

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

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Chief of Client Team

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

Audience Poll

“Tank” you for your feedback!



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

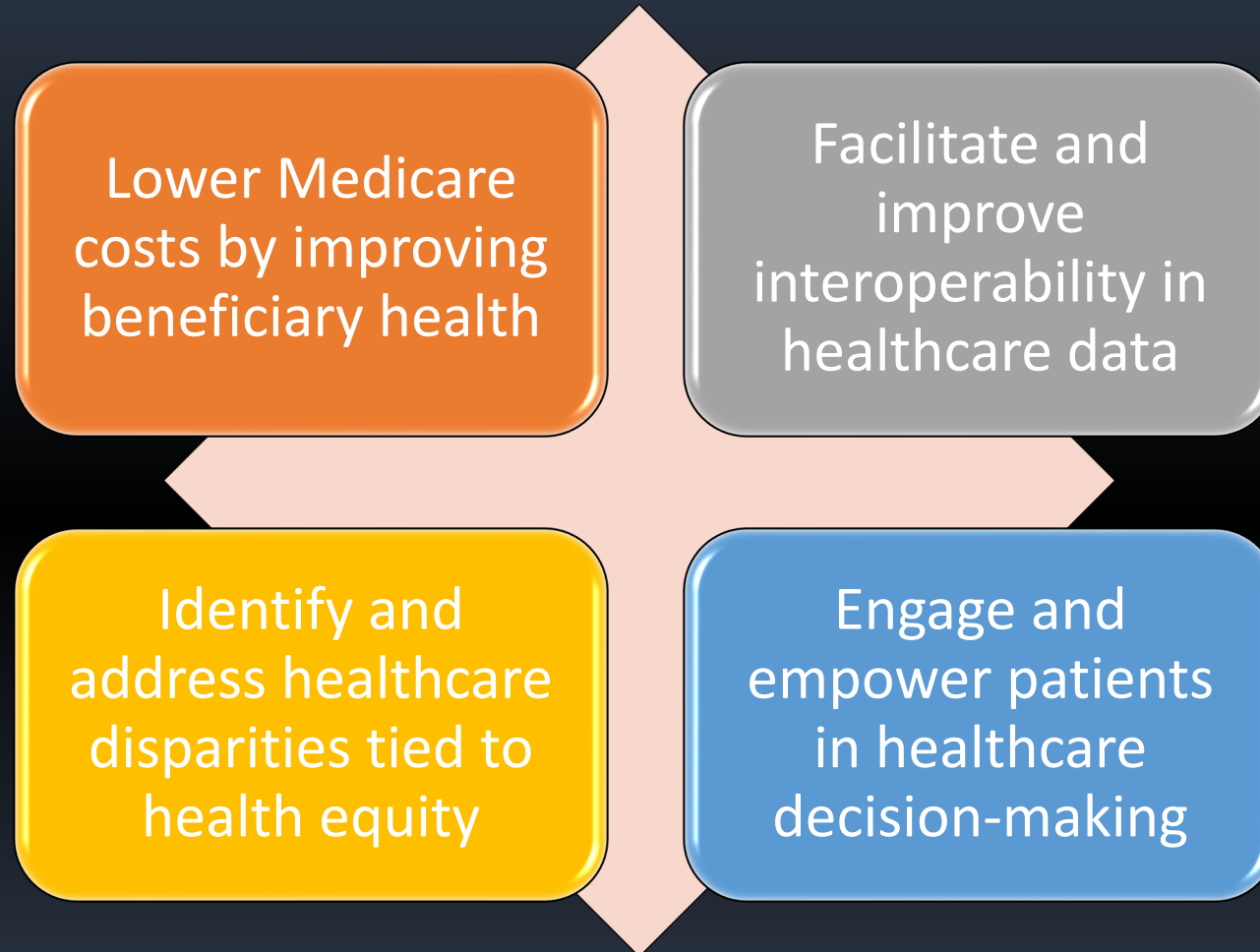
About Roji Health Intelligence

- 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.

