# Succeeding in Traditional MIPS (While You Still Can)

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*Educational Webinar Series*

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# This Presentation is for:

- Health systems, medical organizations, and physician practices interested in:
  - Measuring and improving outcomes
  - Providing and demonstrating excellent care for all patients
  - Avoiding financial penalties and earning incentives
  - Learning more about value-based care

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# Today's High-Level Overview

- The origins and principles of MIPS
- An overview of MIPS components and scoring
- The evolution of MIPS within the Value-Based Care landscape
- How to succeed in Traditional MIPS
- Preparing for the future of MIPS

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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 MIPS?

- MIPS = Merit-Based Incentive Payment System.
- A program designed by CMS to measure and reward providers who provide high quality care without excessive spending
- Replaced the Sustainable Growth Rate (SGR) in 2017
- Combined several legacy programs into one comprehensive program
- Budget-neutral - Financial incentives and penalties

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# MIPS Goals

- Lower Medicare costs by improving beneficiary health
- Facilitate and improve interoperability in healthcare data
- Identify and address healthcare disparities tied to health equity
- Engage and empower patients in healthcare decision-making

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# MIPS Structure and Scoring

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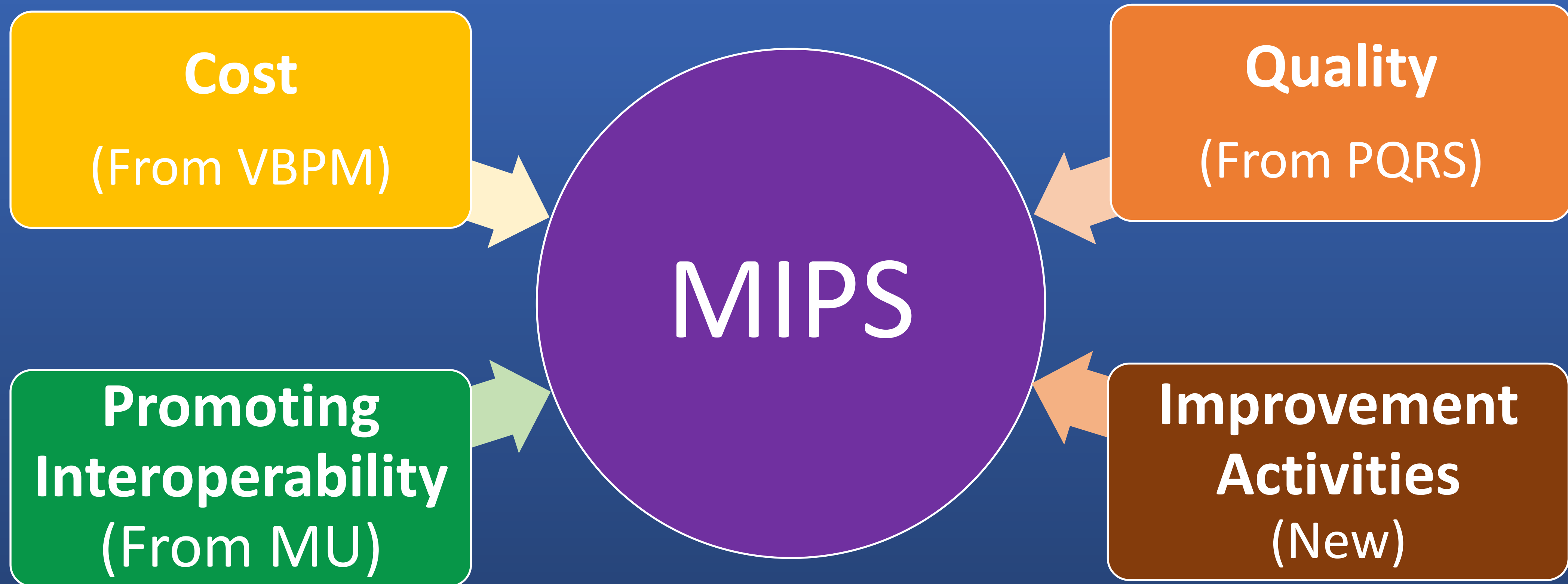
# Origins of the 4 MIPS Components

