



# Future-Proof Your Practice: Mastering MIPS and More

Stephanie Maestrone, Senior Sales Executive



## From Volume To Value: Achieving Bold Change In Our Healthcare Payment Systems



**Bill Frist**, CONTRIBUTOR

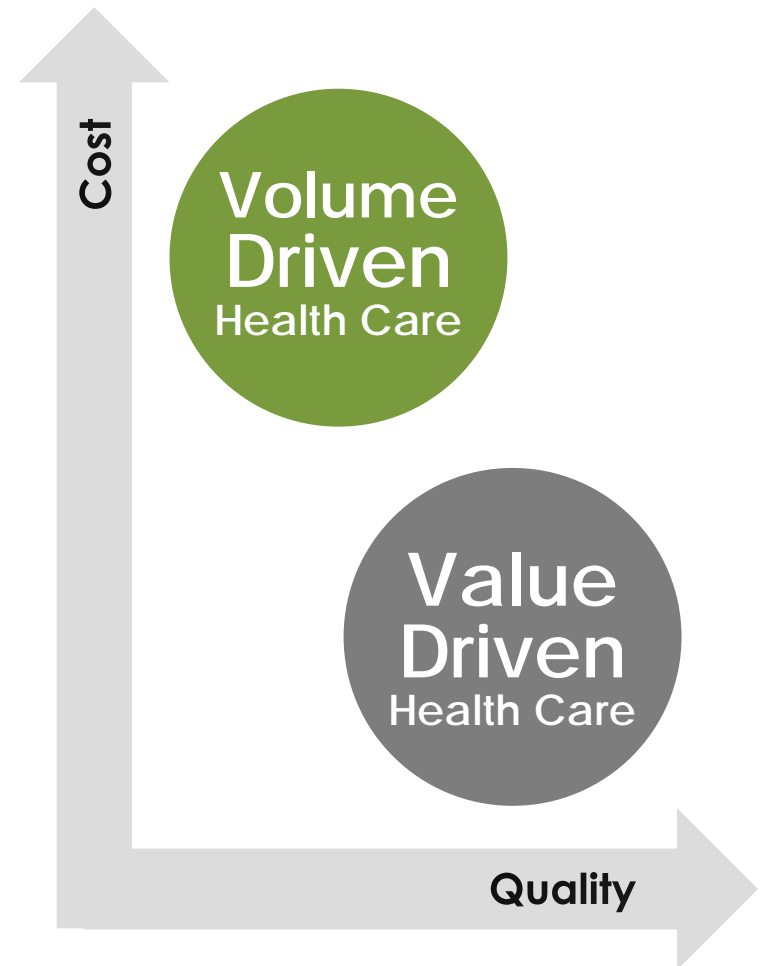
*I cover global and domestic health care and health care reform.* [FULL BIO](#) ✓

