

Becker's Hospital Review 3rd Annual Health IT + Revenue Cycle Conference



MACRA/QPP Learnings: A Mid-Year Report

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## Agenda

- About SA Ignite
- MACRA / QPP Overview
- Recap of Summer 2017
- Top 3 Mid-Year QPP Decisions
- Q & A



## **SA** Ignite

SA Ignite helps healthcare organizations simplify the management of complex value-based programs

- Mature, SaaS based software solution for managing CMS valuebased care initiatives
- Proven solutions that serving 17,000+ clinicians across 80+ healthcare organizations





## **MACRA/QPP Overview**



## The Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)

Largest Change in a Generation for Medicare Reimbursement

## Bi-partisan support

 Passed 392-37 in the House & 92-8 in the Senate

## Quantity Quality

 Shifts incentives from quantity to quality of care

## Complex programs

 Introduces complex, multiprogram management and scoring

#### Crossfunctional impact

 Expands to both <u>financial</u> and <u>reputational</u> impact



## QPP Programs-at-a-Glance

#### **QPP**

Impacts ~1.3M Part B clinicians

#### **MIPS**

Impacts ~600K eligible clinicians

#### **APMs**

Alternative payment models created by CMS

#### **Non-advanced APMs**

Will need to participate in a modified version of MIPS

#### **Advanced APMs**

Impacts ~100K clinicians & 5% bonus/MIPS exclusion



## MIPS: A New Journey



#### Complex

- Three programs rolled into one
- Many variables, interdependencies
- 2400 page rule
- Requirements change yearly



#### High Risk

- Competitive
- Highly visible
- Scores impact revenue
- Scores impact reputation



#### Operational Overhead

- Resource intensive
- Under-utilization of skills
- Disparate data sources
- IT distraction



Big questions emerge around effective program management...



## **Executive Level Impact**

### MIPS impact across the c-suite

#### **CEO**

- How do I gain a competitive advantage?
- How do I fund growth & expansion?
- How do I become a leader in value-based care?

#### **CFO**

- How do I improve top and bottom line performance and growth?
- How do I financially plan for the VBC world?
- How do I justify an acquisition?

#### COO

- How do I transform operational roles/processes to succeed under VBC?
- What info is needed for the transformation?
- How do I drive cultural transformation for VBC success?

#### CMO/CMIO

- How can I protect my clinicians from regulatory burnout?
- How do I attract and retain top clinical talent?
- How can I reduce time spent on non-patient care activities?

#### CIO

- How do I transition from a fee-forservice infrastructure to a VBC infrastructure?
- How can I leverage software to enable VBC success?
- How do I minimize the impact of regulatory burden on my IT staff?

#### CQO

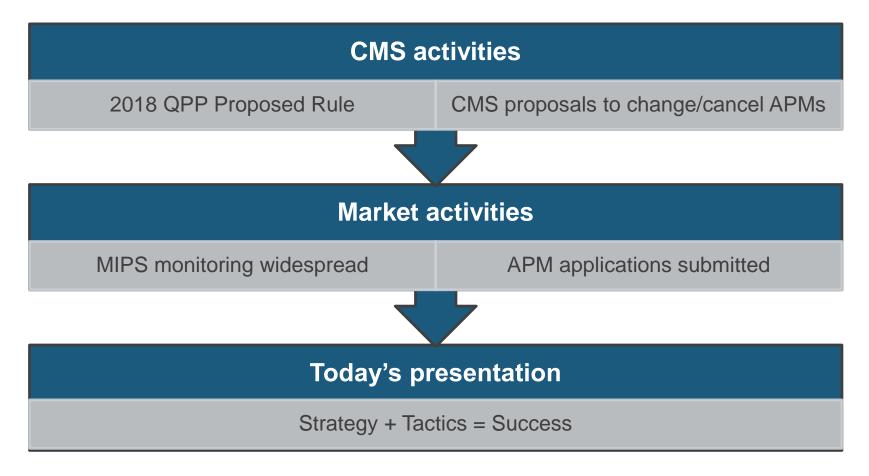
- How can I exceed quality expectations while minimizing clinician burnout?
- How can I increase clinician adoption of new workflows that will drive higher quality outcomes?



