

Clinical Quality Measures

The Future is Here

What are Clinical Quality Measures?

- CMS is the driver now, Medicaid and Private Insurance coming soon
- Meaningful Use or EHR Incentive Program
- Physician Quality Reporting System - PQRS

Next Steps

- Will you participate as a group or an individual?
- Which measures to report?
 - Clinical conditions selected
 - Types of care provided
 - Specialty where care is delivered
 - Quality Improvement goals for 2015
- Meaningful Use measures
 - Reporting vehicle
 - Swapping content from
 - Analyze Data and Implement Rapid Cycle Improvements

QCDR

- Qualified Registries will work with you and your data for efficient PQRS reporting
 - Behavioral Health focus
 - Aligned with MU, PQRS and non-PQRS quality measures
 - Dashboard focused for real time monitoring
 - Files submitted on behalf of the EP or group

Physician Quality Reporting System - PQRS

- Similar quality measures can be reported from directly from your Electronic Health Record, EHR Data
- Submission vendor, Qualified Clinical Data Registry
- <http://www.cms.gov/Quality-Improvement/Physician-Reporting-System/PQRS/index.html>
- **How to Report**
 - 1. Group Reporting
 - 2. Group Reporting
 - 3. Group Reporting
 - 4. Group Reporting
- **Individual Reporting**
 - 1. Individual Reporting
 - 2. Individual Reporting
 - 3. Individual Reporting
 - 4. Individual Reporting

Questions?



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CMS Quality Initiatives

- CMS is the largest purchaser of health care in the US
- Taking the lead to "transform itself from a passive payer into a purchaser of higher quality, affordable care"
- 26 separate quality programs
- Aligns with 3 aims: Better Care, Health People/Health Communities and Affordable Care



Improve Behavioral Health Access and Care

- Better use of MH and SA screens to identify, refer and treat Individuals with a BH condition
- Increased use of EHR's by BH
- Services received within 30 days of screening/ identification
- Better availability of evidenced-based practices
- Reduced admission to IP facilities or EDs
- National Council identifies 33 measures related to BH
- <http://xpio.com/xpiohealth/strategy-for-healthcare/data-visualization/bhcoe-infographic/>



Meaningful Use eCQM

Align with PQRS in 2015
Reported from your EHR

Incentives

AIU-funds per Eligible Professional (EP)
Stage 1-90 day reporting
Stage 1-365 day reporting
Stage 2-365 day reporting
Stage 3-surprises coming

Requirements for 2014 Stage 1

- EPs must meet:
- 13 required core measures
 - 5 menu objectives from a list of 9
 - Total of 18 objectives
- Eligible Hospitals and CAH's must meet:
- 11 required core objectives
 - 5 menu objectives from a list of 10
 - Total of 16 objectives

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>



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EPs

- 1
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MU Incentives/ Penalties

- 100 EPs = \$6.375M over program duration
- Every \$1M in Medicare billed = \$40K per year in penalty avoidance under MU and PQRS (2% per year/program)
- Medicare penalties escalate up to 5% + 2% under PQRS or \$70K per \$1M



Physician Quality Reporting System - PQRS

Similar quality measures
Can be reported from claims, directly from your Electronic Health Record, EHR Data submission vendor, Qualified Clinical Data Registry

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS/>

PQRS Rules

- Must report on 9 measures from 3 NQ5 domains
- 1 Cross-Cutting measure if one Medicare beneficiary seen
- Measure Validation

Individual Reporting

- Different measures
- Report 9 measures from 3 domains
- Data analyzed at the EP

How to Report

- Individual or Group Reporting
- Directly from your EHR, Submission provider, QCDR, Claims

Group Reporting

- Single TIN
- 2 or more Eligible EPs
- Data analyzed at the TIN level
- Value-based Payment Modifier available sooner



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<http://www.qualityassessmentandimprovement.org>

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PQRS/



Financial Implementations

- Beginning in 2015, downward payment adjustment of -1.5% for those EPs who did not report in 2013
- 2015 and beyond, a -2.0% adjustment is applied
- Value Based Modifiers will apply to all EPs by 2017; another -2%



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- Develop Internal Plan
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Value Added Action Plan

BH needs to bridge out of its silo and learn how to play in this arena

- Leverage the benefits
- Reap the incentives and avoid the penalties
- Disease Management/Population Health opportunities
- <http://www.thenationalcouncil.org/wp-content/uploads/2013/02/A-Place-at-the-table.pdf>



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