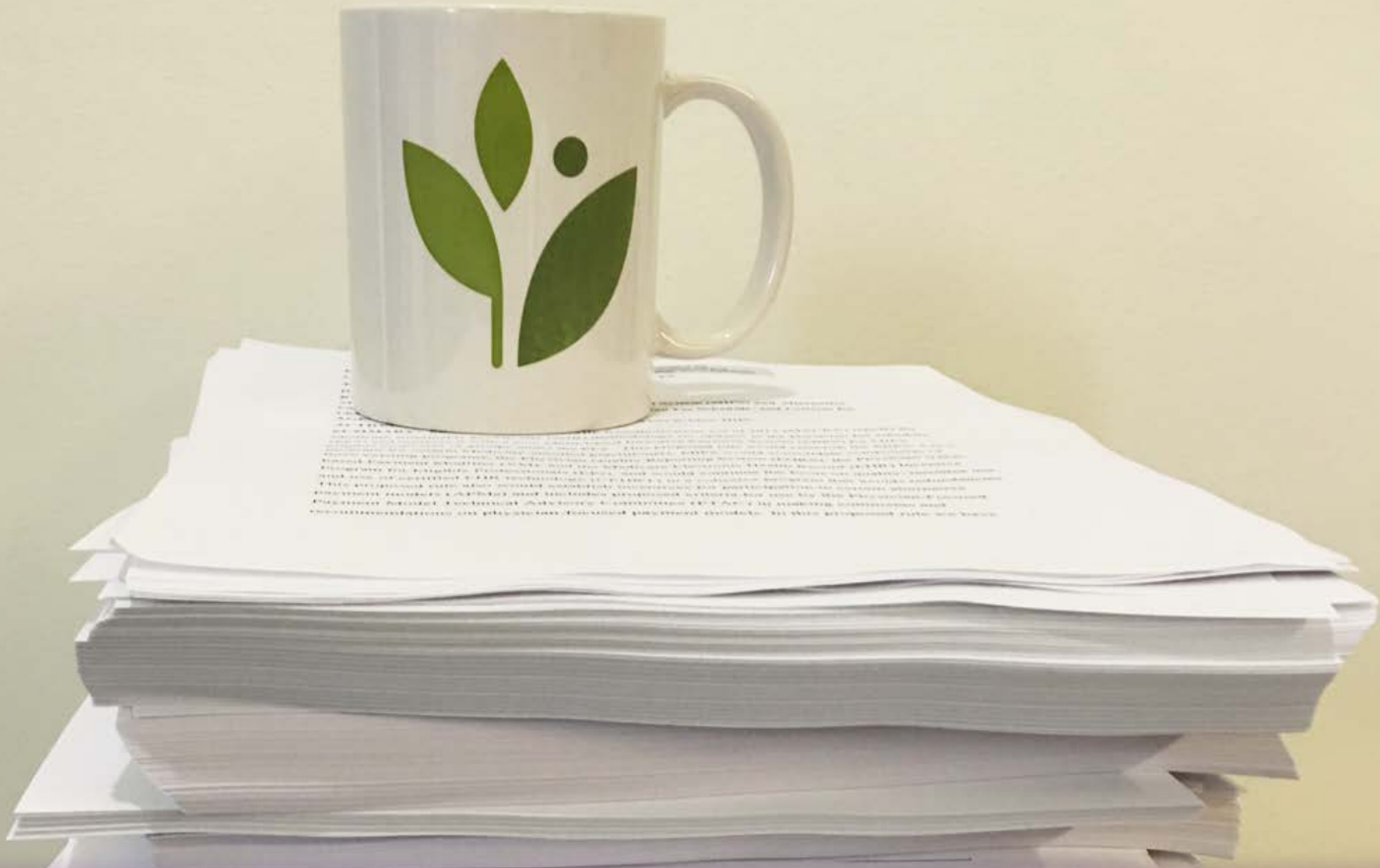
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One question I hear repeatedly as I travel the country discussing healthcare is whether the transition from fee-for-service to value-based care can really be done in a way that lowers cost and improves patient care. The answer is: it can.

While there isn't a one-size-fits-all solution, successful systems change requires the collaboration and coordination of payers, providers, physicians, regulators, and patient-consumers, taking them outside their comfort zone by flipping the current incentive structure on its head.

It's useful to review why we should change the way we pay for our healthcare in the first place. The current, dominant fee-for-service (FFS) model incentivizes over-provision of services, which contributes nothing to improving health. Physicians are paid for each medical test they run, but they aren't compensated for coordinating patient care among different providers, or spending





Over 2,400 pages of the final ruling,  
released October 14th, 2016

# 2020





Physician Compare  
Home

About Physician  
Compare

About the data

Resources

Help

Physician Compare Home

Share



Find physicians and other health  
care professionals

Find group  
practices

Search another  
way

A field with an asterisk (\*) is required.

\* **Location**

ZIP code/City, State/Address/Landmark

\* **What are you searching for?** ⓘ

Doctor last name or specialty or medical condition

Search

Additional search options ▶

## Spotlight

Learn more about Physician Compare - watch this video:

Getting the Most  
from  
Physician  
Compare

## Additional information

- ◆ Question or comments? [E-mail Physician Compare](#) ↗
- ◆ Learn more about quality programs on Physician Compare
- ◆ Physicians: How to keep your information current
- ◆ Download the Physician Compare database (Updated: 3/3/2016)
- ◆ Having trouble using the website?
- ◆ Accountable Care Organization (ACO) quality data

More Medicare compare websites:

