Rallying Staff Around MIPS

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Financial Disclosure
Ken Woodworth owns and consults for Ophthalmic Consulting Services and acknowledges a financial interest in the subject matter of this presentation.

Financial Disclosure
Donna McCune is a consultant for Corcoran Consulting Group and acknowledges a financial interest in the subject matter of this presentation.

Future of FFS Medicine
"FFS medicine may not be dead, but the manner in which it will run – and how we will be paid – is rapidly changing. Be educated, be prepared, and be successful."

Source: www.aapc.com May 2016 "MIPS is Coming"

Objectives
- Discuss the components of MIPS that are under staff control
- Develop a plan to involve and motivate staff to meet quality measures

Administrator’s Role
When you stop learning, you stop leading.

-- Ken Blanchard and Mark Miller
"The Secret"
Alphabet Soup Defined
- MACRA - Medicare Access and CHIP Reauthorization Act
- CHIP – Children’s Health Insurance Program
- MIPS - Merit-Based Incentive Payment Program
- APMs - Alternative Payment Models
- ACI- Advancing Care Information
- CPIA- Clinical Practice Improvement Activities (abbreviated IA)

What Does MACRA Do?
- Repeals the Medicare Sustainable Growth Rate (SGR)
- Replaces it with a new Merit-based Incentive Payment System (MIPS)

What Is MIPS?
- Modified fee for service
- A rebrand of PQRS, MU and VPM

Quality Payment Program Tracks
- Advanced Alternative Payment Models (APMs)
- The Merit-based Incentive Payment System (MIPS)
  - Those who participate in an Advanced APM may earn an incentive payment for participating in an innovative payment model.
  - Those who participate in MIPS may earn a performance-based payment adjustment.

CMS Flexibility on MIPS
Avoid any negative impact in 2019 – only first year
1. Test the Quality Payment Program
2. Participate for part of CY 2017
3. Participate for all of CY 2017
4. Participate in APM

Quality Performance Category
- Physicians must report a minimum of 6 measures, with at least one being an outcome measure, if available. If no outcome measure applies to the clinician, he or she would report one “high priority measure.”
- Each measure reported must have a minimum of 20 cases to be included in the Quality category score.
- CMS has removed the Measures Group option previously available under PQRS

Source: ASCRS
Advancing Care Information

• Advancing Care Information category (previously known as Meaningful Use)
• All providers must report five measures to achieve the base score.
• Providers who do not have 2015-certified EHR technology will not be able to report several of the measures finalized as part of the ACI category.
• CMS has finalized a modified list of objectives and measures for the first performance period (2017) for participants using 2014 technology.

CPIA Performance Category

• The final rule includes a list of individual improvement activities (Table H). The activities are grouped in eight sub-categories corresponding to CMS’ stated goals. Providers may choose any combination of improvement activities, regardless of category.

MIPS Category Weights

![MIPS Category Weights](source: CMS)

Administrator’s Role

People without information cannot act responsibly.

— Ken Blanchard
“Empowerment Takes More Than a Minute”

People with information are empowered to make responsible decisions and help the organization succeed.

“Insights on the Art of Influence”

Keys to Staff Motivation

1. Communicate what and why
2. Manage like you would like to be managed
3. Train to the desired outcomes
4. Oversee but don’t micromanage
5. Recognize accomplishments
6. Incentivize results

Keys to Staff Motivation

7. Let staff know you trust and appreciate them
8. Be a positive leader
9. Set a good example
10. Encourage staff to express concerns and make suggestions (Listen)
11. Introduce some fun into the process
Ways to De-Motivate
1. Demonstrate that you don’t respect your staff (e.g. condescension, sarcasm, talking about employees with their co-workers, etc.)
2. Don’t have staff’s backs (e.g. nasty patients or rude physicians)
3. Take credit for a project on which a staff member did most of the work

Barriers to New Initiatives
• People are adverse to change
• Staff already believes they have too much to do
  • “Sounds like coding and billing’s job, not mine.”
  • “What’s in it for me?”

Key Players
• Board of Directors
• Administrator
• Supervisors
• Technicians
• Billing staff
• IT staff

Steps
• Step one – Board of Directors / Administrator
  o Decide participation level for 2017
  o Ensure that everyone appreciates the consequences of the decision
• Step two – engage practice leaders in all departments
  o Train this group first
  o Prepare to rally rest of staff

Considerations and Resources
• Identify EPs, any low volume
• Individual vs. group participation in MIPS
• Investigate Advanced Alternative Payment Models (APMs)
• Review Quality and Resource Use Reports (QRUR)
• Check the CMS Enterprise Portal
• Consider a registry
• Get a certified EHR if you don’t have one
• Review CMS’ Physician Compare

Rallying Staff
Communicate what and why
• Most of MIPS is not new
  o PQRS, MU
• Describe what is new
  o CPIA
• Discuss potential penalties and bonuses
MIPS Payment Adjustments

Based on a MIPS Composite Performance Score, clinicians will receive +/- or neutral adjustments up to the percentages below.

Rallying Staff

Train to the desired outcomes
- Quality
  - 6 measures including 1 outcome measure
- Advancing Care Information
  - Cover base objectives
  - Maximize performance objectives
- Clinical Practice Improvement Activities
  - Achieve maximum points

Quality Performance Standards

- Report a minimum of 6 measures (1-10 points each)
  - 1 of 6 must be an outcome measure (only 1 claims measure)
  - Registry reporting threshold – 50% of all patients
  - Claims reporting threshold – 50% of Medicare Part B patients

Key Considerations - Quality

- Consider PQRS measures that you have already been doing.
- Make sure that you select an outcomes measurement.
- Review decile table to estimate possible points you can earn.
- Ensure that clinical staff understands what is required to satisfy measure.
- Confirm that everyone is documenting it the same way and the appropriate way to ensure that it is captured/counted.

Advancing Care Information

- In the first year, this makes up 25% of the total MIPS score
  - If there is NO certified EHR in place, then the maximum MIPS score is reduced by this amount (25%)
- Three parts:
  - Base score (50)
  - Performance score (90)
  - Bonus score (15%)
- The rule lists two alternatives:
  - MU or ACI

Advancing Care Information Base

<table>
<thead>
<tr>
<th>Base Score Objective</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect PHI (yes/no)</td>
<td>Security Risk Analysis</td>
</tr>
<tr>
<td>Electronic Rx (N/D)</td>
<td>Electronic Prescribing</td>
</tr>
<tr>
<td>Patient Electronic Access (N/D)</td>
<td>Patient Access Measure</td>
</tr>
<tr>
<td>Health Info Exchange (N/D)</td>
<td>Summary of Care</td>
</tr>
<tr>
<td>Health Info Exchange (N/D)</td>
<td>Request/Accept Pt Care Record</td>
</tr>
</tbody>
</table>
### Advancing Care Information - Performance

<table>
<thead>
<tr>
<th>Performance Score Objective</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Electronic Access</td>
<td>Patient Access</td>
</tr>
<tr>
<td>Patient-Specific Education</td>
<td></td>
</tr>
<tr>
<td>Coordination of Care</td>
<td>View, Download, Transmit, Secure Messaging</td>
</tr>
<tr>
<td>Health Info Exchange</td>
<td>Patient-Generated Health Data</td>
</tr>
<tr>
<td>Patient Care Record</td>
<td>Patient Care Record Exchange</td>
</tr>
<tr>
<td>Immunization Registry Reporting</td>
<td></td>
</tr>
</tbody>
</table>

### Key Considerations – ACI
- Involve IT people to ensure measures can be met
- Test system for patient access and ability to exchange information
- Delegate security risk analysis to someone who understands what is involved

### Clinical Practice Improvement Activity
- New component
- The largest bonus depends on performing for at least 90-days during the first year (2017) reporting period
- Choose from 94 options; achieve 40 points
  - Medium- and high-weighted measures
    - 10 points for medium-weighted activities
    - 20 points for high-weighted activities
- Small practices (≤15) achieve 20 points, and get double the value
- Larger practices achieve 40 points

### CPIA Measure Categories
- Expanded Practice Access
- Beneficiary Engagement
- Achieving Health Equity
- Population Management
- Patient Safety and Practice Assessment
- Emergency Preparedness and Response
- Care Coordination
- Participation in an APM (including medical home model)
- Integrated Behavioral and Mental Health

### Key Considerations – CPIA
- Understand how to get to 40 points
- Utilize clinical staff to assist in determining which measures to do
- Educate everyone on measure selection and what is involved to be successful

### Rallying Staff
- Oversee but don’t micromanage

Let people bring their brains to work, and let them use their knowledge.

“Leading at a Higher Level”
What’s Next

• Monitor progress
• Make necessary adjustments
• Provide feedback both good and bad to everyone
• Celebrate success

Rallying Staff

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