MIPS Value Pathways (MVPs): How to Succeed in Post-Traditional MIPS

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VBCExhibitHall.com

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

Today's Track

- An overview of MIPS components and scoring
- The evolution of MIPS within the Value-Based Care landscape
- What is a MIPS Value Pathway (MVP)?
- MVP Challenges – Present and Future
- Your path to MVP Success

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Audience Poll

"Tank" you for your feedback!

Which of these best describes your MIPS Value Pathways (MVPs) strategy?

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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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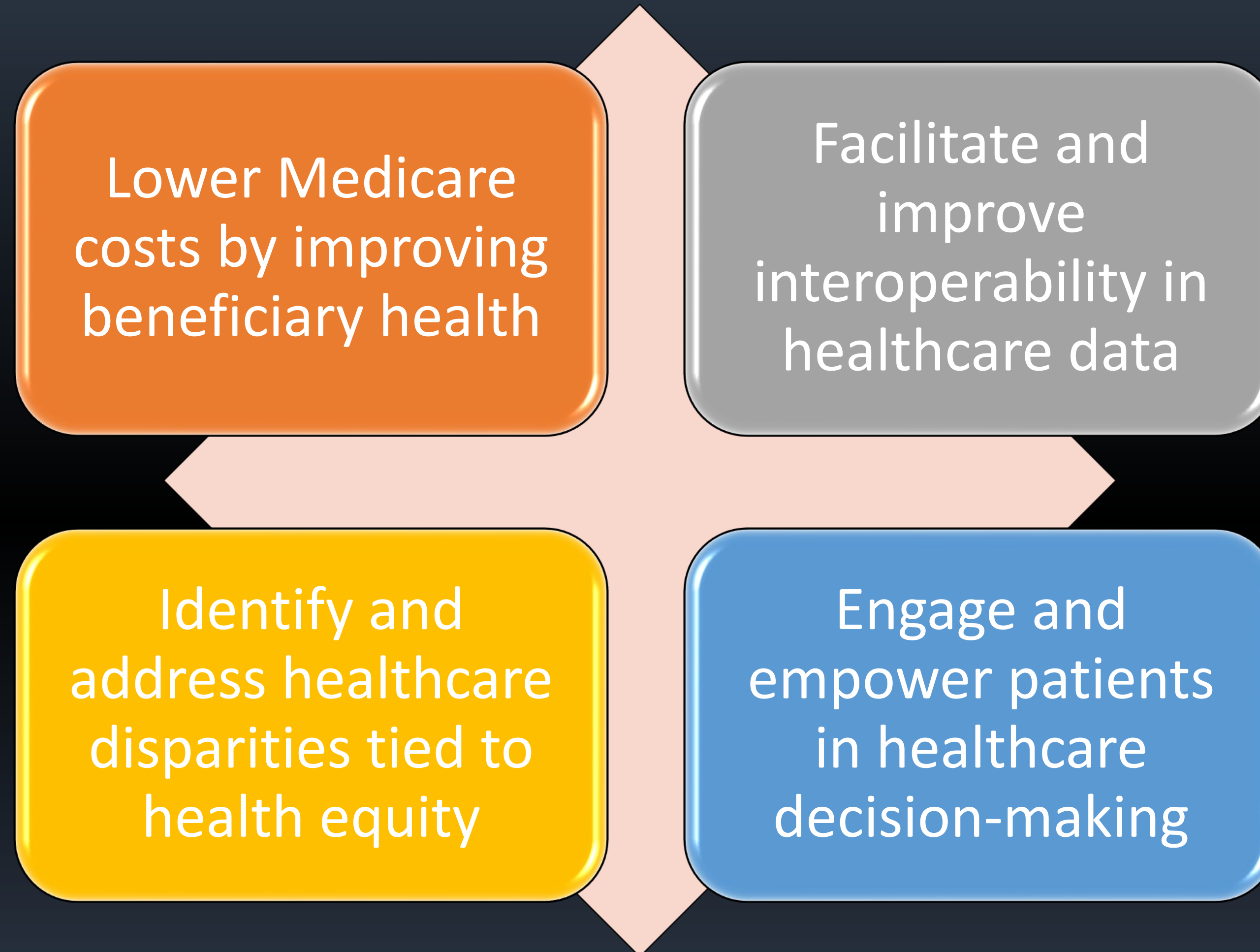
MIPS Goals



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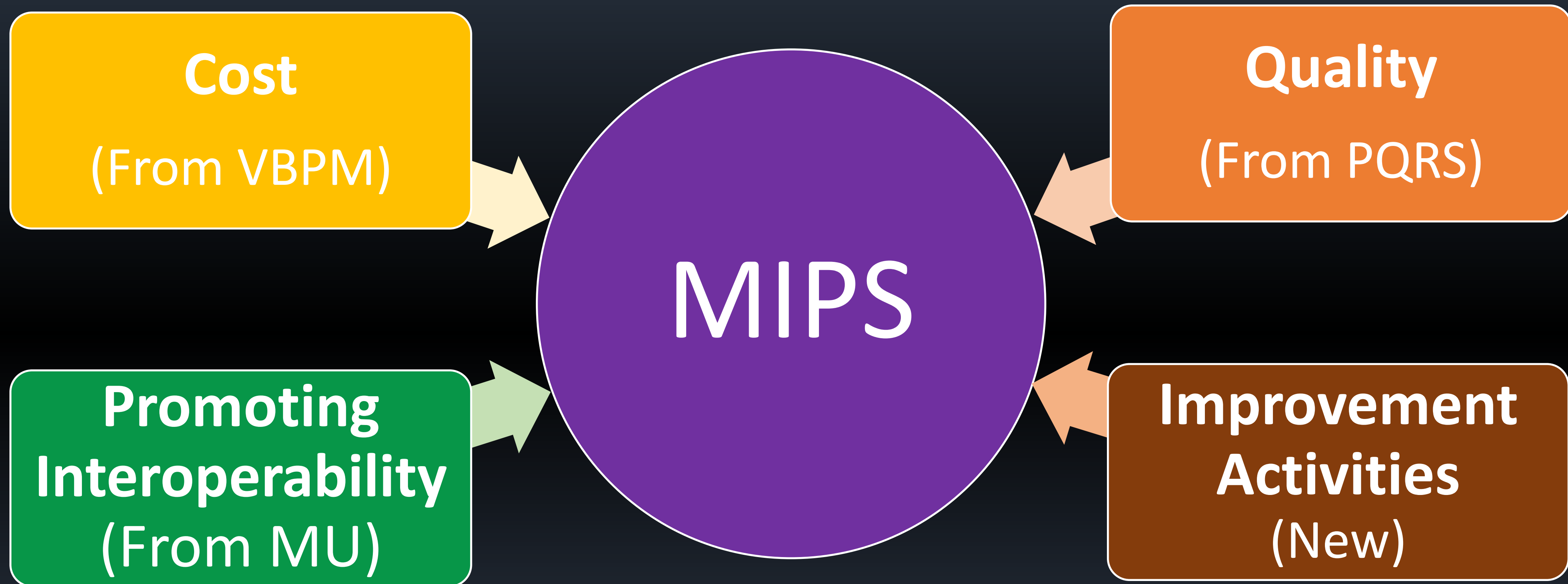
Origins of the 4 MIPS Components



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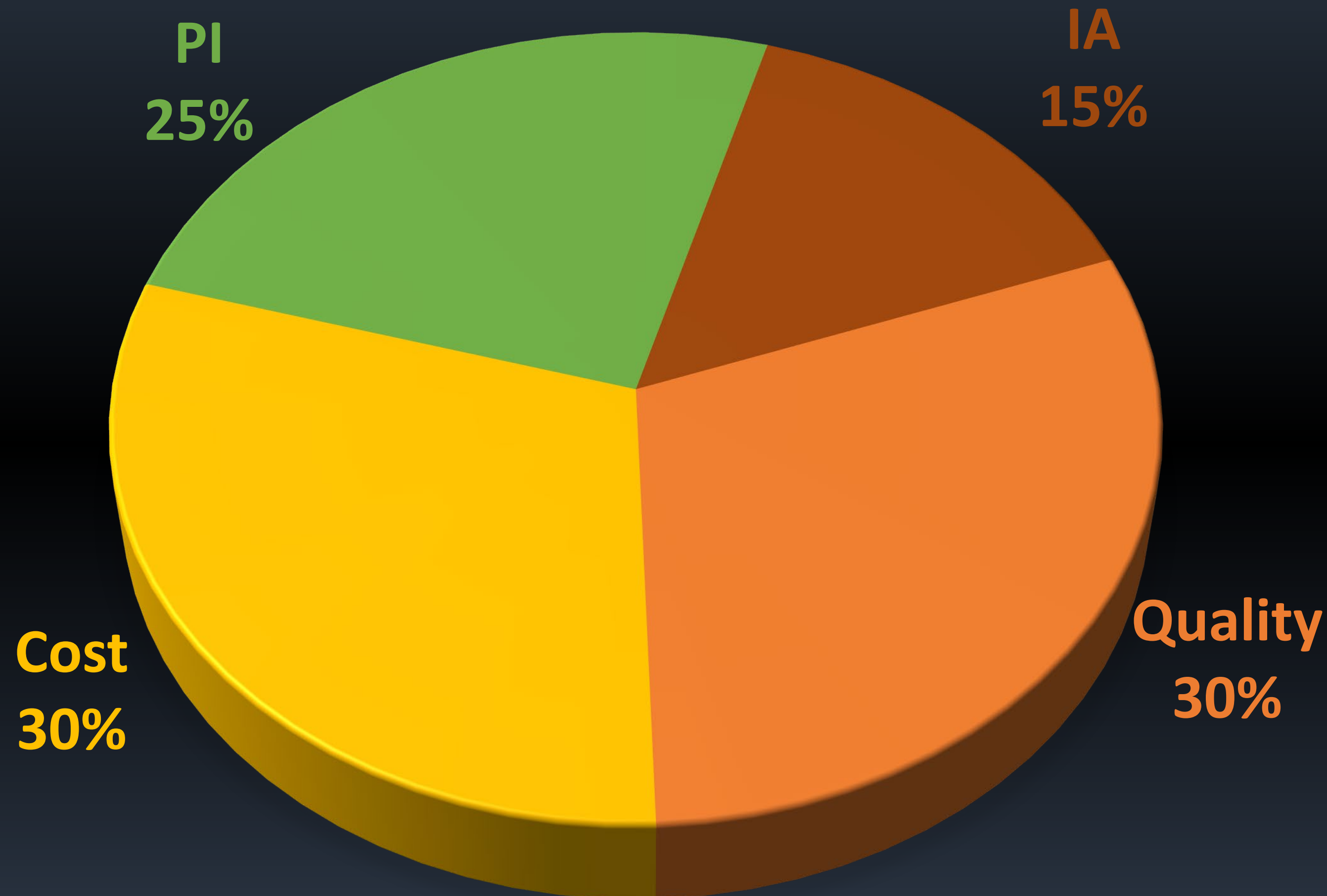
Score = Sum of Combined, Weighted Components