- ◆ Hospital Compare

Your data is public

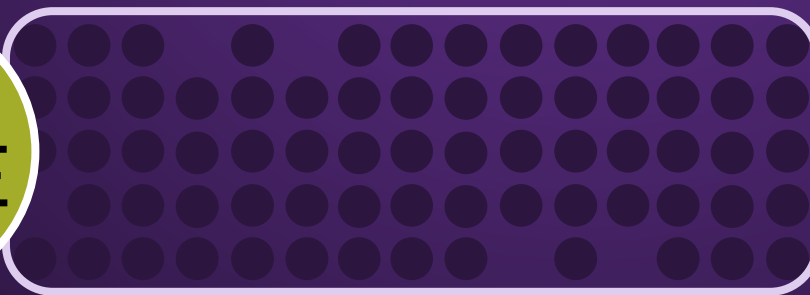
# 2017 – “pick your reporting pace” year



Report  
**“some data”**  
(from certain categories)



Report for a  
**partial year**  
90 days




**Full year**  
of reporting  
athena Clients

**BRACE YOURSELF...**



**2018 IS COMING**



**ACTUALLY...**

**2018 IS HERE**





Let's geek out

# 4 MIPS Reporting Categories

Quality

EHR Use

(Advancing Care Information)

Care Coordination

(Improvement Activities)

Cost



# Quality –

Measuring the standard of care provided to your patients

# 6 reported measures

20 case minimum for all measures

Quality Measure

Quality Measure

**PENDING CMS**

Quality Measure

Outcomes Measure

At least one must be an Outcome Measure **OR** a High Priority Measure

Quality Measure

High Priority Measure





## 6 Selected Measures

Bonus Points

Dr. Samuel

CEHRT

Optimal Asthma Control

511

13 clinical practices

CEHRT

Childhood Immunization Status

913

CEHRT

Tobacco Use: Screening and Cessation Intervention

6

Breast Cancer Screening

7.3

High Priority

Falls: Risk Assessment

815

Use of Imaging Studies for Low Back Pain

3

Quality points total

=

43.2

(out of possible 60)