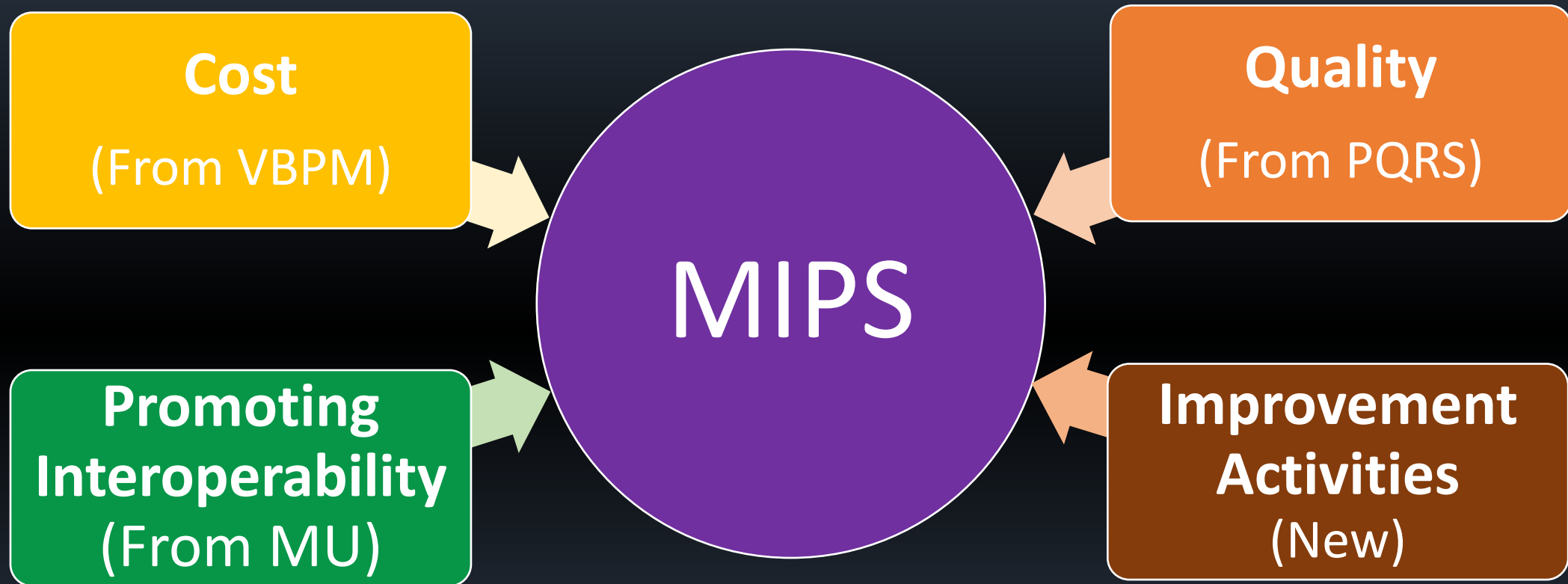
What is MIPS?

