Back to School: Your Post-MACRA Study Guide for QPP Success

written by Dave Halpert | September 8, 2016

Back to school. That phrase prompts memories of making new friends (and catching up with old friends); carts full of notebooks, binders and pens; new classes; and, of course, abject terror. As the summer sun sets on PQRS, the Value Modifier (VM) and Meaningful Use (MU), it's time for all of us to get into back-to-school mode, take the lessons we've learned and build on them for future success.

Unfortunately, however, there's an added challenge. Rather than having a season off to rest, regroup and ease into the new fall schedule, the transition from old programs to new is immediate in the Value-Based Care world. Existing programs will measure performance through December 31, and the new versions will commence the next day. Therefore, to succeed in the Medicare Quality Payment Program (QPP), it's imperative that you start by learning your lessons now, taken from the PQRS/VM/MU workbook. Those who don't will face an uphill battle catching up to their peers, and when the grading is done by comparison, there will be financial repercussions.

So, let's turn those memories into a Study Guide to lead you from the present to the (not-so-distant) future:

Friends, Both Old and New

Let's hope you're on friendly terms with your colleagues, but if you're not, it's time to mend some fences. Why? In the QPP, everyone will be scored on Resource Use, whether participating in MIPS (Merit-Based Incentive Payment System) or in an APM (Alternative Payment Model).

Unfortunately, personal differences may find a way into the referral process, or even drive it entirely; when investigating a sudden halt in referrals between a primary care physician and specialist, we learned that the two physicians in question were married, but were getting divorced! While this is certainly an extreme example, there are instances when factors other than clinical reasons affect the referral process, and that may be costly. Resource use is much more comprehensive under the QPP. Unlike the attribution system in place now, all groups—particularly large specialty groups—have much more at risk.

Rather than looking at a small set of chronic conditions, MIPS scoring is based on how patients may be attributed across dozens of episode-based events, and include procedures or diagnoses. Therefore, care transitions and repetitive services that may not have impacted providers previously will begin to do so under MIPS, or in their APM of choice.

Large, forward-looking groups will evaluate their provider mix to see who is missing and identify other circumstances that lead to significant out-of-network costs. Private physicians should also take note—it may be possible to remain private, but for your referral network to remain active, you will need to demonstrate your ability to control costs, as well.

New Supplies

The Proposed Rule outlining the post-MACRA QPP in 2017 defines the tools required to succeed in value-based payment programs, just as school supply lists told us what we would need to complete our lessons.

The most important thing to note on the supply list is that more than one tool is included. The Proposed Rule is adamant that your Certified EHR Technology (CEHRT) is necessary, but not sufficient for a complete Health Information Technology (HIT) strategy. Your EHR is there to ensure that you have the most up-to-date and comprehensive information available so that providers and patients can make the most informed clinical decisions.

However, there is more to HIT than point of care. In order to track and trend costs, outcomes, and results over time, your supplies should include a Qualified Clinical Data Registry (QCDR). The QCDR concept came from CMS's desire to add value to quality reporting and to make it an active process for providers and groups. The QCDR was specifically designed to facilitate improved care, in addition to quality reporting. In the Proposed Rule, QCDRs are featured prominently. They are an allowed reporting mechanism for each of the three components in MIPS where reporting is required (Quality, Clinical Practice Improvement Activities, and Advancing Care Information), and will be critical for improving your performance on the remaining category (Resource Use).

New Classes

New classes were never truly "new," as they built on concepts taught in prior years. The same concept applies here—whether you're trying to succeed in PQRS, VM and MU, or in MIPS, the end goal is to provide quality care and reduce costs, meaningfully using technology to track and improve results. Applying the lessons learned this year and in prior years will be the key to succeeding in the year ahead. In fact, an overwhelming majority of quality reporting headaches could have been prevented, had groups followed two basic lessons:

Lesson 1: Take Good Notes

In order to prove that you are delivering the best quality care, you need to be able to demonstrate it through quality reporting and performance measurement. It used to be, "if you didn't document it, it didn't happen." Now, it's "if you didn't document it as your EHR intended, it didn't happen." In other words, if the information needed for quality metrics is being recorded in a text field, rather than through a check, click or other "machine-readable" option, it is likely not being picked up and shared between your technology platforms, and you are not getting credit.

With MIPS reporting requirements becoming more stringent (fewer measures, but much more comprehensive reporting), failing to document results in a useful manner will mean either long hours re-entering results in another platform, or a failure at the outset. Plan in advance by determining which measures you are interested in reporting, and identifying what data elements are required to fulfill them. The next step is to figure out how to collect those elements in a way that is useful but doesn't upset workflow. Often, the "free texting" problem isn't a case of laziness—quite the opposite, actually. When the workflow required to record information clashes with productivity, productivity will always win, even at the expense of quality reporting.

Lesson 2: Be Proactive

Once data collection techniques are in place, it's possible to visualize and improve your results, but only if you have time to do so. It may be possible to cram all required tasks into the very end of the quality reporting period, but that's only a viable strategy if the sole object is to report. If you're trying to demonstrate performance, the cramming method does not afford you an opportunity to improve. This puts you at a competitive disadvantage, as you are being scored against your peers. If results are poor or care wasn't received (or documented), there's no opportunity to fix the issue prior to the reporting deadline—your Final Exam.

To be successful, you and your QCDR should review your feedback reports, both from CMS (Quality and Resource Use Reports, for example), and from private health plans. Remember,

since MIPS reporting will include patients regardless of payer, synthesizing results from across your population now will help you identify areas for improvement in the future. These can be translated directly into Clinical Practice Improvement Activities (CPIAs), but will also be beneficial for other components of scoring—not to mention your patients.

And Finally . . .

That leaves the terror. Many students experience an unshakeable feeling of self-doubt as the first day of the new school year approaches, and the transition to the QPP is leaving many providers with similar anxiety. Part of this is the fear of the unknown—it's a new program, after all . . . or is it?

Remember, the concepts are the same. Yes, it's a different scoring method, but the strategies are familiar—demonstrating that you can deliver quality care without excessive costs is the goal of any Value-Based Care program. Certainly, you can tip the scales in your favor by studying program requirements and methodologies, but that will only take you so far. Remember and apply the lessons you've learned, and let the fear of a new program be the one thing you may safely leave behind.

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