The Ultimate Guide to APP Reporting for ACOs

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This presentation is for:

- Health systems and medical organizations participating, or considering participating in ACOs, specifically:
  - ACO Board Members
  - Hospital and Medical Organization Administrators
  - Quality and Compliance Officers
  - Information Technology Specialists

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What We Will Cover

- What the APP is, and how it differs from the CMS Web Interface
- How health equity and quality are intertwined by CMS
- What All-Patient reporting really means in a multi-EHR network
- The arithmetic behind quality measures across a provider network
- Your best plan for data aggregation
- How to evaluate and improve your data, once aggregated
- Strategies for leveraging data to improving outcomes and costs

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About Roji Health Intelligence

- We provide Value-Based Care technology and services to improve outcomes, cost performance, and equitable health care.
- Our powerful tools identify patients with persistently poor or high-risk outcomes and target health interventions.
- We provide our clients with the ability to engage physicians and other clinicians on meaningful, clinical improvement for patients.

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What is the APP?

- A quality reporting method for APMs (Alternative Payment Models)
- APMs are risk-based reimbursement models, like ACOs
- APM Performance Pathway = APP
- The Purpose: Ensure quality is measured for all patients

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Measures in the APP

- Active reporting is required for 3 measures:
  - Diabetes Hemoglobin A1C Poor control (>9%) (Quality ID 001)
  - Preventive Care and Screening: Screening for Depression and Follow-up Plan (Quality ID 134)
  - Controlling High Blood Pressure (Quality ID 236)
- Measures Calculated by CMS and Survey Vendors
  - CAHPS Patient Experience Survey
  - Hospital-Wide 30-Day, All Cause Unplanned Readmission Rate
  - Risk-Standardized Admissions for Patients with Chronic Conditions

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“All” Patients is Not Hyperbole

Pandamonium (n.): The appearance of chaos, but with a Panda

- All patients, regardless of coverage (public, private, out-of-pocket)
- Quality reporting denominator shifts from a maximum of 248 instances per measure to ????
- Requires aggregation of data from each EHR

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The Reasons Behind the APP Transition

- Aligns ACO reporting with with Merit-Based Incentive Payment System (MIPS) reporting
- Measurement consistency, as APP measures are also used in MIPS
- Including the entire population more accurately measures performance, and illuminates health equity disparities

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The Health Equity and APP Connection

- One of CMS's 6 Pillars in its Strategic Plan
- All-patient APP Reporting highlights health equity gaps
- Each APP measure is a marker for improved outcomes and provision of health equity
- The APP facilitates a single, high standard of accountable care

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The Health Equity and APP Connection, Part 2

- Per CMS Whitepaper on Health Equity, CMS has no ability to collect data on health equity
- CMS strategy is instead focused on requiring providers to collect additional data to ensure equity
- This is likely a major factor in why CMS is not backing down on all-patient reporting.

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The CMS Web Interface Will Sunset in 2025…
…But Your APP Transition Should Begin Now
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The Significant APP Challenges for ACOs

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Adding EHR Scoring Produces Invalid Results

- Adding QRDA III files is NOT a solution
- Measures require the most recent result

- Example Patient Jon Doe
  - A1c on 1/17/23 at a practice using EHR 1
  - A1c on 2/28/23 at a practice using EHR 2
  - Correct value = A1c from 2/28/23 encounter

- Adding EHR 1 and EHR 2 counts Jon twice!

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Measures Require Aggregated Data

- Fact 1: APP measures require patient-centric results
- Fact 2: APP measures must include the entire population
- Fact 3: CMS claims files only include Medicare patients
- Fact 4: There is no unique patient ID number

- Conclusion: To track a patient across the continuum of care, your ACO must aggregate its data.