- 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

MIPS Goals

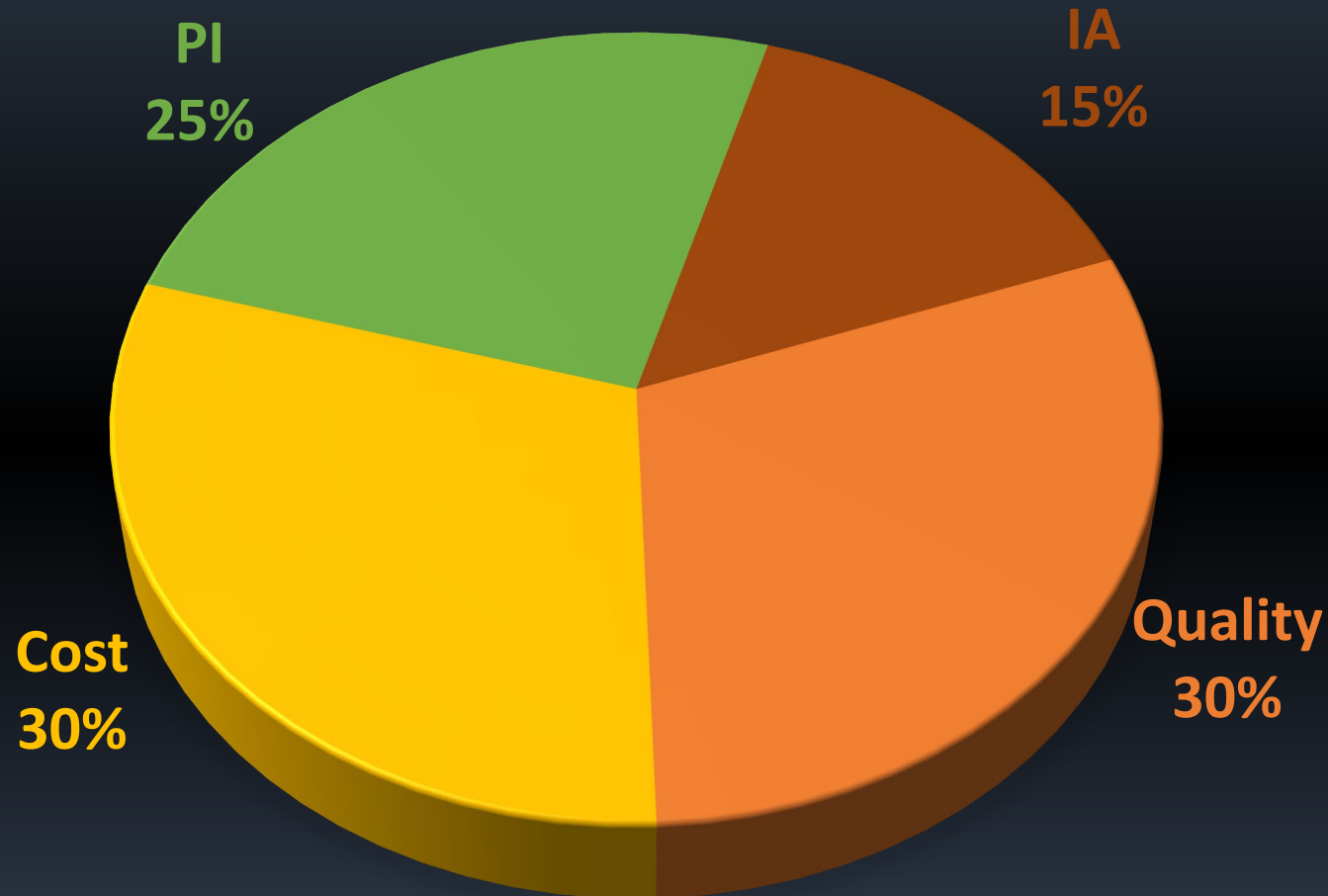


Origins of the 4 MIPS Components



Score = Sum of Combined, Weighted Components

CATEGORY WEIGHT



“Payment Adjustments”

Performance Threshold (75 in 2023 Performance Year)

