

MACRA Rules are Final: Time to Implement the Quality Payment Program

FLASCO Business of Oncology Meeting

Sybil R. Green, JD, RPh, MHA
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MIPS Reporting Requirements

- **Quality Reporting**
 - Six applicable measures (including at least one outcome)
 - 50% of eligible patients per measure (minimum of 20 patients)
 - All payer reporting (at least one Medicare beneficiary)
- **Practice Improvement**
 - Improve clinical practice or care delivery
 - 90 potential activities
 - Perform 2 to 4 activities (dependent on size of practice)
 - Attest to completion
- **Advancing Care Information (EHR capability)**
 - Security, Electronic Prescribing, Patient Electronic Access

General Oncology Measure Set

Measure	Data Submission Method				Measure Type	High Priority
	Claims	Registry	EHR	Web Interface		
Advance care plan	X	X			Process	
Prostate bone scan (overuse)		X	X		Process	Yes
Current meds	X	X	X		Process	
Pain intensity		X	X		Process	Yes
Tobacco screening	X	X	X	X	Process	
Prostatectomy path reports	X	X			Process	
Hypertension screening & f/u	X	X	X		Process	
Receipt of specialist report			X		Process	
Adolescent tobacco use		X			Process	
Alcohol screening		X			Process	
HER2 negative		X			Process	Yes
HER2 positive		X			Process	Yes
KRAS testing/+EGFR		X			Process	
KRAS testing/-EGFR		X			Process	Yes
Chemo last 14 days		X			Process	Yes
Not admitted to hospice		X			Process	Yes
>1 ED visit last 30 days		X			Outcome	Yes
ICU last 30 days		X			Outcome	Yes
Hospice for less than 3 days		X			Outcome	Yes
Total Measures by Submission Mechanism	5	18	6	1		

Advancing Care Information

Base Score (50%)

- Up to 5 required measures
- Security, E-Prescribing, Patient Access, Health information Exchange

Performance Score (90%)

- Up to 9 measures

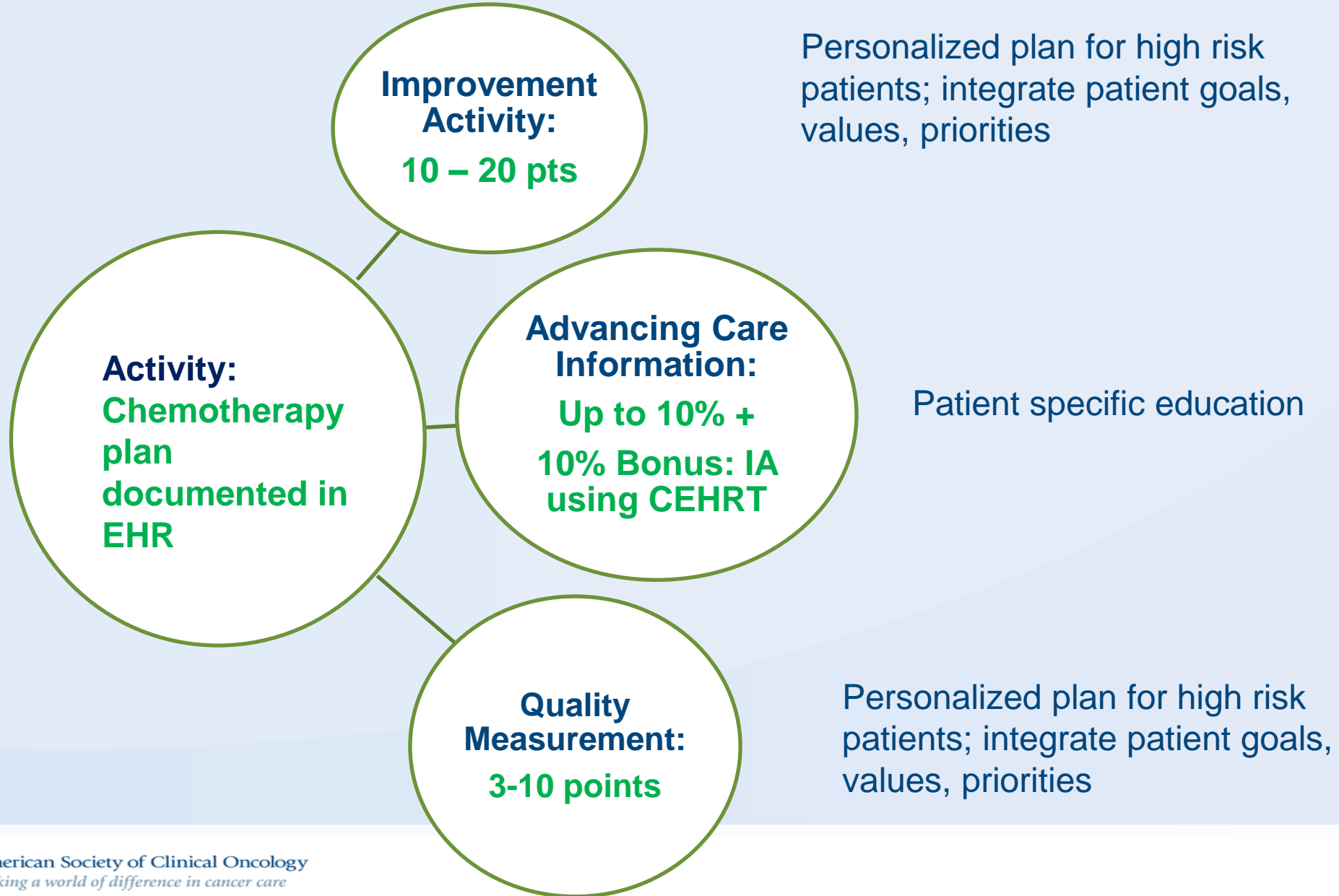
Bonus Score (15%)