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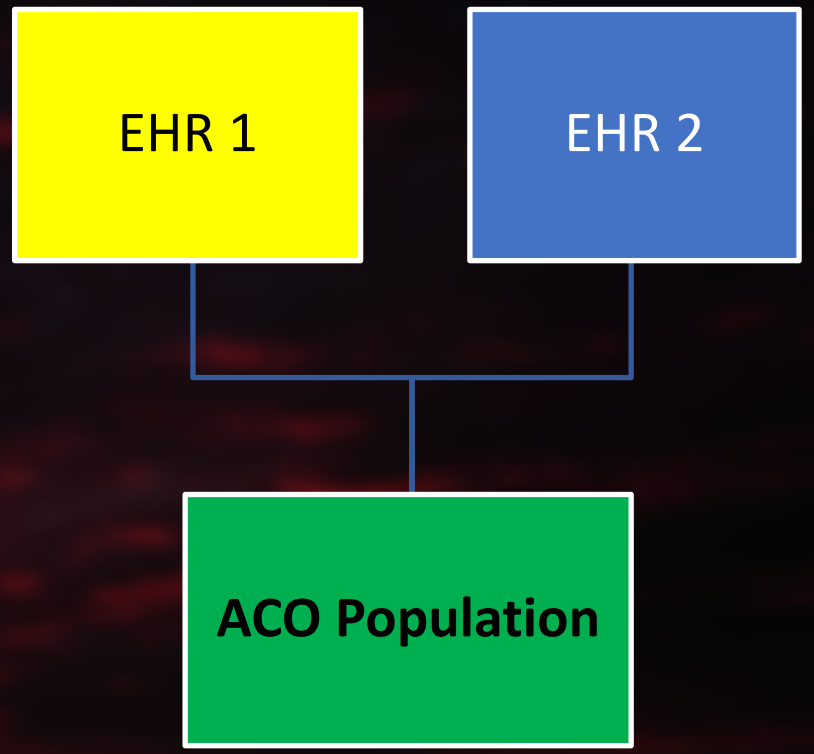
3 Technology Hurdles to Overcome

- EHR Aggregation – establish “True Denominator”
- Matching patients across systems without a matching MRN
- Correctly calculate denominators and numerators



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Untested Data Quality

- Performance implications for ACOs with underserved populations
- Government Support: CMS incentivizes APP reporting (More on this next!)
- Your Responsibility: Ensure front-end SDOH collection
- Why: Improving SDOH data collection enables targeted outreach to patients before they impact ACO metrics

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CMS Incentives to Adopt APP Reporting

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Eased Performance Standards in 2023

	APP	CMS WI
Reporting Requirement	70% of eligible patients 3 measures	248 patients 10 measures
Performance Standard, Outcome	10th Percentile of Benchmark	30th Percentile of Benchmark
Performance Standard, Others	30th Percentile of Benchmark	30th Percentile of Benchmark

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Eased Performance Standards in 2024

	APP	CMS WI
Reporting Requirement	70% of eligible patients 3 measures	248 patients 10 measures
Performance Standard, Outcome	10th Percentile of Benchmark	40th Percentile of Benchmark
Performance Standard, Others	40th Percentile of Benchmark	40th Percentile of Benchmark

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Additional 2023 and 2024 Incentives

- Health Equity Adjustment for ACOs with underserved populations
  - Up to 10 Quality Points, based on Dual Eligible and Area Deprivation Index rates

- Sliding Scale for Quality Performance
  - Not “All or Nothing” – can still share savings without hitting targets

The transition can be bear-able

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Extension of APM Lump Sum Payment

The end of the 5% APM Lump Sum Payment left the ACO world cold…but wait!

