Quality Reporting Office Hours

Annette Antos, AQI Senior Registry Services Manager
Toni Kaye, Senior Quality Program Manager

August 13, 2019
Agenda

– QRA
  • 2020 QPP Proposed Rule

– AQI
  • NACOR Participant Survey
  • NACOR Dashboard
    • Group vs Individual Reporting
    • Enhancements – August 2019
  • Dashboard Demo – August 20
  • Anesthesia Quality Meeting – November 15
2020 QPP Proposed Rule

Maximum Payment Adjustment: 9%

Performance Threshold: 45 points

Exceptional Performance Threshold: 80 points

Data Completeness Threshold: 70%

Performance Category Weights:
- Quality-40%
- Cost-20%
- PI-25%
- IA-15%
CMS has explicitly mentioned that selective submission of data (i.e. “cherry picking” or picking your “best 70%) that is unrepresentative of overall performance does not meet the standard of “true, accurate, or complete”

In addition to existing measure removal criteria, CMS will remove measures that do not meet case minimum and reporting volumes required for benchmarking for 2 consecutive years

New QCDR measures will be required to be fully implemented in the registry and be fully statistically tested prior to acceptance as a QCDR measure
2020 QPP Proposed Rule: Summary of Changes

- Measures: AQI59-Multimodal Pain Management has been proposed as a MIPS measure
  - We’ve made significant updates to the specification as part of the MIPS process, so be sure to check the current specification for 2020

- Improvement Activities: CMS has removed 15 improvement activities, modified 7, and added 2 new ones.
  - Most of the removed IAs have been incorporated into the modified IAs

- For 2020, at least 50% of MIPS eligible clinicians in a group must participate in/perform the activity for the same continuous 90 day period in order to get credit for an improvement activity

- For more information regarding the proposed rule:
  - [www.qpp.cms.gov/about/resource-library](http://www.qpp.cms.gov/about/resource-library) under “Regulatory Resources”
2020 QPP Proposed Rule: MVPs

MIPS Value Pathways

Current Structure of MIPS [In 2020]
- Many Choices
- Not Meaningfully Modified
- Higher Reporting Burden

New MIPS Value Pathways Framework [In Next 1-2 Years]
- Coherent
- Lower Reimbursement Burden
- Focused Participation around Pathways that are Meaningful to Clinician’s Practice/Specialty or Public Health Priority

Future State of MIPS [In Next 3-5 Years]
- Simplified
- Increased Value of the Patient
- Increased CMS Provided Data
- Facilitates Movement to Alternative Payment Models (APMs)

Building Pathways Framework
MIPS Value Pathways
Clinicians report on fewer measures and activities based on specialty and/or outcomes within a MIPS Value Pathway

Moving to Value
MIPS Value Pathways
Continue to increase CMS-provided data and feedback to reduce reporting burden on clinicians

Fully Implemented Pathways
Foundation
Promoting Interoperability
Population Health Measures
Enhanced Performance Feedback
Patient-Reported Outcomes

Value

Cost

Quality

Improvement Activities

Cost

Promoting Interoperability

Population Health Measures

Foundation

Population Health Measures

Enhanced Performance Feedback

Patient-Reported Outcomes

Cost is for clinicians to report less burdensome data to MIPS engines and for CMS to provide more data through administrative claims and enhanced performance feedback that is meaningful to clinicians and patients.

Population Health Measures: A set of administrative claims-based quality measures that focus on public health priorities and cross-cutting population health issues; CMS provides the data through administrative claims measures, for example, the 30-Day Hospital Readmission measure.

Clinician/Group Reported Data

CMS Provided Data
MVP Surgery Example

MVP Surgery Example

MIPS Value Pathways: Surgical Example

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Surgeons choose from a set of measures that may or may not align with their practice or specialty of interest.</td>
<td>Surgeons report on meaningful measures in a pathway that is meaningful to their practice.</td>
<td>Surgeons report on a set of measures that are aligned with patient-reported outcomes.</td>
</tr>
<tr>
<td>Poor performance categories feel like four different programs.</td>
<td>Oregon Health Authority provides single score reporting burden on surgeons reduced.</td>
<td>Oregon Health Authority provides even more ability to adjust scores and adjust cost of quality budget.</td>
</tr>
</tbody>
</table>

**MIPS Value Pathways for Surgeons**

**Quality Measures**
- Unmired Responsibility within the 60-Day Postoperative Period (MIPS ID: 363)
- Surgical Check-in (MIPS ID: 363)
- Patient-Centered Surgical Risk Assessment and Communication (MIPS ID: 363)

**Improvement Activities**
- Use of Radiation Safety Tools (MIPS ID: 363)
- Implementing the Use of Inpatient Bedside Shift Reporting as a Standard of Care (MIPS ID: 363)
- Completion of an Accredited Safety Training Program (MIPS ID: 363)

**Cost Measures**
- Medicare Spending Per Beneficiaries (MIPS ID: 363)
- Preoperative Testing for Lower Extremity Circulatory Status (MIPS ID: 363)
- Transfusion (MIPS ID: 363)
- Excessive Catheter icU (MIPS ID: 363)

Population Health Measures: A set of administrative claims-based quality measures that focus on public health priorities and cross-cutting population health issues. CHG provides data through administrative claims measures, for example, the 4A-Cause Hospital Readmission measure.
Questions and comments on quality measures and regulatory information (e.g. reporting requirements, CMS regulation) should be sent to Quality and Regulatory Affairs staff.

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Quality and Regulatory Affairs
(qra@asahq.org)
AQI: NACOR Participant Survey

- Survey sent to AQI Champions July 26, 2019
  - Questions are regarding the 2018 reporting year
  - Will remain open until August 23, 2019
  - [https://www.surveymonkey.com/r/NC2NFJM](https://www.surveymonkey.com/r/NC2NFJM)
AQI: NACOR Dashboard (Group vs Individual Reporting)

- New dashboard displays data at the group and individual level

The current year’s reporting selection for your practice will be displayed at the bottom of the left side menu under Account.
AQI: Dashboard Enhancements

The following enhancements will be made to the dashboard by the end of August:

- 2018 data will be in the dashboard
- A year selector will be added to the dashboard (2018 and 2019)
- Ability to export three reports
  - TIN Measure Performance Detail
  - Provider Measure Performance Detail
  - Measure Case List
AQI: NACOR Dashboard Demo

- Staff from ePreop and AQI will present an overview of the new dashboard on August 20, 2019
- 2 sessions
  - 11 AM CST
  - 3:30 PM CST
- Registration is required
Anesthesia Quality Meeting Preconference

- AQI Anesthesia Quality Meeting Preconference
  - Speakers from AQI and QRA
- When – Friday, November 15, 2019
- Where – ASA Headquarters, Schaumburg, IL
- Cost $200
- Registration open now!
Questions
Next Office Hours

Tuesday, September 10
11am CST

To register click here

If you have any topics that you would like us to cover during office hours please email askaqi@asahq.org

Slides and a recording of today’s presentation will be available on the AQI website the week of August 19th