Sliding Scale of
2025 Financial Penalties

Sliding Scale of
2025 Financial Incentives

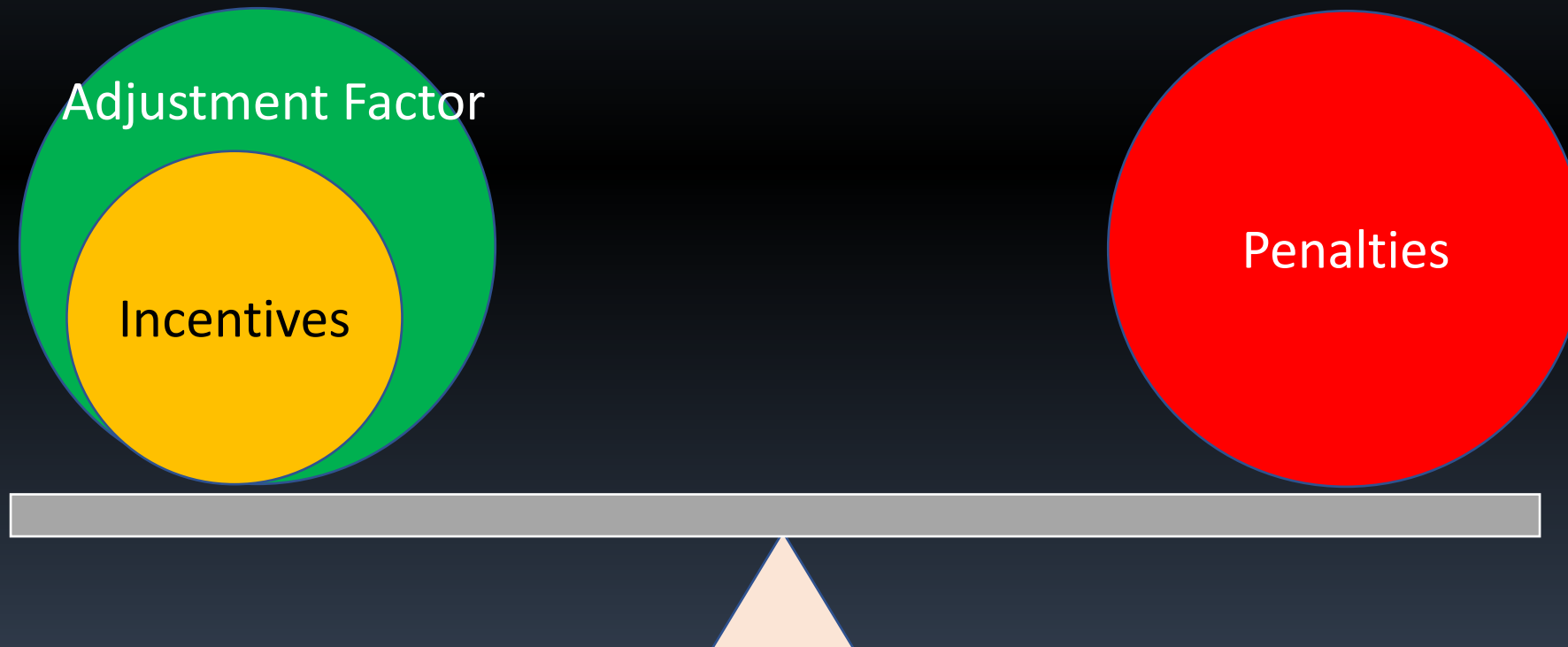


0 points (no reporting)
Maximum 9% penalty

100 points
9x Adjustment Factor

The Adjustment Factor

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



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



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

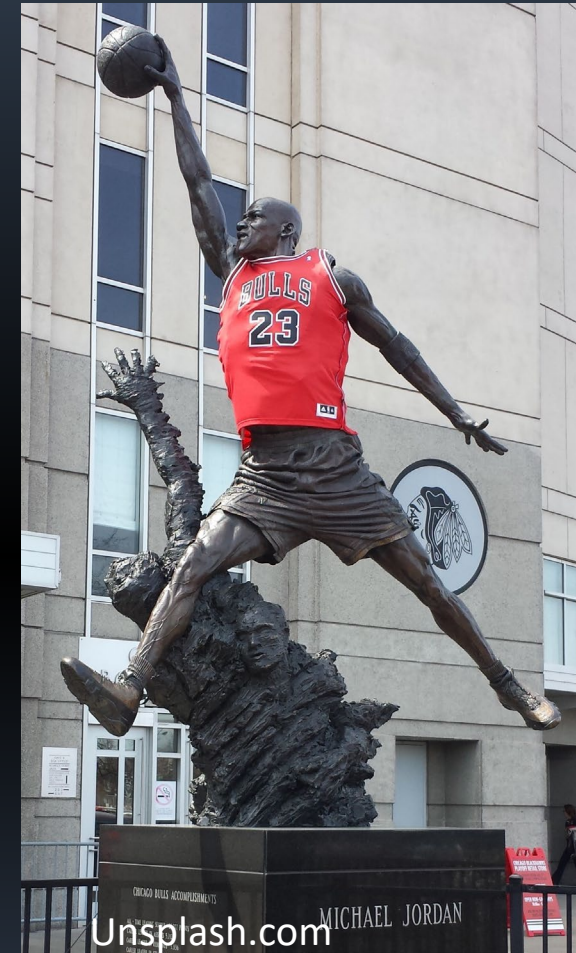
MIPS Value Pathways (MVPs): A New Ballgame



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)