- The Consolidated Appropriations Act of 2023 provided a 3.5% payment for 2023

Beware…

- APM Lump Sum Payments mean competition from new and existing ACOs

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A Step-By-Step Path to APP Reporting Success
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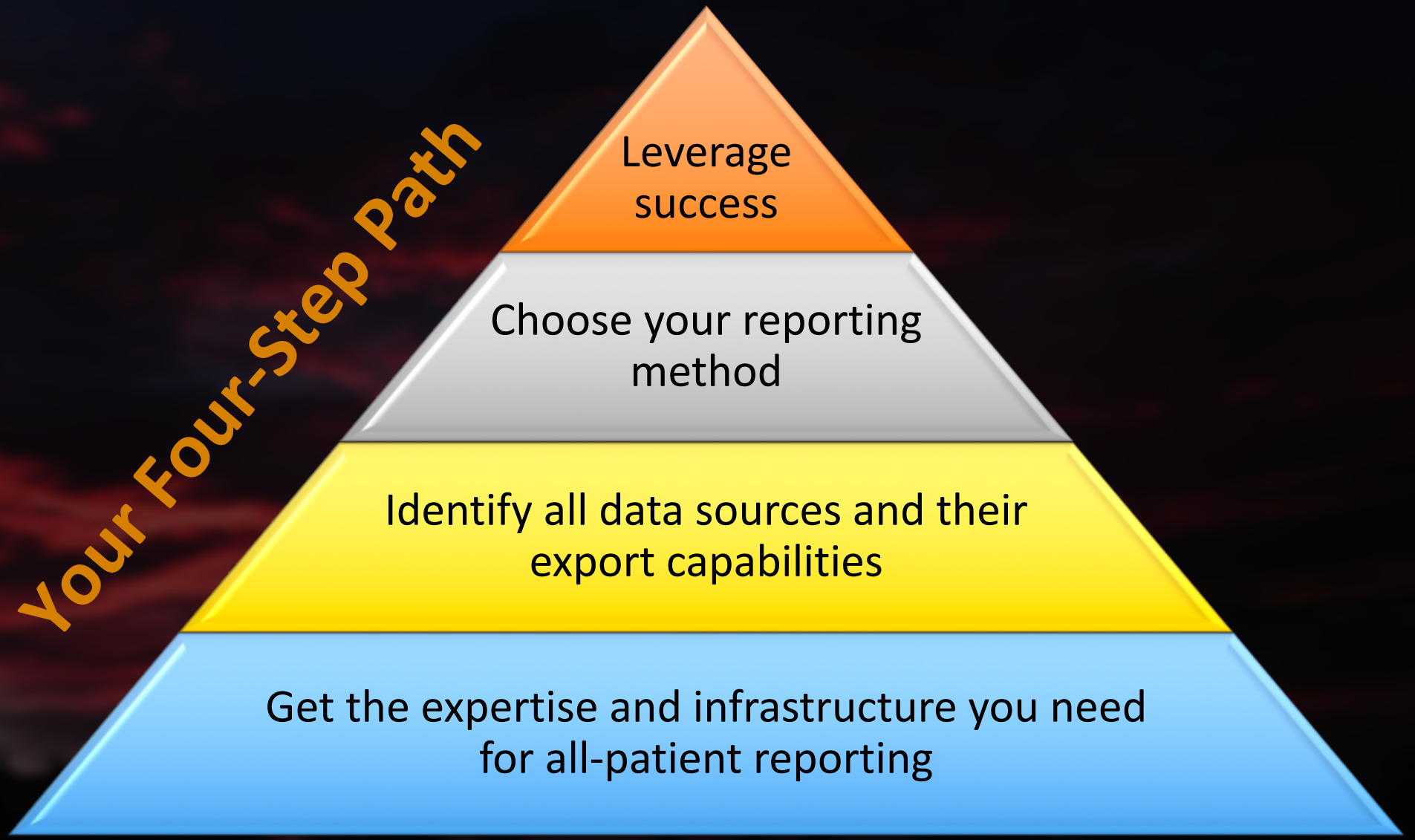
The APP is Feasible and Advantageous – Now What?



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Expertise Comes From Experience

- APP reporting infrastructure takes an ONC-Certified Clinical Data Registry with experience…
  - Reporting eCQMs and CQMs to CMS as a Qualified Third Party Intermediary
  - Aggregating data from many different EHRs—a patient-centric database is a “must have”
  - Matching patient records across groups—without the benefit of a shared MRN
  - Using data to create analytics on cost and quality

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Identify EHRs and Confirm Capabilities

- Background work is critical for data aggregation – surprises equal delays
- For each system, you should know:
  - The basics: Name, Type, Version, ONC-Certification Status
  - Connectivity: Commercial lab interfaces, export capabilities
  - Workflow: Presence of custom templates, entry of SDOH
  - Administration: Who manages the system and who to contact