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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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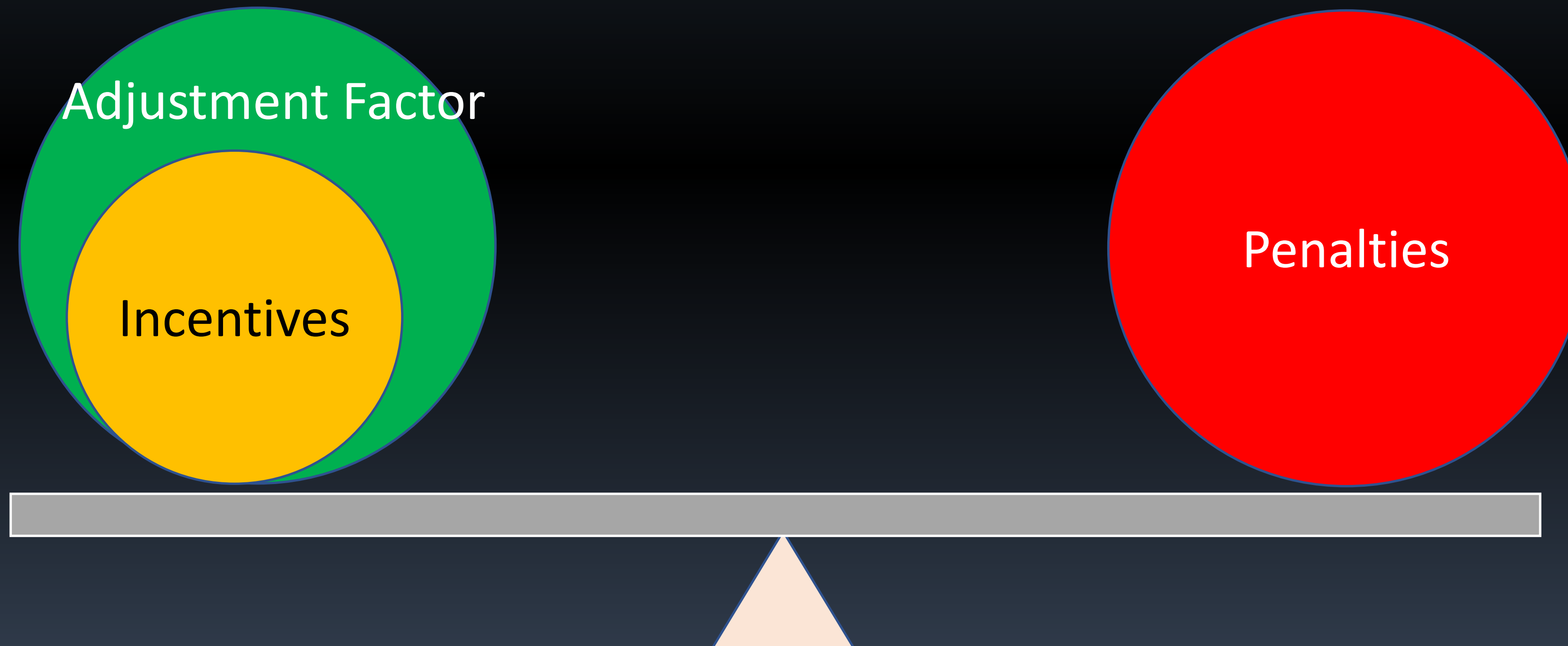
The Adjustment Factor

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



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Oh “Deer” - High Effort, Low Reward

- Successful participation has not yielded big incentives
- 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 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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MIPS Value Pathways (MVPs):
A New Ballgame
WINTRUST
HORIZON
WRIGLEYROOFTOPS.COM
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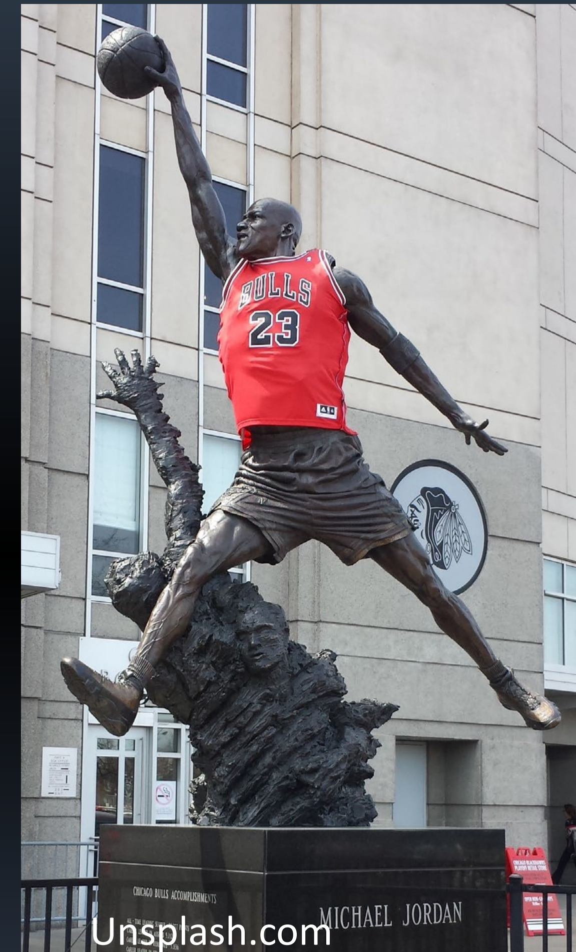
MIPS 2.0: MVPs

- 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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MVP Scoring Basics

- Scored in the same 4 categories, including a “Foundational Layer”
- Quality (reported): 4 quality measures
- Quality (CMS-calculated): A population health measure (Foundational)
- Improvement Activities: Activity points are doubled for MVPs
- Promoting Interoperability: Standard PI measures (Foundational)
- Cost: Limited to the measures in the MVP

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The MVP Library

- Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
- Advancing Cancer Care
- Advancing Care for Heart Disease
- Advancing Rheumatology Patient Care
- Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
- Improving Care for Lower Extremity Joint Repair

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The MVP Library

- Optimal Care for Kidney Health
- Optimal Care for Patients with Episodic Neurological Conditions
- Optimizing Chronic Disease Management
- Patient Safety and Support of Positive Experiences with Anesthesia
- Promoting Wellness
- Supportive Care for Neurodegenerative Conditions

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Introducing “Subgroup” Reporting

- Traditional MIPS reporting is at the individual or group level
  - Group = Tax Identification Number (not site or department)
  - Multi-specialty groups’ reporting does not encompass all providers
- MVPs introduce “subgroup” reporting
  - Reporting at the specialty level
  - Multiple MVPs required to cover all providers in a multi-specialty group
  - Not mandatory—yet

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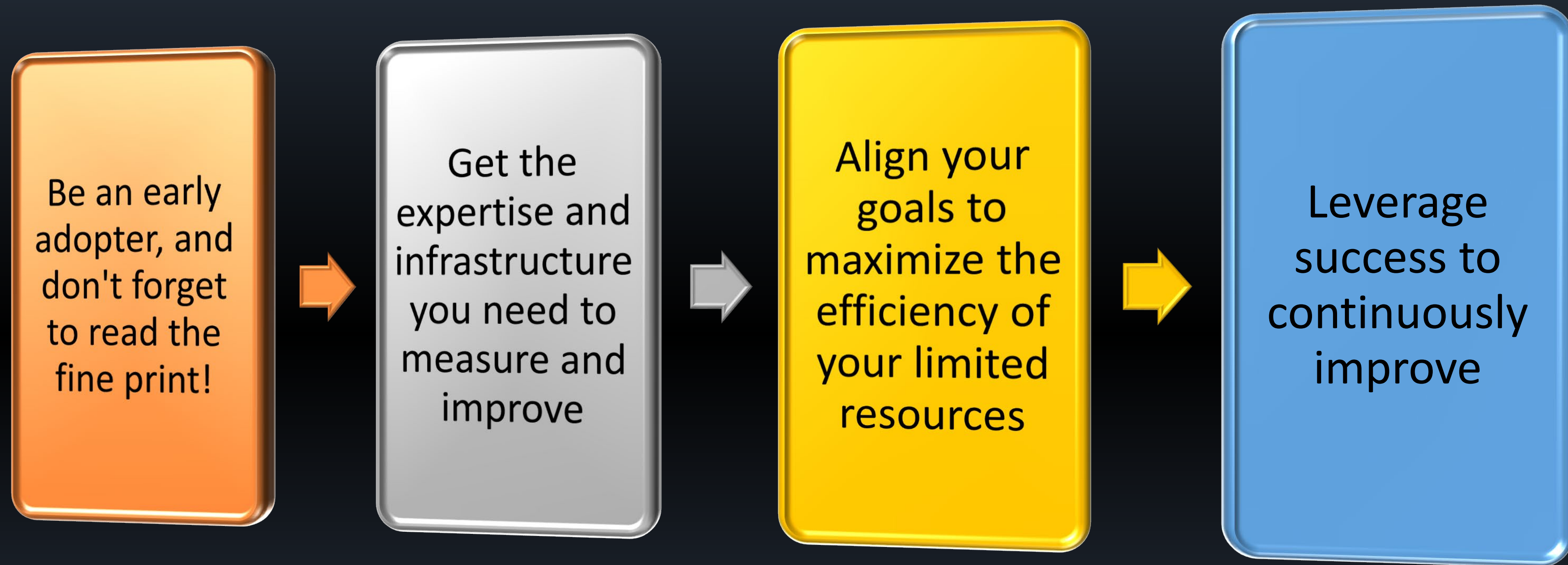
Your Forward-Looking MVP Strategy