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

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

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

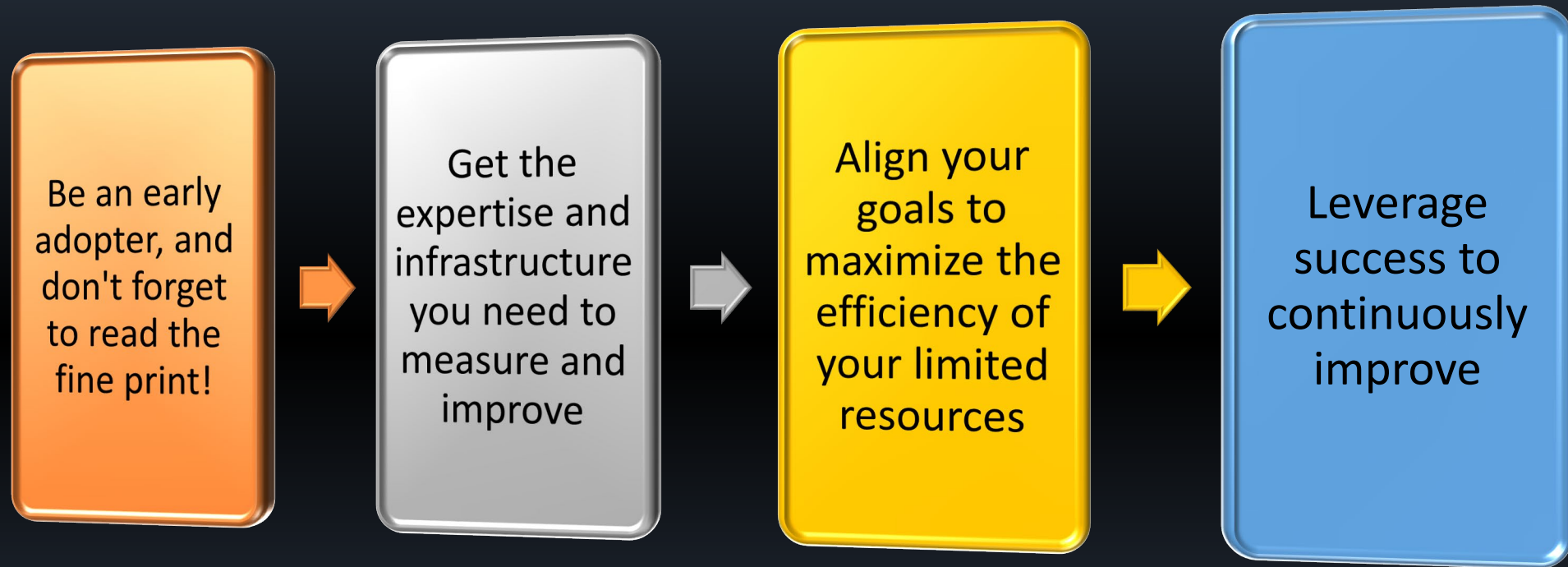
Introducing “Subgroup” Reporting

- 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

A scenic Japanese garden path with cherry blossoms and a wooden bridge. The path is made of light-colored gravel and leads towards a traditional wooden bridge with a curved railing. The bridge is surrounded by large, dark, moss-covered rocks. The scene is filled with vibrant pink cherry blossoms in full bloom, some in the foreground and others framing the path. The background shows more greenery and a clear sky.

Your Path to MVP Success

Your Forward-Looking MVP Strategy



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

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

Keep your head out of the sand!



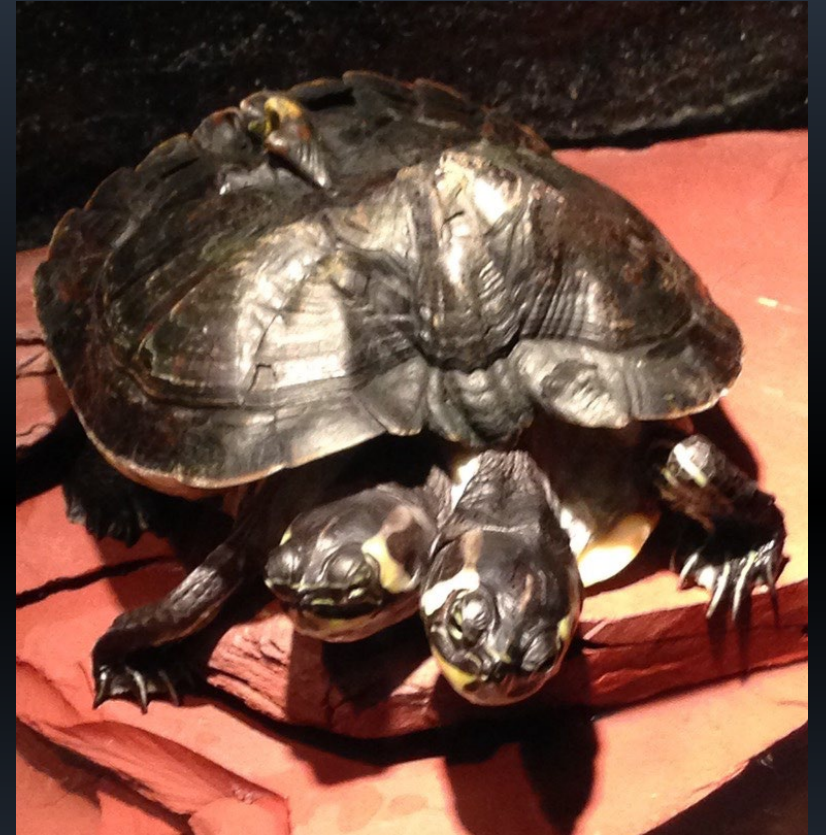
- Not enough eCQMs to cover 4 quality measures in all MVPs
- Don't forget about measure benchmarks – just because a measure is in an MVP doesn't mean it can earn 10 points
- QCDR measures provide options, but someone must fail for CMS to approve the measure
- Remember your Foundational Layer!