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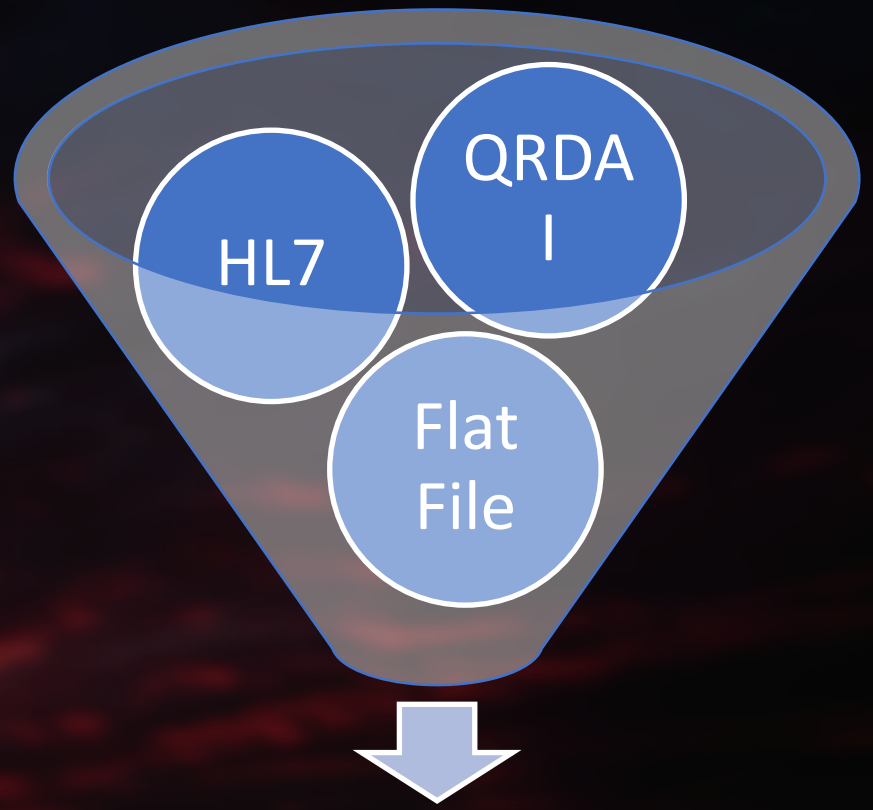
Avoid the QRDA III Pitfall – Your CDR Can Help

- 2 types of QRDA files
  - QRDA I files are patient-level measure details
  - QRDA III files are aggregate score files
- QRDA IIIs have no patient detail – no use in aggregation
- Advanced Clinical Data Registries offer additional aggregation options



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Two CQM Reporting Options

	eCQMs	MIPS CQMs
Measure IDs 1, 134, 236	Yes	Yes
All Patients Required	Yes	Yes
“Behind the Scenes”	Yes	**No**
Allows Intervention	**No**	Yes
Allows Alternate Workflow	**No**	Yes

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Selecting the Right Option

- eCQMs are automated, but carry risks
  - Reporting configurations clash with real world workflows
  - Limited to information in pre-defined EHR fields
  - Only possible if everyone can produce QRDA I files
- MIPS CQMs offer flexibility and safety nets, but may require additional effort.
- Can all EHRs produce high-quality, accurate QRDA I files (that you can trust?)

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Leverage APP Success to Improve Population Health

Create New Opportunities with Your Infrastructure!

- Quality reporting is the entry-level benefit to data aggregation
- You did the heavy lifting – capitalize on your investment!

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Start With the Quality Measures

- Performance shortfalls can illuminate opportunities
  - Are treatment plans changing for patients with high HGB A1c?
  - Are blood pressures really high, or are they taken improperly?
  - Does fewer depression screenings stem from lack of available in-network mental health care?