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MVPs Are Still Optional – Why Adopt Early?

- Gain Experience
  - Success in other CMS programs has directly correlated to experience
  - Traditional MIPS will be retired
  - Those who start early will be better positioned because…
- Scoring Rules are Favorable
  - Concurrent MVP and Traditional MIPS participation will earn the higher score
- Easier to administer
  - Fewer measures to track; fewer data entry points to standardize

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Don’t Rely on eCQMs (and Other Fine Print)

Keep your head out of the sand!

- Not enough eCQMs to cover 4 quality measures in all MVPs
- Don’t forget about measure benchmarks – just because a measure is in an MVP doesn’t mean it can earn 10 points
- QCDR measures provide options, but someone must fail for CMS to approve the measure
- Remember your Foundational Layer!

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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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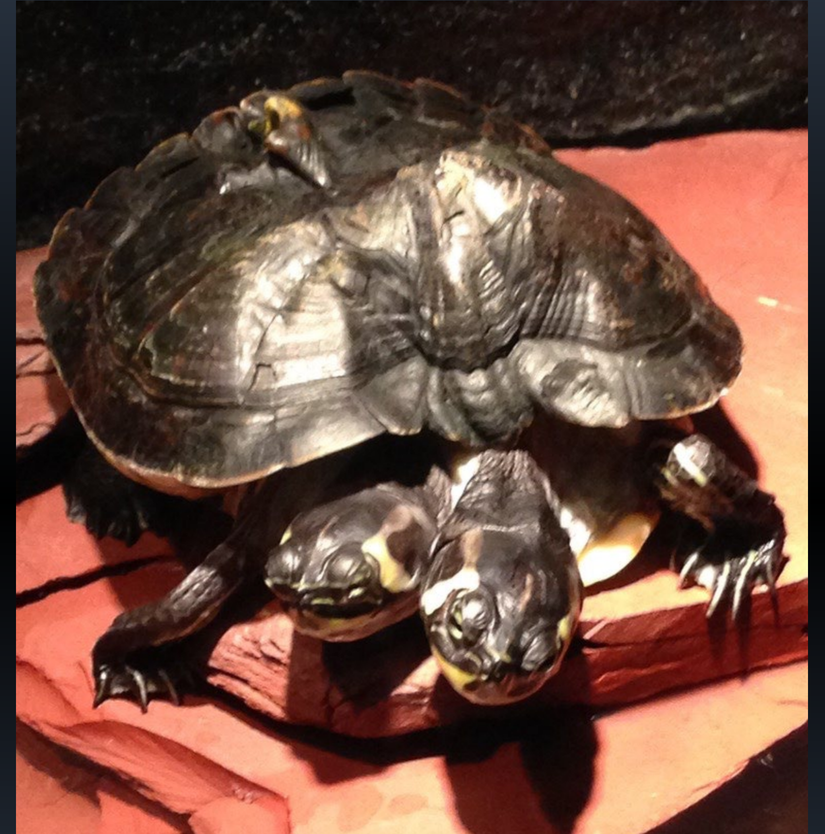
Coordinate Your MVP Components

- Each provider may only be scored in one MVP, but...
- In an integrated practice, a provider may contribute to many MVPs
- Many MVPs share Improvement Activities, Foundational Layer, and Cost measures
- You can standardize workflows even with concurrent MVPs!