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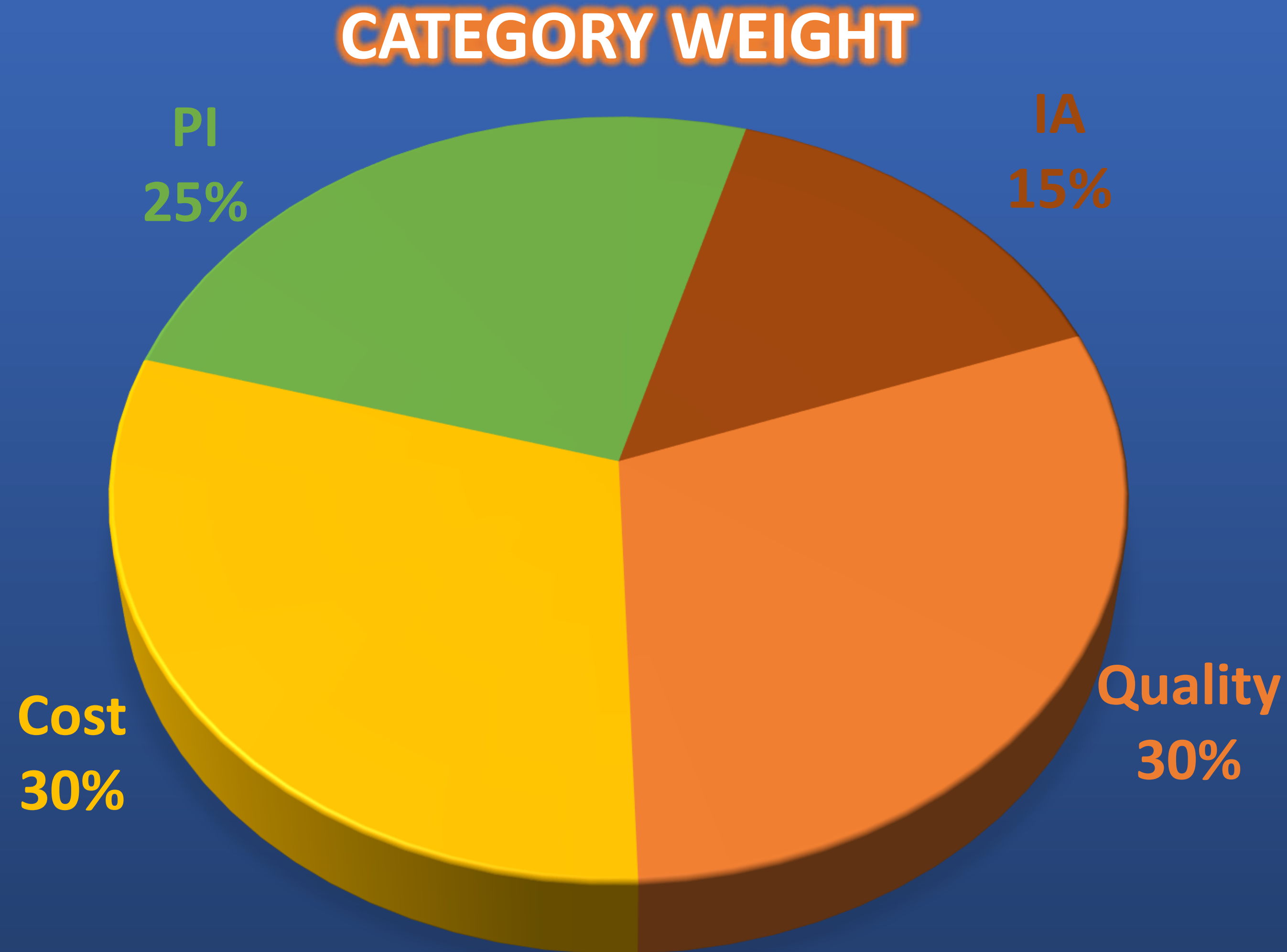
# Score = Sum of Combined, Weighted Components

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# “Payment Adjustments”

Performance Threshold (75 in 2023 Performance Year)

0 points (no reporting)
Maximum 9% penalty

100 points
9x Adjustment Factor

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# The Adjustment Factor

- MIPS is "Budget-Neutral" – the penalties fund the incentives
- The Adjustment Factor distributes penalties to keep funds level

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# MIPS Complexity Made for a Challenging Rollout (and I'm not lyin')