# Optimal Asthma Control

1

3

# Tobacco Use: Screening and Cessation Intervention

5

# Falls: Risk Assessment

271 measures

# Childhood Immunization Status

2

4

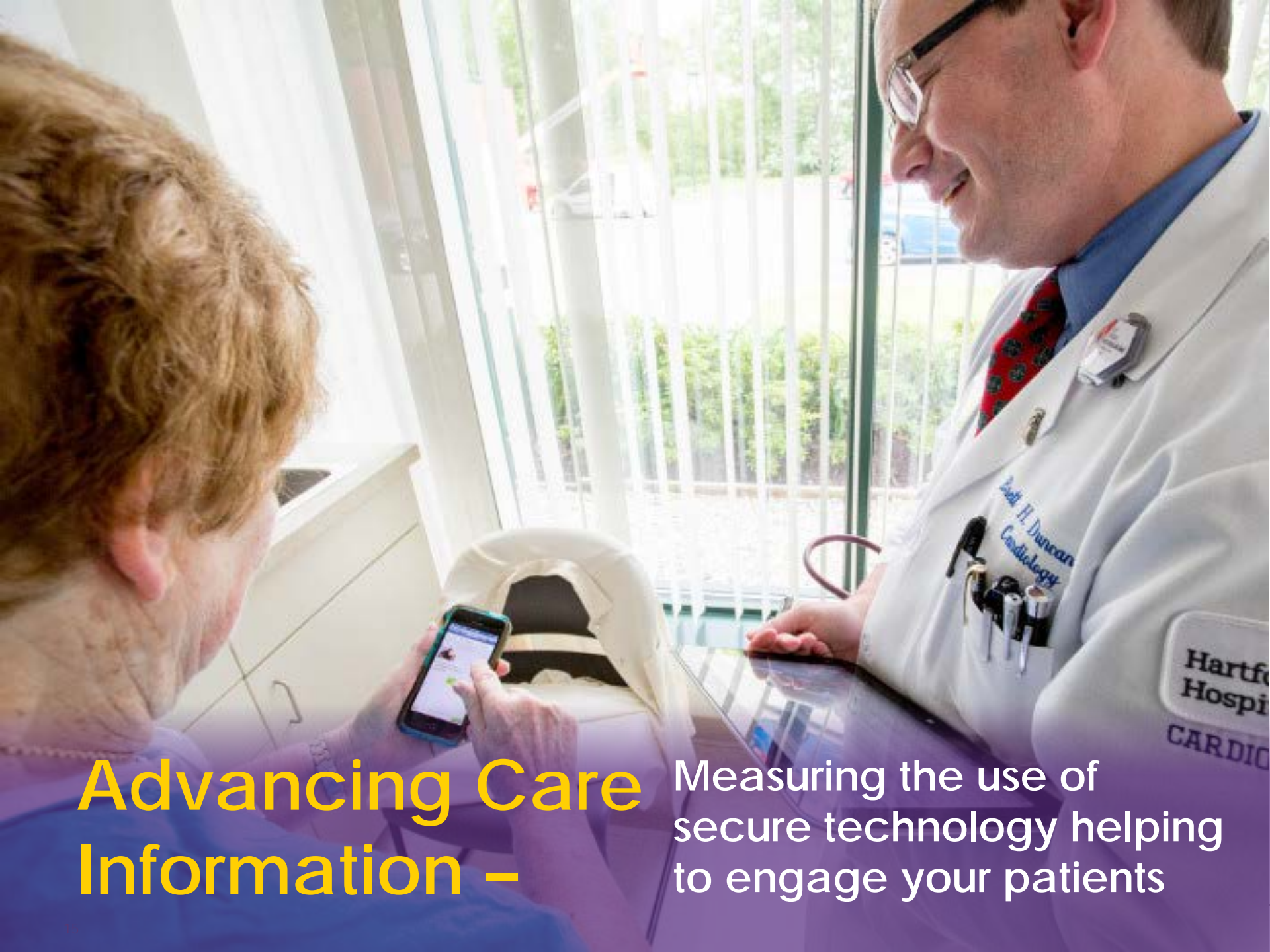
# Breast Cancer Screening

6

# Use of Imaging Studies for Low Back Pain

Modifier

Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain  
Unplanned Hospital Readmission within 30 Days of Principal Procedure  
Unplanned Reoperation within the 30-Day Postoperative Period  
Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older  
Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65 Years and Older  
Use of High-Risk Medications in the Elderly  
Use of Imaging Studies for Low Back Pain  
Varicose Vein Treatment with Saphenous Ablation: Outcome Survey  
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents



# Advancing Care Information –

Measuring the use of secure technology helping to engage your patients

# ACI Reporting

Dependent upon the certification of your EHR



## Option 1

15 Measures

5 required

**Base Score**  
Measured with a Yes/No metric

50 total points

155 possible total points, capped at 100

**Performance Score**  
Measured on a 0 – 100 scale

90 total points

## Option 2

2017-specific  
11 Measures

4 required

**Bonus Score**  
Measured on a 0 or 10 basis

15 total points





Dr. Samuel

13 clinician practice

### Option 2

Auto Base Points  
**50**

Health Information Exchange

Provide Patient Access

Security Risk Analysis

e-Prescribing



Total Performance Base Points  
**21**

Auto Base Points  
**50**

Total Performance Base Points  
**21**

Total Performance Score Points  
**18**

Total Bonus Points  
**5**  
Score Points  
**18**

7 Optional measures for additional performance score

Patient-Specific Education

Immunization Registry Reporting



# Total ACI points = 94

Capped at 100 if higher

Specialized registry reporting

Total Bonus Points  
**5**

# Historically, our clients perform better

2015 Meaningful Use  
Stage 2 attestation

NATIONAL  
AVERAGE

53%

ATHENAHEALTH  
CLIENTS

97.6%

% of HCPs avoiding  
PQRS penalties in 2016

NATIONAL  
AVERAGE

60%

ATHENAHEALTH  
CLIENTS

95.6%



## Improvement Activities –

Measuring and ensuring your  
proactive management of  
patient care

93 possible activities

High Weight

Medium Weight

14 Activities  
20 points  
each

79 Activities  
10 points  
each

Maximum credit

40 points





Dr. Samuel

13 clinician  
practice

High Weight

Medium  
Weight

Medium  
Weight

1

Anticoagulant management  
improvements

2

Use of Patient Safety Tools

3

Regular Training in Care  
Coordination

Total IA points = 40



Specialized teams across the country **have your back.**

4,752  
employees

8  
locations

5  
services







**Cost –**

Used to help lower healthcare spending without sacrificing quality

(Medicare beneficiary – MSPB)