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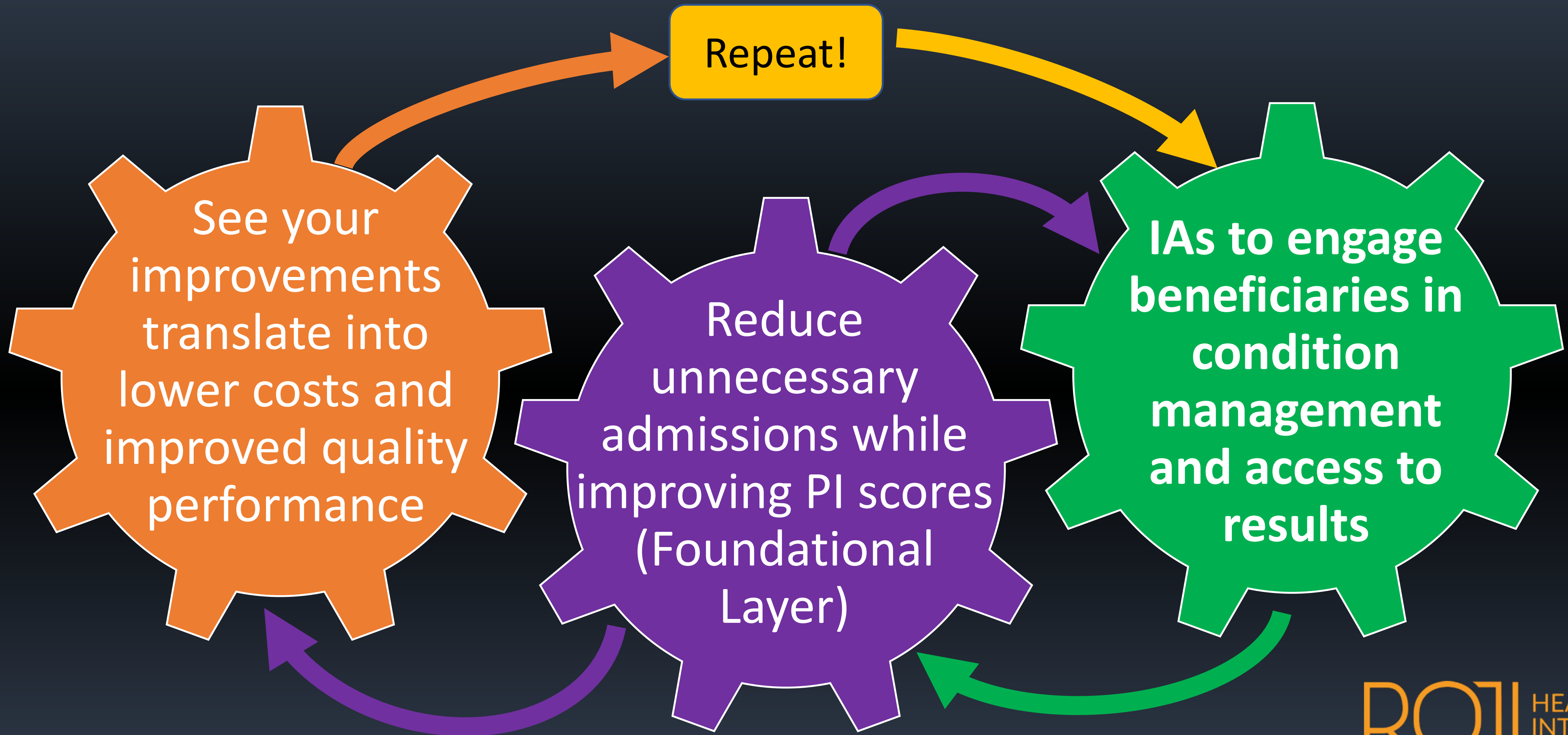
Devise and Implement a Self-Fulfilling Strategy



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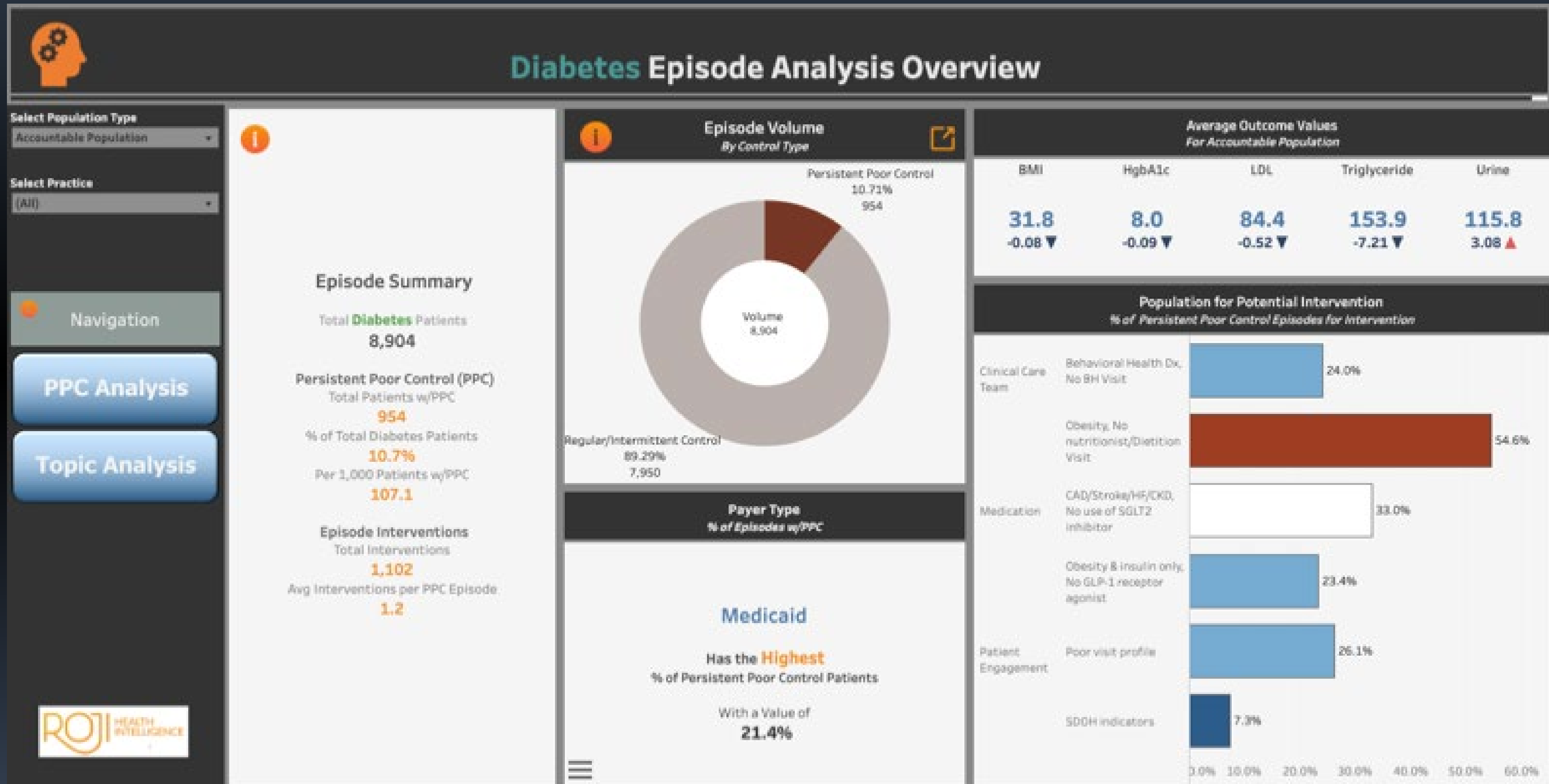
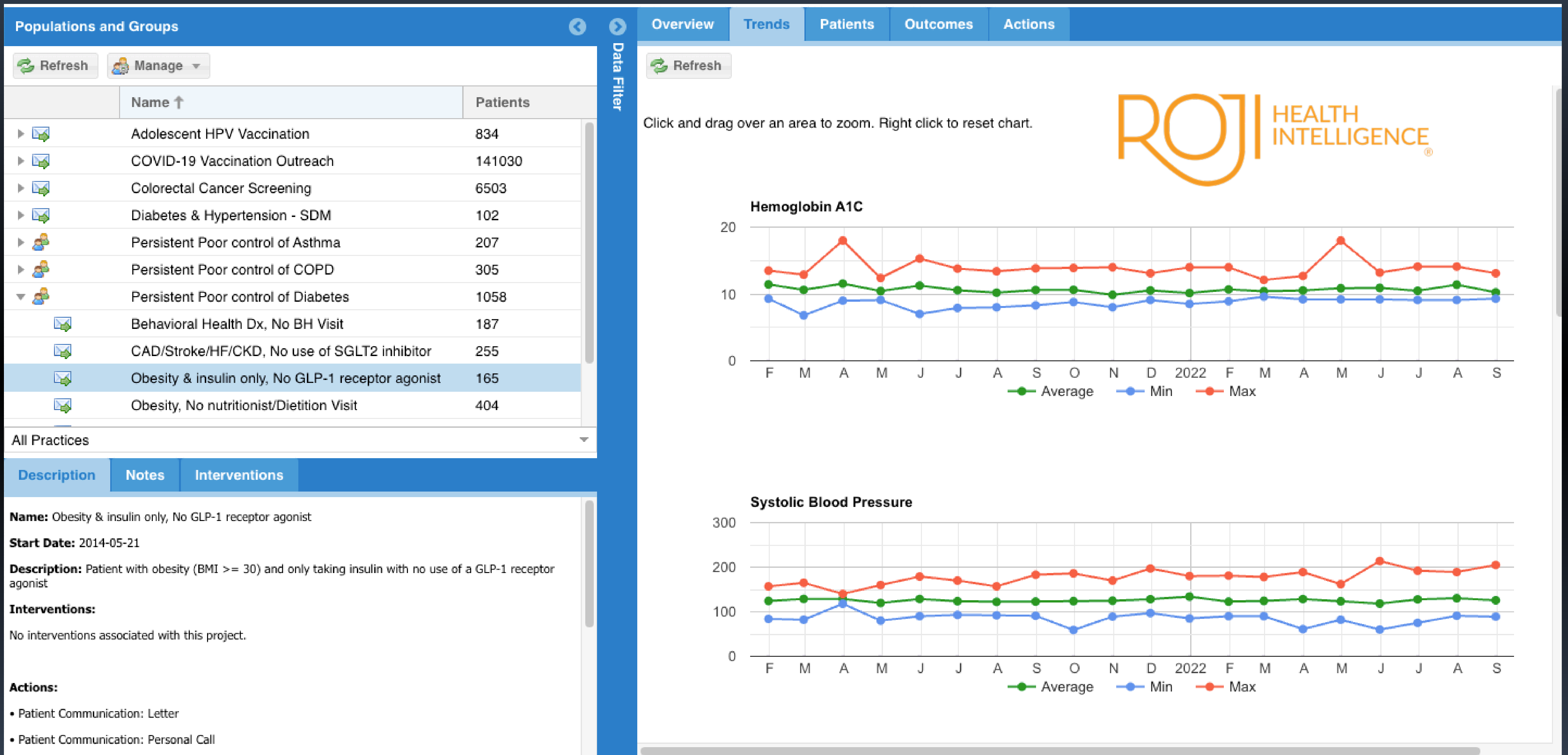
Data and Clinical Expertise Enables Proactive Population Health Interventions