## Recap of Summer 2017



### Recap of Summer 2017





# The 2018 QPP Proposed Rule Confirms CMS' Commitment to MIPS

- MIPS performance threshold will increase
- MIPS max penalty and incentive increase
- 500k+ clinicians subject to MIPS

#### **CMS** Reiterates:

All-in on move to value-based care

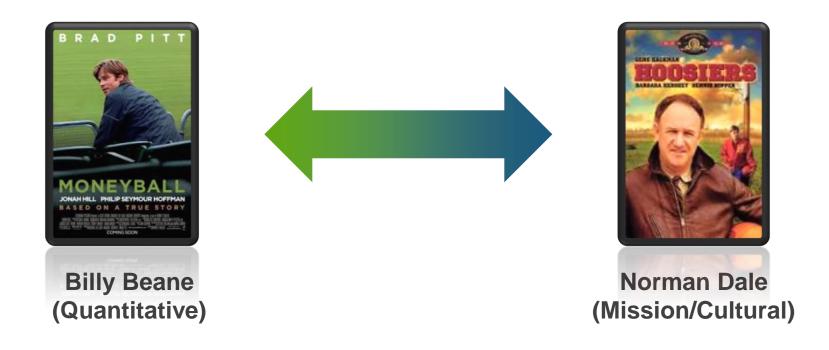
MIPS is competitive and accelerating, with large step up in 2019



# **Top 3 Mid-Year QPP Decisions**



# What is an Organization's Strategy for Transforming & Winning?





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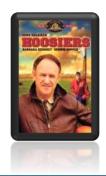
### **QPP Decision 1:**

### Individual vs Group MIPS Participation



## Moneyball (Quantitative)

- Maximize MIPS score and revenues, minimize costs & audit risks
- Analytical techniques: Understand all variables and methods to optimize Quality



### Hoosiers (Mission/Cultural)

- We are in this together.
- Consumers will know your score. Start managing it now.



#### **What Peers are Doing**

Organizations >30
 eligible clinicians
 predominantly group
 reporting, but growing
 desire to switch to
 individual reporting in
 future years

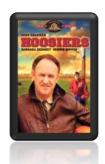


# QPP Decision 2: Who to Report



## Moneyball (Quantitative)

- Optionally reporting certain clinicians may help or hurt the group's score
- Meeting MIPS data completeness with minimal effort



## Hoosiers (Mission/Cultural)

 We've aligned our MIPS choices with what's right for patients, every time by every clinician.



## What Peers are Doing

 Tending towards monitoring more clinicians than minimally necessary to prepare for 2019+ MIPS

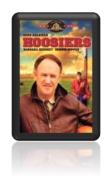


# **QPP Decision 3:**Where to Focus Effort



### Moneyball (Quantitative)

- Use measure leverage concept to rank measures by impact
- "Point Gain Analysis" –
  garner maximal score
  gains from focusing only
  on a minority of clinicians
  and measures



### Hoosiers (Mission/Cultural)

- We will make this as easy as possible for clinicians.
- MIPS is just the beginning. It's training camp for value-based care, so change now.



#### **What Peers are Doing**

- Considering 2017 2019 MIPS in deciding how to shift focus/resources in areas with long lead times.
- Asking: Are we better served being in MIPS only or in another combination of QPP programs?



## Summary

- CMS all-in on move to value-based payment
- Change strategies: Moneyball vs Hoosiers

- Top 3 QPP decisions
  - 1. Individual vs group MIPS participation
  - 2. Who to report
  - 3. Where to focus efforts



Q & A tom@saignite.com