**PENDING  
CMS**

(Total per capita Medicare beneficiaries)

**PENDING  
CMS**

Specific episodes  
(episode payments)

**PENDING  
CMS**



**Auto calculated  
by CMS in 2017**





Cost performance category will weigh more in relation to the MIPS final score in subsequent years

2017

2018

2019

0%  
of total  
score

10%  
of total  
score

30%  
of total  
score

# Calculating a MIPS Final Score



Quality points  
=  
43.2

60%

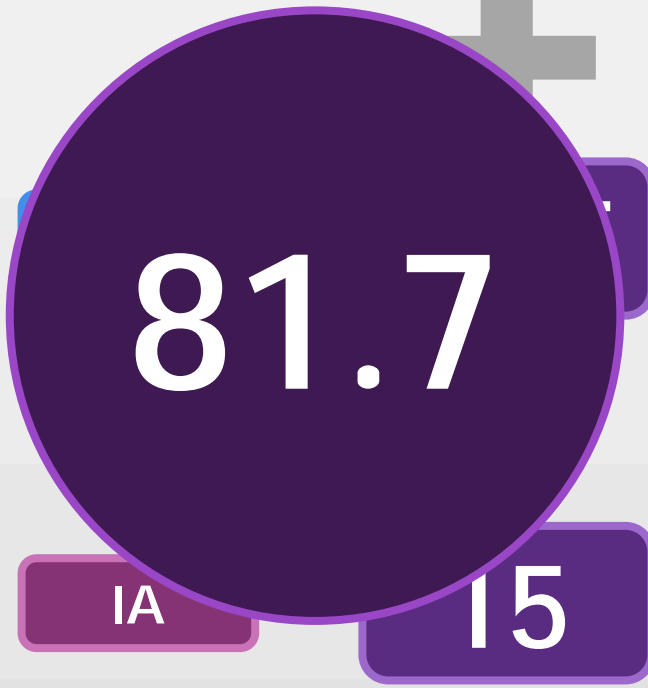
ACI points  
=  
94

25%

IA points  
=  
40

15%

MIPS Final Quality 43.2



# Industry change is **a constant**

MIPS

CPC+

MU3

PCMH

PCSP

HEDIS measures

Bundled Payments

## Anthem Blue Cross Nears 60% Value-Based Care Spend



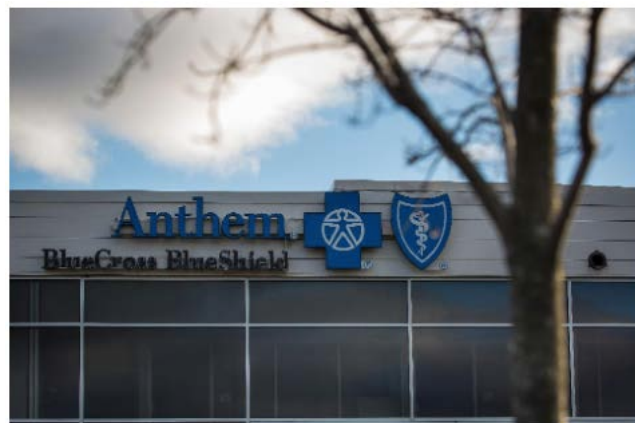
**Bruce Japsen**, CONTRIBUTOR

*I write about healthcare business and policy*

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Anthem's top executive says the health insurer is paying out 58% of its reimbursements via value-based care models that are quickly dominating the U.S. medical system.

