activity

Chronic care and preventative care management for empanelled patients

Proactively manage chronic and preventive care for empaneled patients that could include one or more of the following: Provide patients annually with an opportunity for development and/or adjustment of an individualized plan of care as appropriate to age and health status, including health risk appraisal; gender, age and condition-specific preventive care services; plan of care for chronic conditions; and advance care planning; Use condition-specific pathways for care of chronic conditions (e.g., hypertension, diabetes, depression, asthma and heart failure) with evidence-based protocols to guide treatment to target; Use pre-visit planning to optimize preventive care and team management of patients with chronic conditions; Use panel support tools (registry functionality) to identify services due; Use reminders and outreach (e.g., phone calls, emails, postcards, patient portals and community health workers where available) to alert and educate patients about services due; and/or Routine medication reconciliation.

<table>
<thead>
<tr>
<th>ACTIVITY ID</th>
<th>SUBCATEGORY NAME</th>
<th>ACTIVITY WEIGHTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA_PM_13</td>
<td>Population Management</td>
<td>Medium</td>
</tr>
</tbody>
</table>
Link to ACI --- Note: other Public Health and Clinical Data Registry Reporting measures apply

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Objective Name</th>
<th>Required for Base Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACI_PHCDRR_4</td>
<td>Public Health And Clinical Data Registry Reporting</td>
<td>No</td>
</tr>
</tbody>
</table>

**Performance Score Weight**
Up to 5%
Select measures which apply across the MIPS performance categories

• Example:

• Quality – Controlling High Blood Pressure

• IA – Chronic care and preventative care management for empaneled patients

• ACI – Public Health Registry Reporting
Improvement Activities Eligible for ACI Category Bonus

• Set of Improvement Activities from the IA performance category which can be tied to the objectives, measures, and CEHRT functions of ACI performance category.

• Would qualify for the bonus in the ACI if reported using CEHRT.

• Not required to use CEHRT.

• IA: Chronic care and preventative care management for empaneled patients

• Related ACI Measures: Provide Patient Access, Patient-specific education, VDT (View, Download, Transmit), Secure Messaging, Patient Generated health Data, Send a Summary of Care, Reconciliation Exchange, Clinical Decision Support

• Link to more information: https://qpp.cms.gov/docs/QPP_ACI_Fact_Sheet.pdf
ACI measure --- Submit an IA using CEHRT

I attest that I have submitted an eligible Improvement Activity using Certified Electronic Health Record Technology (CEHRT).

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Objective Name</th>
<th>Required for Base Score</th>
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</thead>
<tbody>
<tr>
<td>ACI_IACEHRT_1</td>
<td>None</td>
<td>No</td>
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Performance Score Weight
Up to 10%
Key Points and the Future
TCPI Participation counts as an Improvement Activity

• Participation in the CMS Transforming Clinical Practice Initiative.

• ACTIVITY ID
  • IA_CC_4

• SUBCATEGORY NAME
  • Care Coordination

• ACTIVITY WEIGHTING
  • High
Take advantage of educational opportunities

Completion of select STEPS Forward™ modules meets eligibility criteria for Improvement Activity category credit

www.stepsforward.org
Future

- MACRA and the QPP are here to stay but evolving.
  - They are not part of the ACA.

- Awaiting the 2018 Final Rule.
  - Last year, the proposed rule received over 3000 comments.
  - The 2017 final rule contained many changes from the proposed rule.

- CMS is looking at new Alternative Payment Models and possibly designating some existing payment models as APMs

- Use this year to setup reporting through a registry to be ready for full-year reporting in 2018.
Technical Assistance for clinicians from CMS

CMS has free resources and organizations on the ground to provide help to clinicians who are eligible for 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 TCP@IDS@TruenHealth.com for extra assistance.

**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.
- Organizations selected to provide this technical assistance will be available in early 2017.

**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.

**TECHNICAL SUPPORT**
All Eligible Clinicians Are Supported By:
- Quality Payment Program Website: 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: 1-877-715-6223 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 AFMs.
AMA MACRA Resources

www.ama-assn.org/MACRA

Medicare Payment & Delivery Changes
Increase understanding of the new quality payment program created by MACRA.

Links and tabs to:
• AMA comments and recommendations
• Detailed info on MIPS and APMs
• STEPSForward modules
• AMA Payment Model Evaluator
• Checklist to prepare
• Podcasts from ReachMD
• MACRA Action Kit and slides
• Links to specialty and state society MACRA resources
• Link to qpp.cms.gov
• Other MACRA resources, links, and news stories
Questions and Contact

Lance Mueller,
Manager, Healthcare Quality
AMA

• Lance.mueller@ama-assn.org
Your MISSION is Our MISSION
**Discussion**

Eden Essex  
Assistant Director, American Society for Gastrointestinal Endoscopy

Emily Richardson, MD  
Chief Quality Officer, Encompass Medical Partners  
NQRN QCDR Committee Co-chair

Lance Mueller  
Manager, Healthcare Quality, AMA  
NQRN QCDR Committee Co-chair

NQRN®  
National Quality Registry Network
Thank you!

For questions or further information please contact:

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chrystal.price@thepcpi.org
312-224-6068
thepcpi.org