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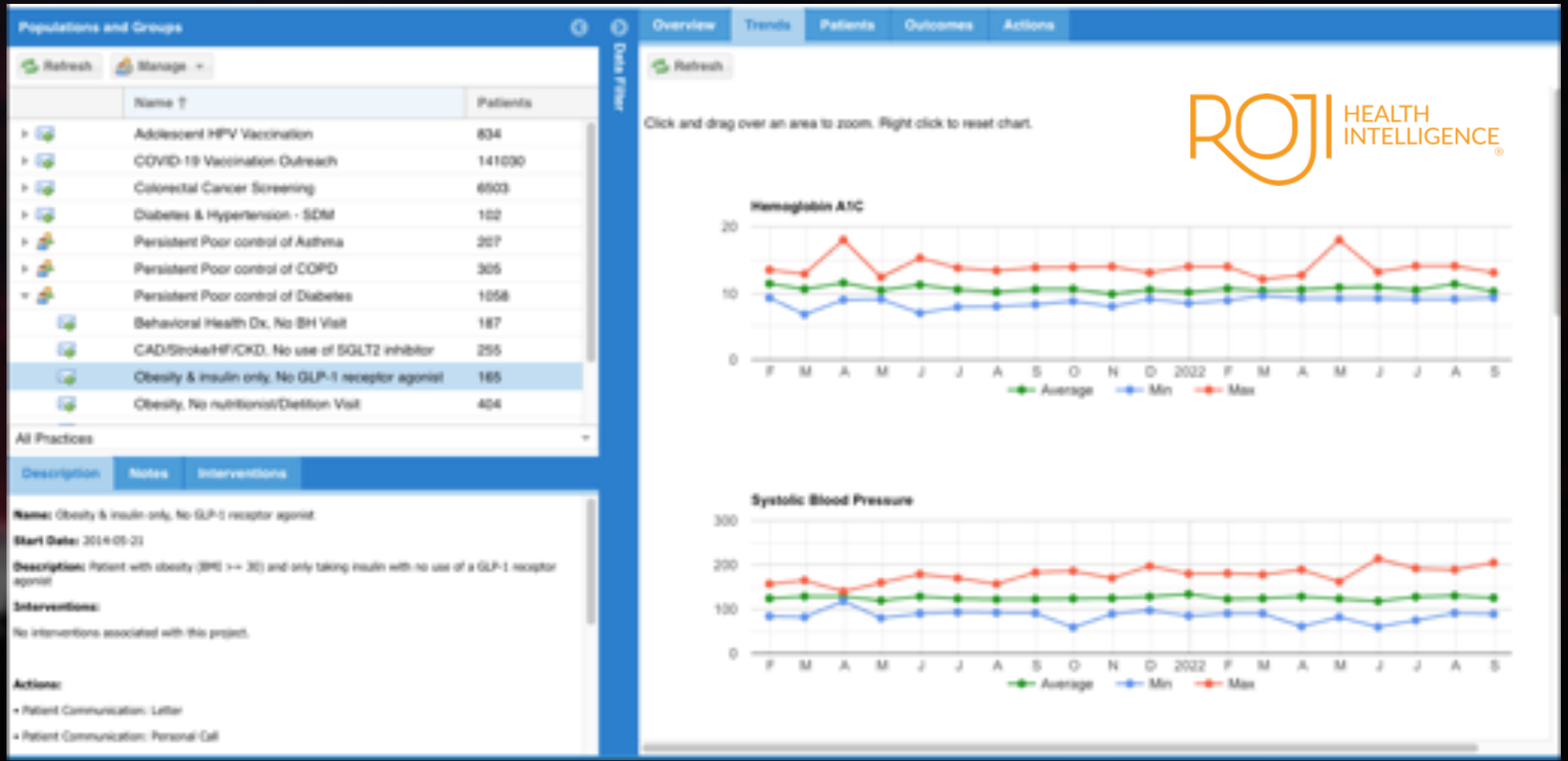
Transform QM Shortfalls Into Improvements



Graduate to Advanced Topics

- Identify patients with persistently poorly controlled intermediate outcomes for intervention
  - More likely to require emergency or inpatient care
  - Aggregated data is actionable – you can proactively intervene
  - Benefits multiply: As your patients' outcomes improve, so does measure performance
- Is there variation between providers and sites?
- Branch Out!