# MIPS Had A Relaxed Start

- No weight applied to Cost
- A single measure response was enough
- Eased EHR standards for Promoting Interoperability (f/k/a Advancing Care Information)
- Bonus points for reporting extra measures
- Additional incentive dollars earmarked for "Exceptional Performance"

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# MIPS Heats Up

- Each year, requirements got tougher:
  - Maximum financial penalties increase
  - More weight applied to Cost
  - Yearly increase in minimum performance threshold
  - Bonus points are eliminated
  - Single, higher EHR standard for Promoting Interoperability
  - Measures “top out” and benchmarks increase

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# Increased Effort, Decreased Returns

- Successful participation has not yielded big incentives
  - Early standards were easy; failures were rare
  - Later, many took pandemic-related Extreme and Uncontrollable Circumstance (EUC) Exemptions
  - Few penalties spread across many incentive earners = small bonuses
- Program complexity has created uncertainty
  - Roughly 200 quality measures, updated each year
  - Little Cost feedback has been provided
  - Difficult to predict year-to-year success

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# The Results:

Frustration

Burnout

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# The Solution: Position MIPS in the VBC World

- Aligning MIPS with Alternate Payment Models (APMs)
  - Alternate Payment Model Performance Pathway (APP) uses MIPS measures
  - New quality measures dovetail with CMS APMs (e.g. Kidney Care)
- Increased emphasis on Cost
  - Higher contribution to the MIPS score
  - Procedural episodic cost measures
  - Chronic condition/primary care measures
- Develop streamlined participation paths: MVPs

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# Success in Traditional MIPS: A Step-by-Step Path

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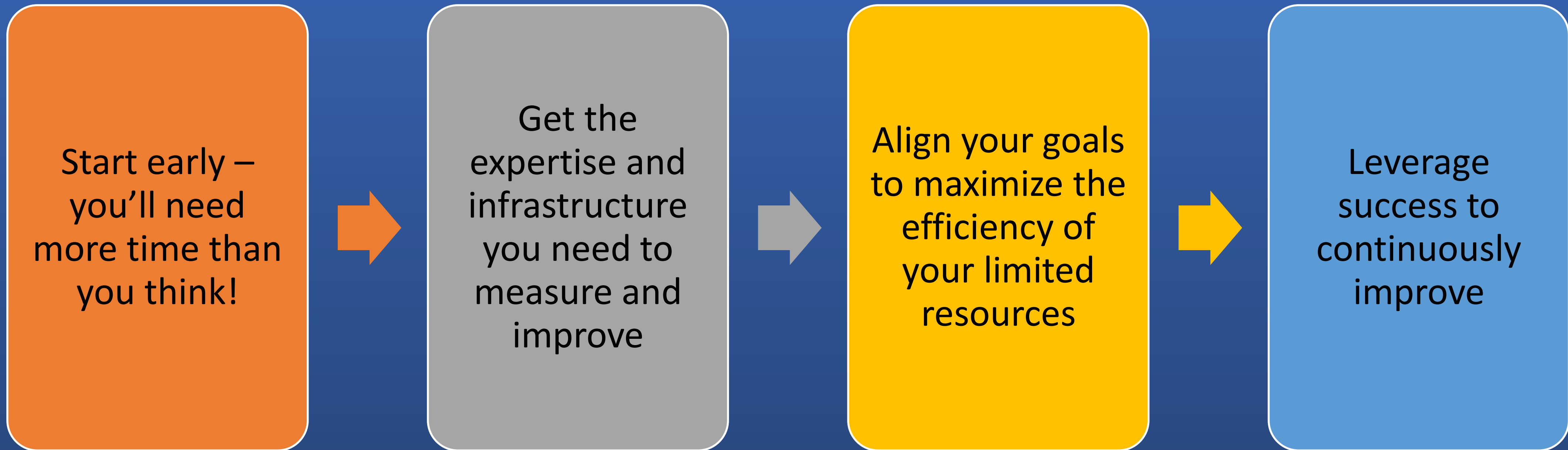
# Your 4-Step Pathway to Traditional MIPS Success

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# Start Early

- A last-minute strategy limits options
- There will be data-related obstacles
- Comprehensive data requires education and standardization
- Early feedback allows time for improvement

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# Expertise Comes From Experience