- Public health and clinical data registry reporting

Example of MIPS Participation for an Oncologist

<u>Sample Quality Measures</u>	<u>Sample Improvement Activities</u>	<u>ACI (Base Score)</u>
<ul style="list-style-type: none">➤ Chemotherapy plan documented➤ Documentation of current medications/medication reconciliation➤ Advance care plan➤ Pain intensity quantified➤ Tobacco use - screening & cessation counseling➤ HER2 negative – no HER2 targeted therapies administered➤ Metastatic CRC – anti-EGFR w/KRAS testing➤ >1 ED visit last 30 days of life	<ul style="list-style-type: none">➤ Participation in a QCDR (e.g. QOPI)➤ Participation in MOC IV➤ Registration/use of PDMP➤ Engagement of patient/family/caregivers in developing care plan➤ Implementation of medication management practice improvements➤ Implementation of practices / processes for developing regular individual care plans➤ Participation in private payer improvement activities➤ Use of decision support and standard treatment protocols➤ Telehealth services that expand access to care	<ul style="list-style-type: none">➤ Protect PHI/security risk analysis➤ E-prescribing➤ Provide patient electronic access➤ HIE – send/receive summary of care

Making Every Activity Count



QOPI is a Viable Tool for QPP Success

- The QOPI platform can be used to report the minimum data in 2017 to avoid a 2019 penalty
- 2017 is a transition year for the QOPI QCDR to become electronically functional to be able to report at 60% of charts for 2018
 - Both the QOPI QCDR and the practices will be asked to “test” electronic reporting in 2017 so all will be positioned to report at the higher volume requirement in 2018
- If a practice has the electronic capability to achieve 50% reporting in 2017, they can use another reporting mechanism and try for a positive adjustment for 2019

ASCO Offers Solutions



Certification

- Improvement Activity
- APM Participation



Rapid Learning

- Quality Reporting (PQRS)



Reporting

- Quality Reporting (PQRS)
- Meaningful Use
- Improvement Activity
- Cost
- APM Participation



Reimbursement

- APM Participation
- Improvement Activity



Transformation

- APM Participation