Expertise Comes From Experience

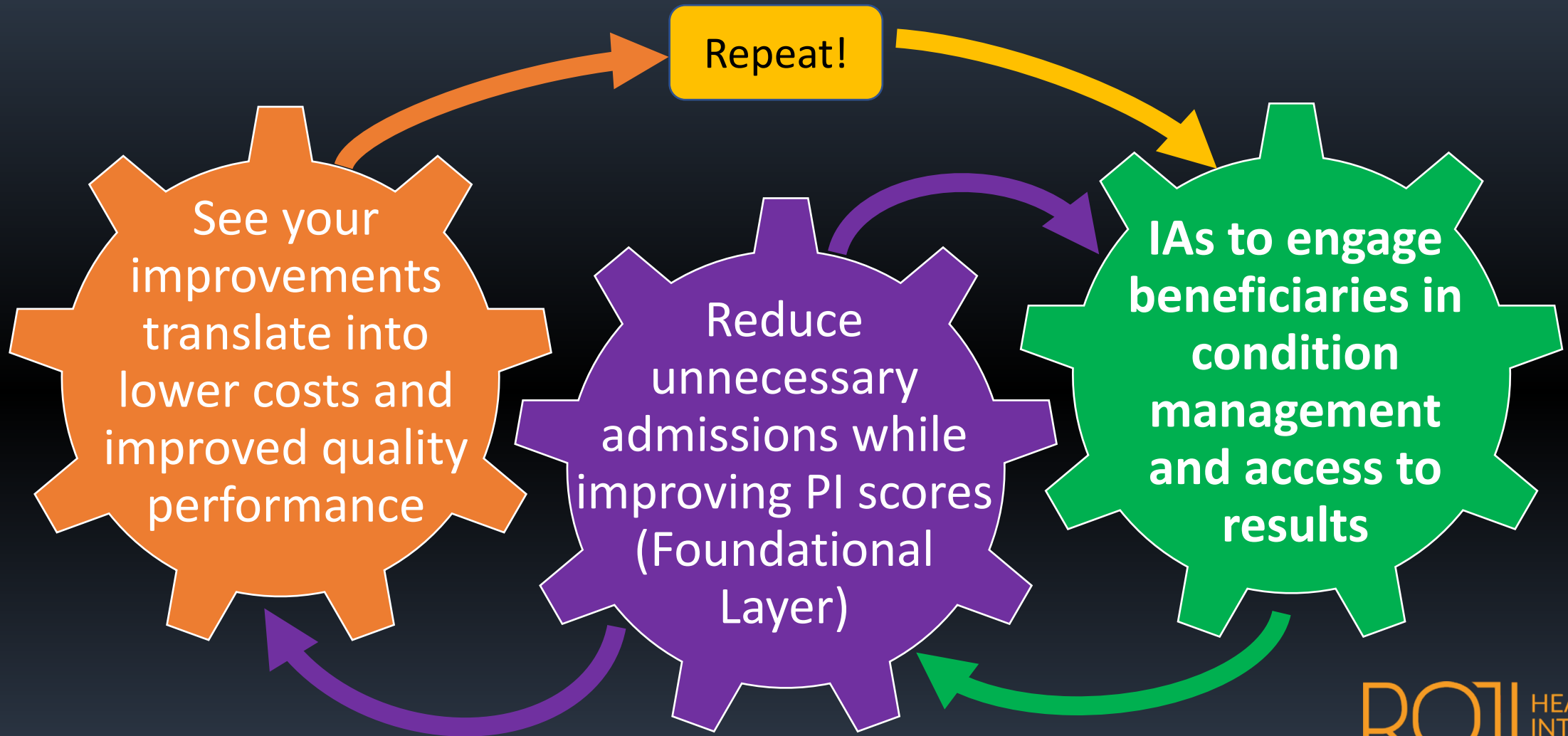
- Succeeding in MIPS takes an ONC-Certified Clinical Data Registry with experience...
 - Reporting eCQMs and CQMs to CMS as a Qualified Third Party Intermediary (going back to 2008!)
 - Using your data to create actionable analytics on Cost and Quality
 - Matching and attributing patients to specific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

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!



Devise and Implement a Self-Fulfilling Strategy



Data and Clinical Expertise Enables Proactive Population Health Interventions



Transform QM Shortfalls Into Improvements

Populations and Groups

Refresh Manage

Name ↑	Patients
Adolescent HPV Vaccination	834
COVID-19 Vaccination Outreach	141030
Colorectal Cancer Screening	6503
Diabetes & Hypertension - SDM	102
Persistent Poor control of Asthma	207
Persistent Poor control of COPD	305
Persistent Poor control of Diabetes	1058
Behavioral Health Dx, No BH Visit	187
CAD/Stroke/HF/CKD, No use of SGLT2 inhibitor	255
Obesity & insulin only, No GLP-1 receptor agonist	165
Obesity, No nutritionist/Dietitian Visit	404

All Practices


Description | Notes | Interventions

Name: Obesity & insulin only, No GLP-1 receptor agonist
Start Date: 2014-05-21
Description: Patient with obesity (BMI >= 30) and only taking insulin with no use of a GLP-1 receptor agonist
Interventions:
 No interventions associated with this project.
Actions:
 • Patient Communication: Letter
 • Patient Communication: Personal Call

Overview Trends Patients Outcomes Actions

Refresh

Click and drag over an area to zoom. Right click to reset chart.



Hemoglobin A1C

Line chart showing Hemoglobin A1C levels from February 2022 to September 2022. The Y-axis ranges from 0 to 20. Three lines represent Average (green), Min (blue), and Max (red). The Max line shows significant fluctuations, peaking near 18 in April and May. The Average line stays between 10 and 12, and the Min line stays between 8 and 10.