- Succeeding in MIPS takes an ONC-Certified Clinical Data Registry with experience…
  - Reporting eCQMs and CQMs to CMS as a Qualified Third Party Intermediary (going back to 2008!)
  - Using your data to create actionable analytics on Cost and Quality
  - Matching and attributing patients to specific providers for targeted interventions
  - Recommending and implementing strategies to improve outcomes
  - Identify the difference between a gap in data and a gap in care

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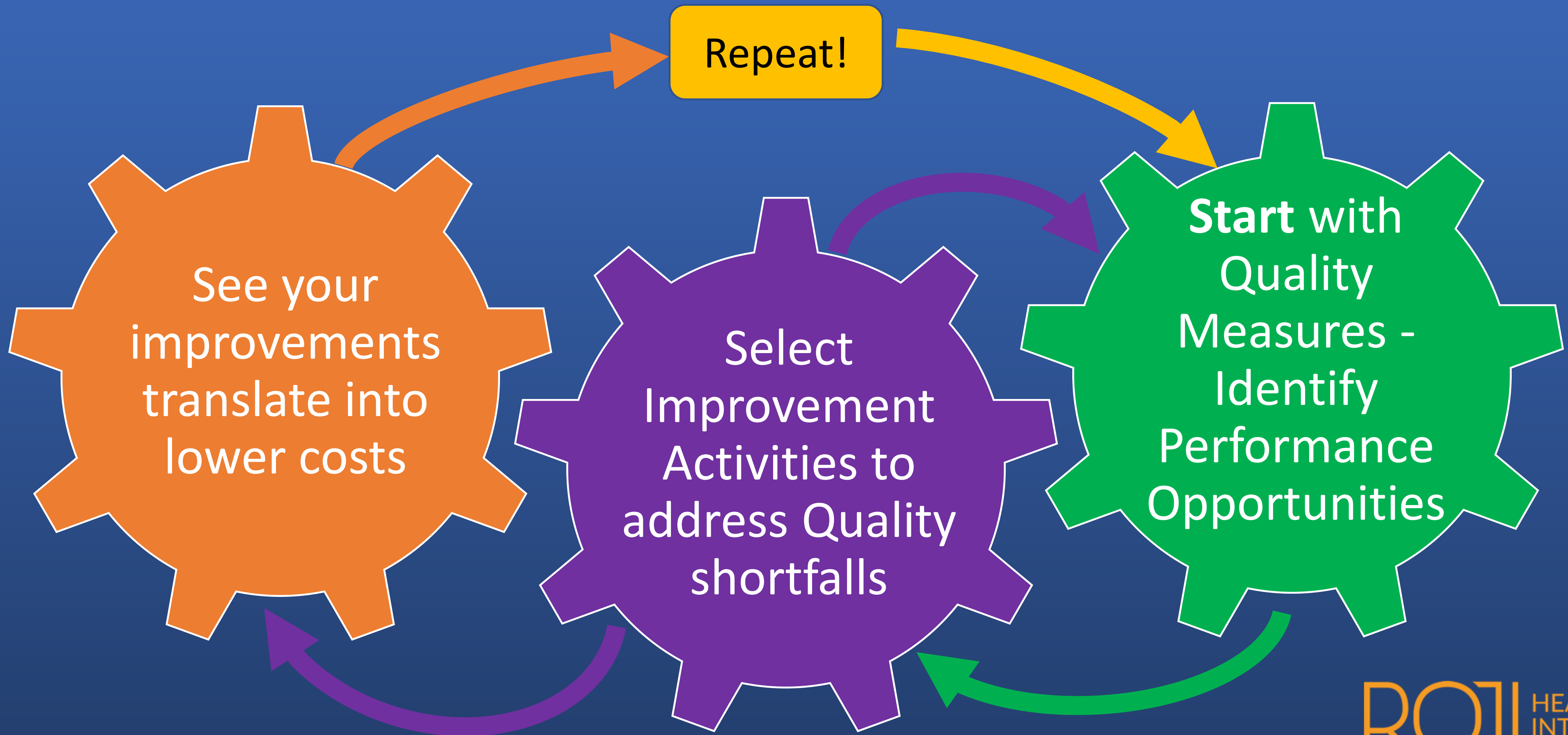
# Devise and Implement a Self-Fulfilling Strategy

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# Quality Measures Can Drive Your Strategy

A Diabetes Example:

- MIPS Measure: Hemoglobin A1c Poor Control
- Poor performance and partial credit signal an issue—now what?
- Sync your Improvement Activities with your concerns:
  - Population Management: Regular review practices in place on targeted patient population needs
  - Beneficiary Engagement: Engagement of Patients, Family, and Caregivers in Developing a Plan of Care

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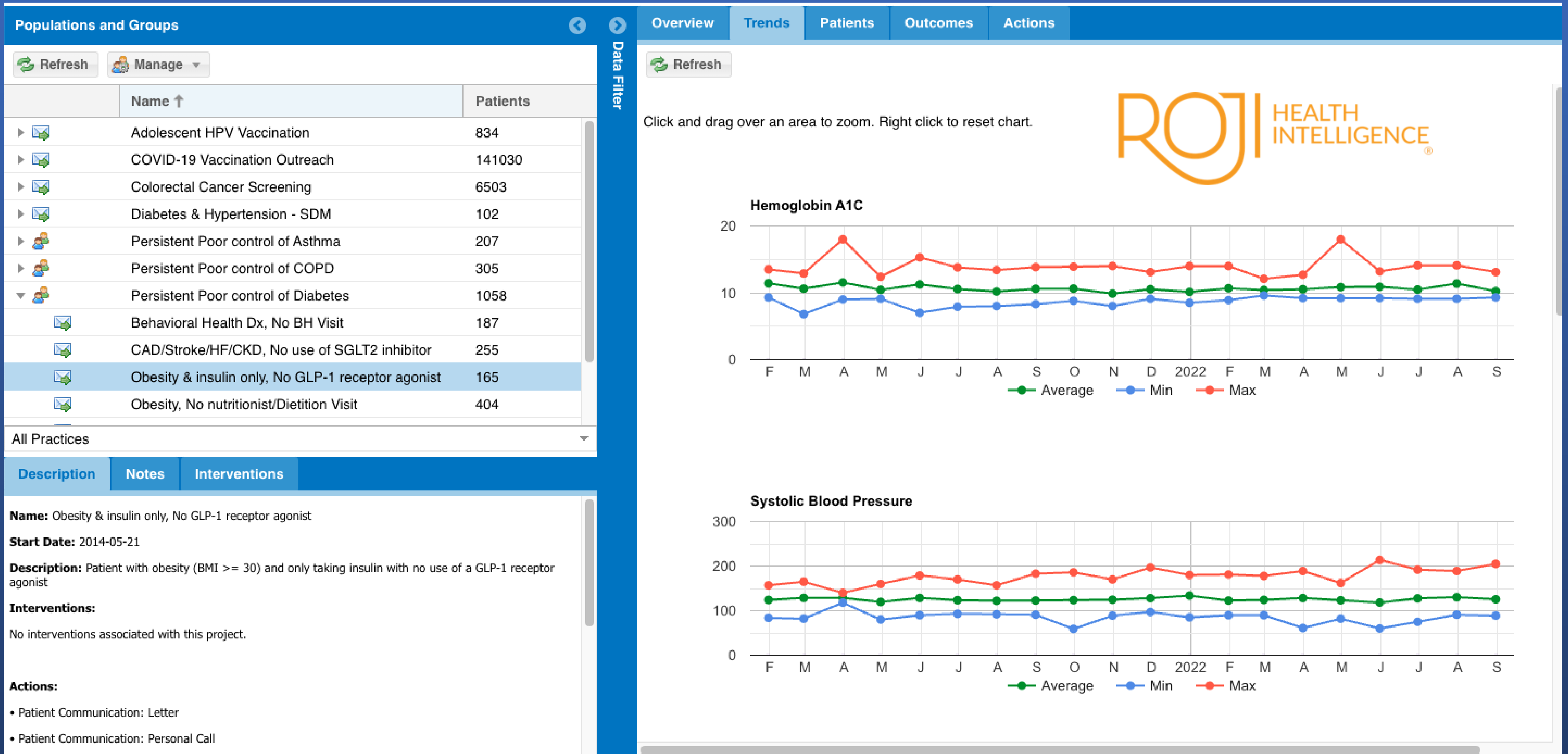
# Data and Clinical Expertise Enables Proactive Population Health Interventions

# Transform QM Shortfalls Into Improvements



# Move Beyond Quality Measures

- Actionable analytics allow you to get in front of potential problems
- Identify patients with persistently poorly controlled intermediate outcomes for intervention
- Pinpoint procedural episodes with Notable Observations
- Trace variations in populations and observations between providers and sites
- Benefits multiply!  As patients' outcomes improve, so does performance in Cost and Quality measures