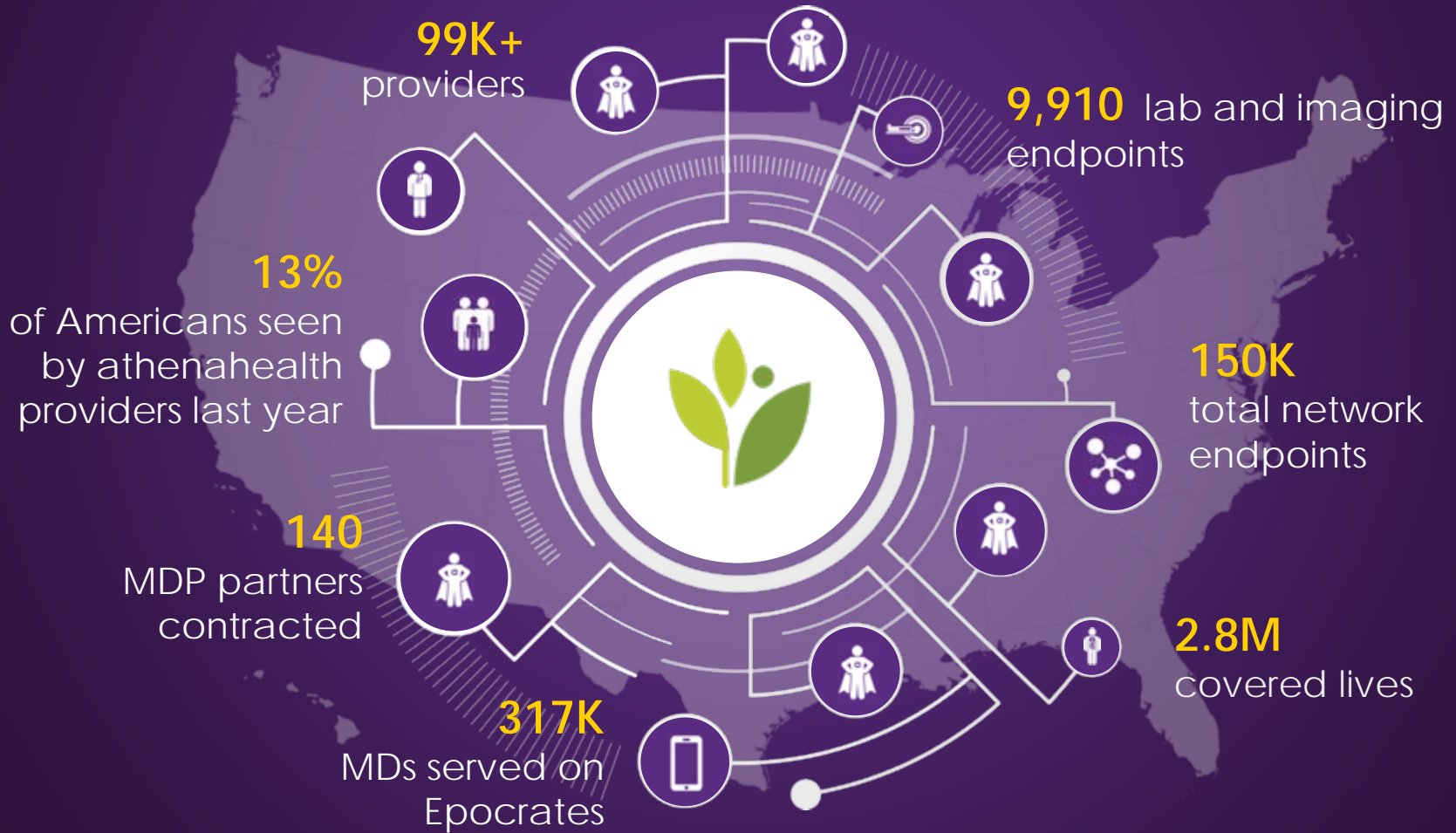
**Anthem** ANTM +0.39%, which operates Blue Cross and Blue Shield plans in 14 states, this week opened a window into the health insurance industry's shift away from the traditional fee-for-service approach that is based on volume of care delivered and can lead to overtreatment and unnecessary medical tests and procedures. Rival insurers, including **Aetna** AET +0.33% and **UnitedHealth**



Signage is displayed on the exterior of an Anthem Blue Cross Blue Shield office building in [-]



**VISION:** To build an information backbone that helps healthcare work as it should.



# With an **integrated** suite of services



## athenaOne

<b>athena Collector</b>	<b>athena Communicator</b>	<b>athena Clinicals</b>	<b>athena Coordinator</b>	<b>Population Health</b>	<b>Epocrates</b>
<i>Revenue cycle management</i>	<i>Patient engagement</i>	<i>Medical record management</i>	<i>Network connectivity</i>	<i>Care coordination and risk management</i>	<i>Medical reference</i>

**Thank You!**  
**Questions?**