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Data Aggregation Enables Proactive Population Health Interventions

Use Data To Branch Out

- Examine whether procedural episodic costs vary by provider or site
- Investigate the root causes of persistent poor control
- Understand your population's SDOH needs
- Demonstrate a single, high-standard of care by engaging private health plans in VBC initiatives

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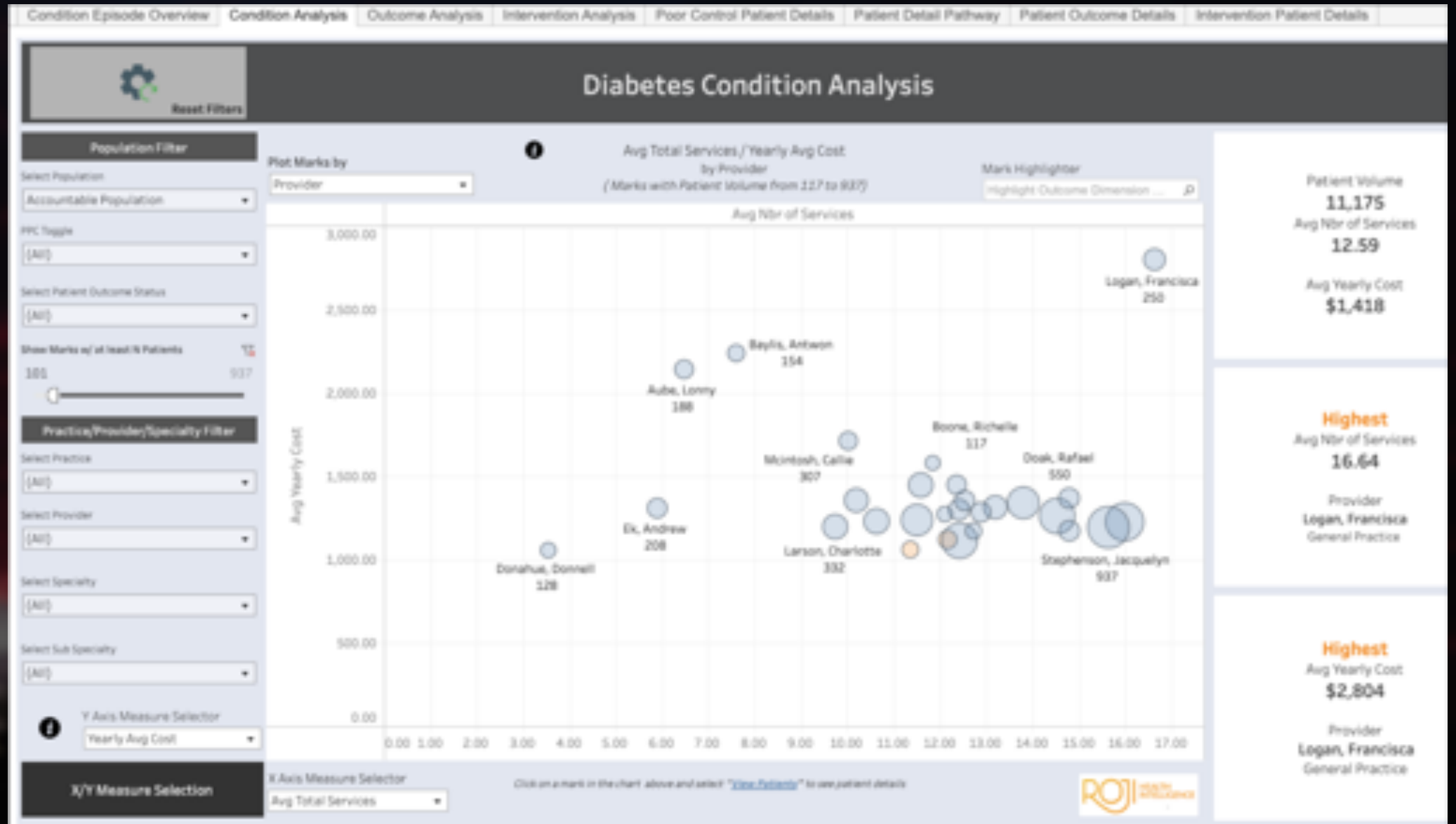
Comparing Intermediate Outcomes by Provider and Site



Comparing Procedural Costs By Provider and Site


Questions and Answers
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Stop by our VBC Exhibit Hall Virtual Booth

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Thank You

Contact us to make your transition to APP reporting successful!

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