Transform QM Shortfalls Into Improvements



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The MVP Ground is Solid, but Shaky

- No defined timeframe for mandatory MVP or subgroup reporting
- New MVP candidates are proposed each year
  - Proposed versions are published; public feedback is posted
  - Versions may (or may not!) be included in Proposed Rules
  - MVPs in Proposed Rules may (or may not!) be included in Final Rules
  - Final Rules are published in November; specifications are released “before January 1” of the reporting year
- The Upshot: You will have very little lead time!

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Keys to Value-Based Care Success

- Align your efforts to maximize results
- Educate providers and staff on standardized data collection and input techniques – don't cede credit for quality care!
- 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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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

148 834

% 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

Compare Procedure Costs by Provider and Site

Episode Cost by Provider for Cholecystectomy

Select Year
(All)

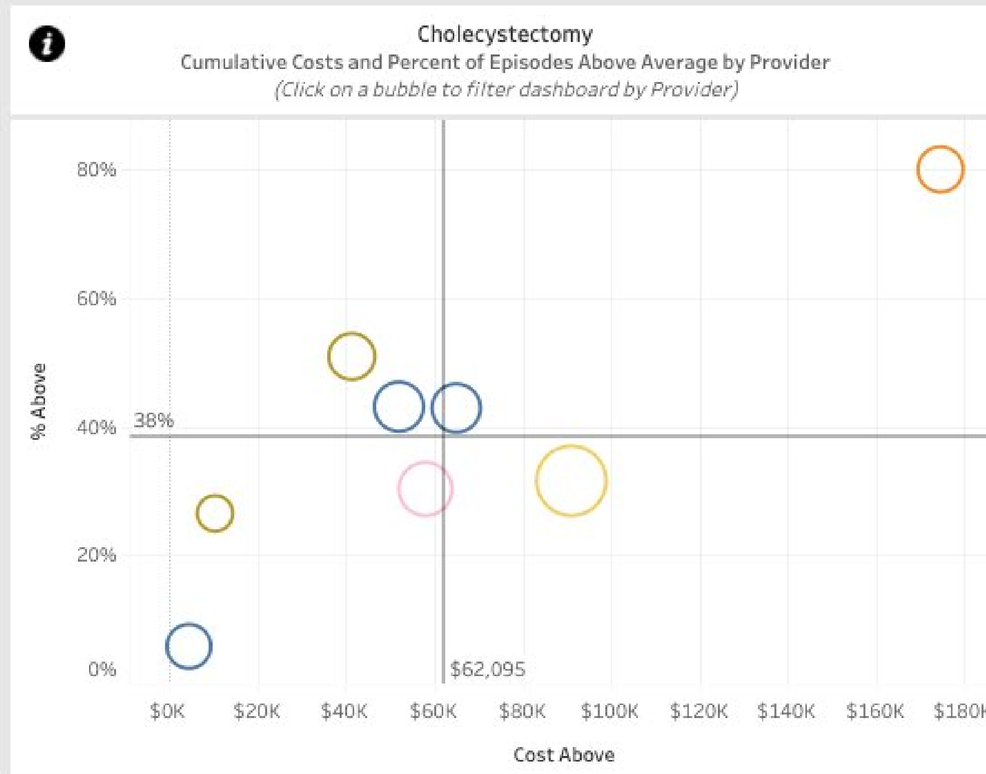
Select Episode
Cholecystectomy

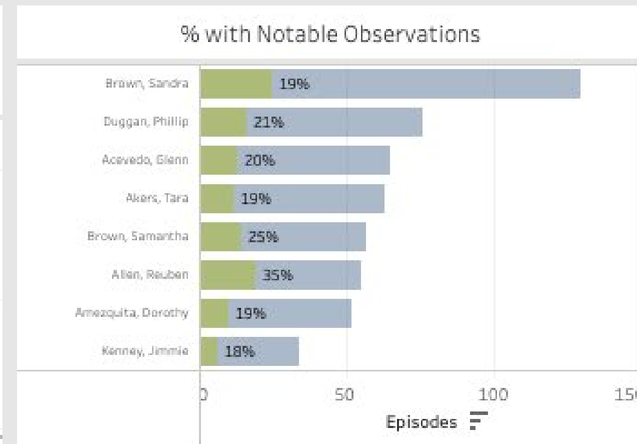
Select Practice
Demo Practice - 5205

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

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Thank You!

Contact us to help you succeed in MIPS Value Pathways!

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