Month	Average	Min	Max
Feb 2022	11.5	9.5	13.5
Mar 2022	10.5	7.5	13.0
Apr 2022	11.5	9.5	18.0
May 2022	10.5	9.5	12.5
Jun 2022	11.0	7.5	15.5
Jul 2022	10.5	8.5	14.0
Aug 2022	10.0	8.5	13.5
Sep 2022	10.5	8.5	14.0
Oct 2022	10.5	9.0	14.0
Nov 2022	10.0	8.5	14.0
Dec 2022	10.5	9.5	13.5
Jan 2023	10.0	8.5	14.0
Feb 2023	10.5	9.5	14.0
Mar 2023	10.5	9.5	12.0
Apr 2023	10.5	9.5	13.0
May 2023	10.5	9.5	18.0
Jun 2023	10.5	9.5	13.5
Jul 2023	10.5	9.5	14.0
Aug 2023	11.0	9.5	14.0
Sep 2023	10.5	9.5	13.0

Systolic Blood Pressure

Line chart showing Systolic Blood Pressure levels from February 2022 to September 2022. The Y-axis ranges from 0 to 300. Three lines represent Average (green), Min (blue), and Max (red). The Max line fluctuates between 150 and 220. The Average line stays between 110 and 130, and the Min line stays between 80 and 100.

Month	Average	Min	Max
Feb 2022	120	85	160
Mar 2022	125	85	170
Apr 2022	120	115	140
May 2022	120	85	165
Jun 2022	125	95	185
Jul 2022	120	95	175
Aug 2022	120	95	160
Sep 2022	120	95	185
Oct 2022	120	60	190
Nov 2022	120	95	175
Dec 2022	125	100	200
Jan 2023	130	85	185
Feb 2023	120	95	185
Mar 2023	120	95	185
Apr 2023	125	65	195
May 2023	120	85	165
Jun 2023	115	65	215
Jul 2023	125	75	195
Aug 2023	125	95	195
Sep 2023	125	95	205

The background of the slide is a photograph of a river or lake. The water is a murky, brownish-green color. In the foreground, there are some green plants growing out of the water. In the background, there is a rocky cliff face with some trees and bushes growing on it.

MVPs are Here to Stay (but Some Details are Still Murky)

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!

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

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

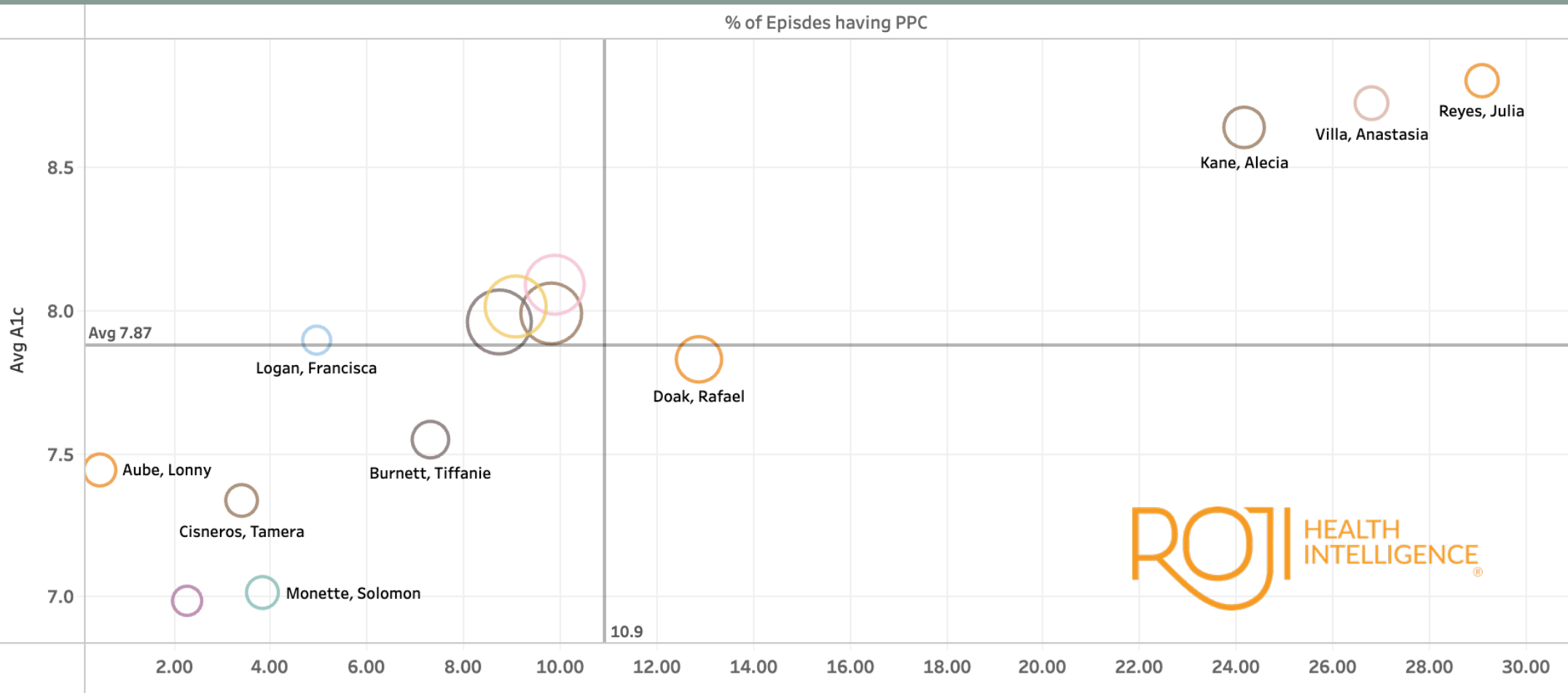
% of Episdes having PPC/ Avg A1c

Provider

% of Episdes having PPC/ Avg A1c

Show marks >= N episodes

148 834



Compare Procedure Costs by Provider and Site

Episode Cost by Provider for Cholecystectomy

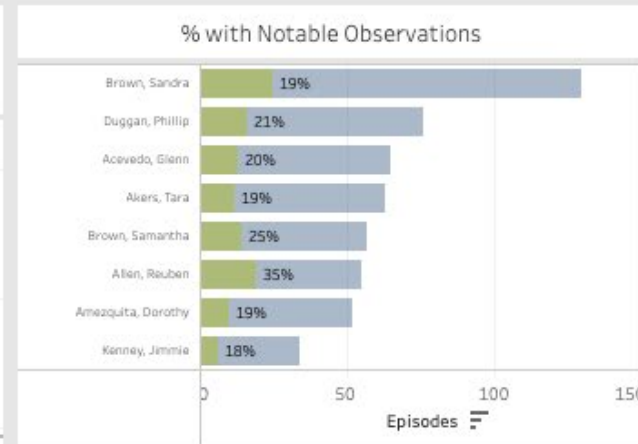
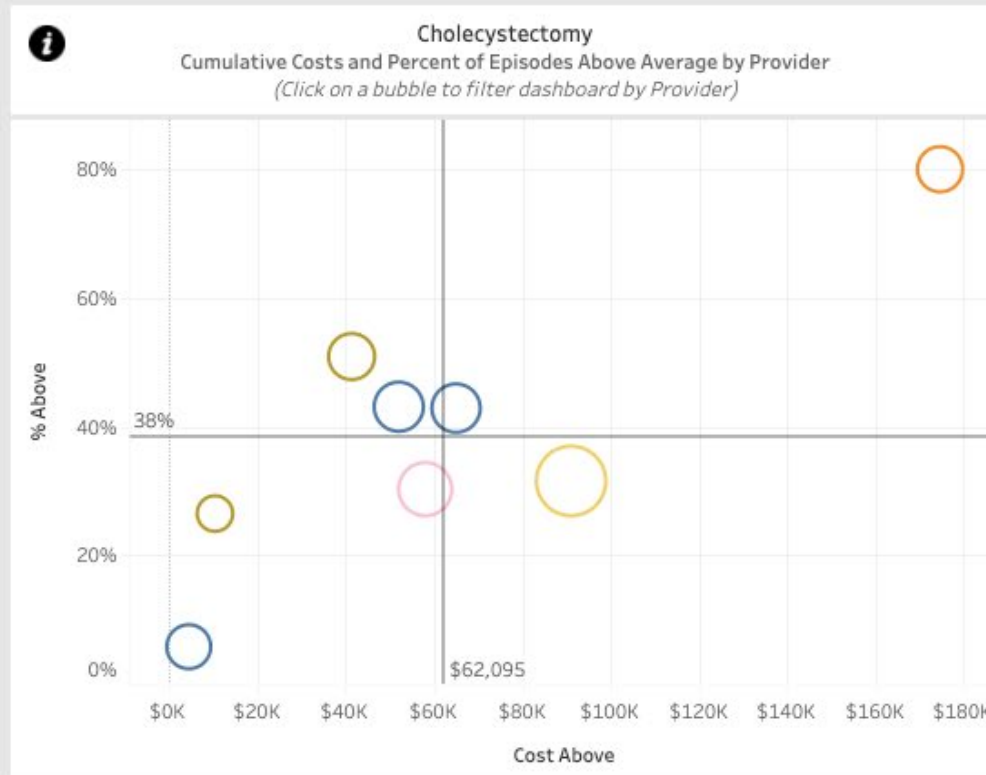
Select Year	Total Episodes	Total Cost	Average Cost	Episodes Above Average Cost	% Above Average Cost	Cumulative Cost Above Avg
(All)	532	\$1,796,400	\$3,377	204	38%	\$496,756

Select Episode: Cholecystectomy

Select Practice: Demo Practice - 5205

Select Specialty: (All)

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



Episodes
NO Episode Vol



Questions and Answers

Stop by our VBC Exhibit Hall Virtual Booth

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Thank You!

Contact us to help you succeed in MIPS Value Pathways!

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