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# Identify CC Outcome Variations by Provider and Site

Controls

Select Population Type

Accountable Population

Select Marks Dimension

Provider

Filters

Select Control Type

(All)

Drug Class

(All)

Select Practice

(All)

Select Provider

(All)

Select Intervention

(All)

Select X/Y Plot Axis

% of Episdes having PPC/ Avg A1c

## Provider

% of Episdes having PPC/ Avg A1c

Show marks >= N episodes

% of Episdes having PPC

Avg A1c

8.5
8.0
7.5
7.0

Avg 7.87

10.9

2.00 4.00 6.00 8.00 10.00 12.00 14.00 16.00 18.00 20.00 22.00 24.00 26.00 28.00 30.00

Reyes, Julia
Villa, Anastasia
Kane, Alecia
Logan, Francisca
Doak, Rafael
Burnett, Tiffanie
Aube, Lonny
Cisneros, Tamera
Monette, Solomon

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# Compare Procedure Costs by Provider and Site

## Episode Cost by Provider for Cholecystectomy

Select Year
(All)

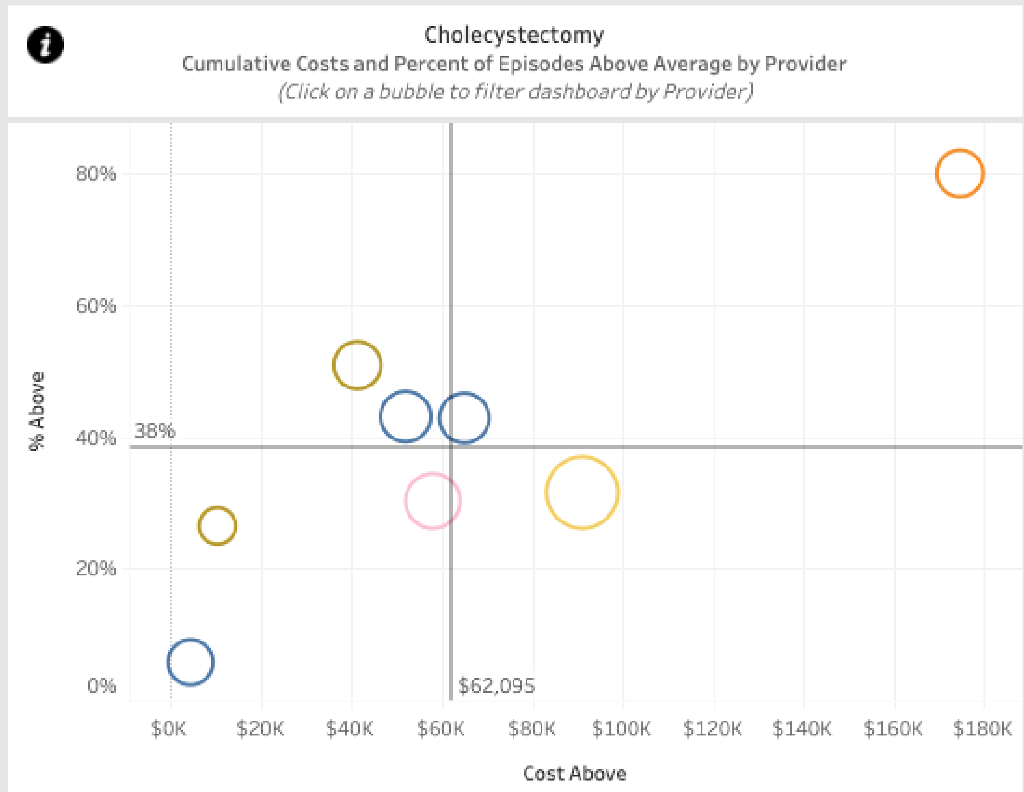
Select Episode
Cholecystectomy

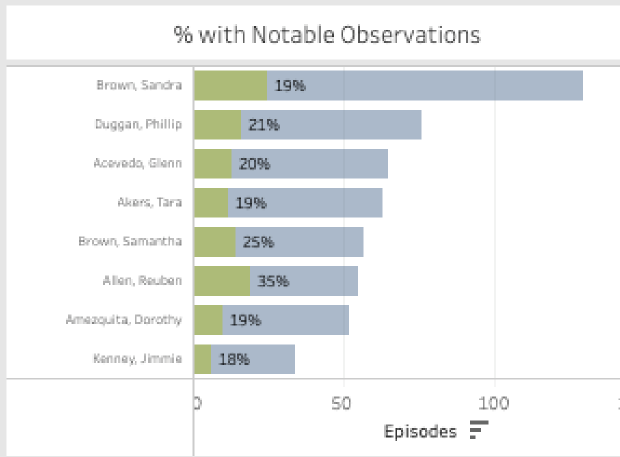
Select Practice
Demo Practice - 5205

Select Specialty
(All)

| 532 | $1,796,400 | $3,377 | 204 | 38% | $496,756 |
|---|---|---|---|---|---|
| Total Episodes | Total Cost | Average Cost | Episodes Above Average Cost | % Above Average Cost | Cumulative Cost Above Avg |

**Allen, Reuben**
has the Highest cumulative costs over average
**$174,668**
Cholecystectomy



Episodes
NO Episode Vol

Be Ready for What’s Next
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# Unintended Consequences

- Attempts to entice providers with extensive options has created unexpected issues:
  - The abundance of quality measures enables groups to mask areas of weak performance, particularly multi-specialty groups
  - Consistently high performance among participants precludes meaningful comparison
  - To date, incentives have been less substantial than expected
  - Large libraries of Improvement Activities and Quality Measures are overwhelming

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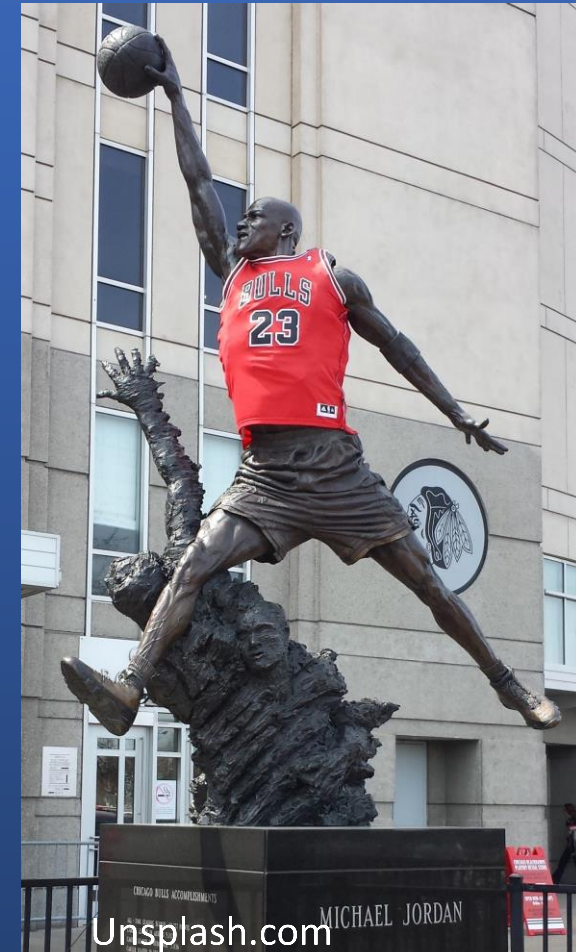
# MIPS Course Corrections

- Short-Term Adjustments
  - Additional Cost Measures to measure specialty care
  - Advantageous scoring for reporting new measures, which tend to be outcome-driven
  - Increased data-collection requirements beginning in 2024
  - Certain provider types are no longer exempted

# MIPS 2.0: MVPs

- MIPS Value Pathways (MVPs)
  - Specialty and/or clinical set of Quality Measures, Improvement Activities and Cost Measures
  - Breaks the barriers between MIPS components
  - Facilitates comparison by steering clinicians into standardized profiles
  - Separate multi-specialty groups into component parts for scoring
  - Intended to replace Traditional MIPS in the not-so-distant future (possibly as soon as 2025)

(No, not him)



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# Keys to Value-Based Care Success

- Align your efforts to maximize results (a good Traditional MIPS strategy looks a lot like an MVP!)
- 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

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**Visit the Roji Heath Intelligence Booth**

# Thank You!

Contact us to help you succeed in Traditional MIPS!

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