

MIPS AND MACRA: A PATHWAY FOR ANESTHESIA PRACTICES

Fast Facts About MACRA

Medicare Access and CHIP Reauthorization Act (MACRA) final rule included a new payment system called the Quality Payment Program (QPP). The QPP includes two provider reimbursement programs:



Merit-based Incentive Payment System (MIPS)

[Most Medicare clinicians will initially participate through MIPS.]



Advanced Alternative Payment Models (APMs)

MIPS will score providers across four categories of care delivery:



QUALITY



COST



ADVANCING CARE INFORMATION



CLINICAL PRACTICE IMPROVEMENT ACTIVITIES

Scores will be used to calculate a Composite Performance Score (CPS) on a 0-100 point scale, which will be used by CMS to determine upward, neutral, or downward payment adjustments to provider Medicare Part B payments.



Quality data submission requirements are similar to PQRS with two important distinctions:

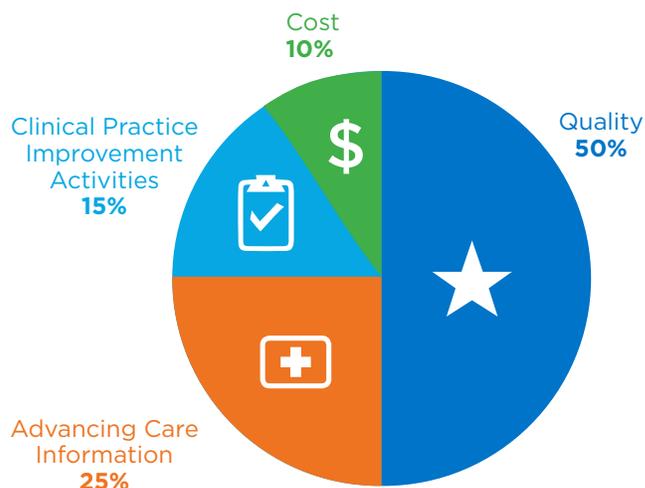
- ✓ Reporting on six measures instead of none, which no domain requirements.
- ✓ If reporting through an EHR or registry, 90% of all eligible patients are required for any specific measure.



MIPS performance period will begin Jan 1, 2017 and the data collected will affect payments in 2019.

Anesthesia groups should prepare for these changes in data collection and submission for 2017 as soon as possible in order to minimize penalties of up to 4%.

Year 1 Performance Category Weights for MIPS



Suggested Quality Measures

MIPS 044: Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery

MIPS 076: Prevention of Central Venous Catheter (CVC) Related Bloodstream Infections

MIPS 130: Documentation of Current Medications in the Medical Record

MIPS 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

MIPS 404: Anesthesiology Smoking Abstinence: The percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of elective surgery or procedure.

MIPS 424: Perioperative Temperature Management

MIPS 426: Post-Anesthetic Transfer of Care: Procedure Room to Post Anesthetic Care Unit (PACU)

MIPS 427: Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)

MIPS 430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy

Suggested Clinical Practice Improvement Activities

Engagement of patients through implementation of improvements in patient portal

Implementation of formal quality improvement methods, practice changes or other practice improvement processes

Improved practices that disseminate appropriate self-management materials

Improved practices that engage patients pre-visit

Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes

Participation in an AHRQ-listed patient safety organization

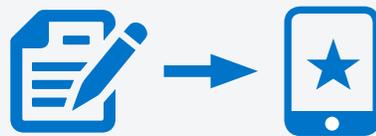
Participation in a QCDR that promotes use of patient engagement tools

Participation in Maintenance of Certification (MOC) Part IV for improving professional practice Participation in Maintenance of Certification (MOC)

Use of patient safety tools that assist specialty practices in tracking specific measures that are meaningful to their practice, such as use of the Surgical Risk Calculator

Use of QCDR data for ongoing practice assessment and improvements

Use of QCDR data for quality improvement such as comparative analysis reports across patient populations



Transition from Paper to an Electronic Solution—4 Simple Steps:

1

Schedule a complimentary workflow analysis and quality consult—30-60 minutes

2

Determine the right solution, schedule demo with key practice stakeholders—60 minutes

3

Sign contract for the right solution

4

Begin configuration and schedule go live

Using an EHR but stuck when it comes to retrieving the necessary information to meet your reporting needs? We've got an easy and reliable solution.

To schedule a one-on-one consultation and demo, email Trent.Hofmockel@Medaxion.com

medaxion: