

2017 Edition

MIPS GUIDE

The rule is in and Medicare physician payments are changing. What does that mean for you?

shm

Society of Hospital Medicine

MERIT-BASED INCENTIVE PAYMENT SYSTEM

The Merit-based Incentive Payment System (MIPS) combines existing physician programs (Physician Quality Reporting System (PQRS), Value Modifier and Meaningful Use) into a single streamlined program. Providers will be measured on performance across four categories:

1. Quality
2. Improvement Activities
3. Advancing Care Information (ACI)
4. Cost

Performance in 2017 on the MIPS will determine payment adjustments in 2019. There is a potential 4% penalty for providers who do nothing in 2017, and up to 4% incentive payments for providers who score favorably in the MIPS.

For most hospitalists, the categories will be weighted differently when compared to other providers. Hospitalists are exempt from the Advancing Care Information category because they fall under a hospital-based exemption definition, as they have been exempt under Meaningful Use in the past. This exemption means that the weight for this category is shifted to the Quality category.



**NEARLY ALL
HOSPITALISTS WILL
BE IN THE MIPS IN
2017.**

2017 MIPS CATEGORY WEIGHTS

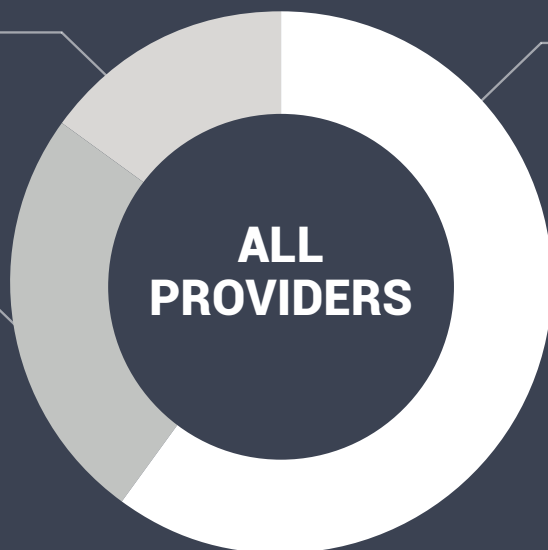
Each of the four MIPS categories is weighted a proportion of the overall MIPS score.

15%

Improvement
Activities

25%

Advancing Care
Information



60%

Quality



15%

Improvement
Activities

85%

Quality

NOTE: Hospitalists have different category weightings due to being exempt from the Advancing Care Information category, and that category weight shifting to Quality. In 2017, CMS has also zeroed out the weighting for the Cost category for all providers. This category will be weighted in future years.

QUALITY


Overview:

The Quality category builds off existing policies for quality reporting from PQRS and will be familiar for hospitalists who currently report quality measures. For most hospitalists, the Quality category will be weighted 85% of the MIPS final score for performance in 2017/ payment in 2019.

Requirement:

Providers must report on six quality measures. The minimum number of cases for each measure is 20. SHM notes that some measures may be “low-volume measures” particularly if you report at the individual level. We encourage hospitalists to keep this in mind as they are selecting measures. Quality measures are scored individually on performance and aggregated against benchmarks to make the category score. Since hospitalists will likely not have the requisite six measures to report, they will be subject to a validation process to ensure there were no other available measures to report.

ACTION ITEM

A large, dark blue circular graphic containing a white checkmark icon, positioned to the left of the action item text.

Report on as many quality measures as you can, either as a group or individual. The end of this guide has a list of relevant measures for hospitalists.

IMPROVEMENT ACTIVITIES

Overview:

This is a new performance category. The Improvement Activities category will be weighted 15% for performance in 2017/payment in 2019.

Examples of Improvement Activities that could apply to hospitalists include:

- + Implementation of regular care coordination training
- + Implementation of an antibiotic stewardship program
- + Use decision support and standardized treatment protocols to manage workflow
- + Participation in Maintenance of Certification Part IV

Requirement:

Providers must report on 40 points worth of activities for full credit in this category. Activities are weighted at 20 points for a high-weight activity and 10 points for a medium-weight activity. Providers will need to select activities from the inventory and attest to doing the activity for at least 90 days during the calendar year.



ACTION ITEM

Review available Improvement Activities. Match actions and activities you are doing to improve patient care to those available in the CMS-published inventory. Attest to activities during the performance year. There is a list of potentially applicable Improvement Activities at the end of this guide.

ADVANCING CARE INFORMATION

Overview:

Advancing Care Information (ACI) replaces Meaningful Use for providers.

Hospitalists who meet the definition for 'hospital-based' are automatically exempt from ACI. The 25% ACI category weight would then be shifted to Quality. This makes the Quality category 85% of the final MIPS score. The hospital-based exemption is calculated at the individual level.

Definition of Hospital-based: 75% or more of Medicare Part B services in POS 21 (Inpatient), 22 (Hospital Outpatient) and 23 (ER).

Note:

Hospitalists who practice significantly (>25% of services) in settings such as skilled nursing facilities (SNF) or other post-acute care facilities will be subject to this category. SHM recommends these providers apply for hardship exceptions if they are unable to meet the category requirements.

ACTION ITEM



Nothing. Hospitalists should be exempt from ACI. Those who practice significantly in other settings (more than 25%), such as SNF or other post-acute settings, would need to apply for a hardship exception and should keep watch for the application process.

COST

Overview:

The cost category incorporates elements of the Value Modifier program.

Current cost measures include:

- + Total Per Capita Cost Measure
- + Medicare Spending Per Beneficiary Measure
- + Ten (10) Episode-based Cost Measures

Requirement:

Cost measures are calculated automatically by the Centers for Medicare & Medicaid Services (CMS) based on administrative claims. The Cost category has been reweighted to 0% for all MIPS participants in 2017. Cost measures will not be scored under the first year of MIPS. However, CMS will be providing participants with information in feedback reports about their performance on the cost measures.

ACTION ITEM



Nothing. Cost measures are calculated automatically by CMS. Performance on cost measures in 2017 will not affect the 2019 MIPS score and payment adjustment, but shouldn't be disregarded because cost measures will be scored as part of the program in future years.

REPORTING FLEXIBILITY FOR 2017: PICK YOUR PACE

CMS has created reporting flexibility for the first year of the MIPS, to enable providers to engage with the program at the level they are most comfortable and able. If providers do **anything**, they will be protected from downside penalties under the MIPS. Reporting one measure or one improvement activity would meet these criteria. However, submitting more data gives physicians a better opportunity for positive performance-based pay adjustments, and will serve to enhance familiarity with the program for future years.



More information about Pick Your Pace can be found at <https://qpp.cms.gov/>.

APPLICABLE QUALITY MEASURES FOR HOSPITALISTS

QUALITY #5

**Heart Failure: ACE/
ARB for LVSD**

Reporting Method:
Registry, EHR

QUALITY #8

**Heart Failure: Beta-
blocker for LVSD**

Reporting Method:
Registry, EHR

QUALITY #32

**Stroke: DC on
Antithrombotic
Therapy**

Reporting Method:
Claims, Registry

QUALITY #47

Advanced Care Plan

Reporting Method:
Claims, Registry

QUALITY #76

**Prevention of CRBSI:
CVC Insertion
Protocol**

Reporting Method:
Claims, Registry

QUALITY #130

**Documentation of
Current Medications**

Reporting Method:
Claims, Registry

QUALITY #407

**Appropriate Treatment
of MSSA Bacteremia**

Reporting Method:
Claims, Registry

POTENTIAL IMPROVEMENT ACTIVITIES FOR HOSPITALISTS

The Society of Hospital Medicine Performance Measurement and Reporting Committee has reviewed the list of MIPS Improvement Activities and offers this shortlist as a starting point for practices to consider as they are selecting activities. These activities reflect common initiatives and projects undertaken by hospitalists crosswalked to activities in the Improvement Activity list. We encourage groups to look at the full list of Improvement Activities to see if other activities may be relevant to their practice: www.qpp.cms.gov/measures/ia.

For full credit in the Improvement Activities category, a provider or group will need to attest to 40 points worth of activities. Medium weight activities are worth 10 points and high weight activities are worth 20.

Activity ID	Description	Weight	Examples
IA_PSPA_16	Use decision support and standardized treatment protocols to manage workflow in the team to meet patient needs.	Medium	Consistent use of EMR-driven protocols and order sets, such as readmission risk scores to tailor coordination tactics, use of a sepsis screening tool, use of other risk calculators

Activity ID	Description	Weight	Examples
IA_PSPA_19	<p>Adopt a formal model for quality improvement and create a culture in which all staff actively participates in improvement activities that could include one or more of the following: Train all staff in quality improvement methods; Integrate practice change/ quality improvement into staff duties; Engage all staff in identifying and testing practices changes; Designate regular team meetings to review data and plan improvement cycles; Promote transparency and accelerate improvement by sharing practice level and panel level quality of care, patient experience and utilization data with staff; and/or Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families.</p>	Medium	<p>Multidisciplinary quality improvement efforts. This activity could be an impetus for groups to tackle a project that has been on their "to do list."</p>

Activity ID	Description	Weight	Examples
IA_PSPA_18	<p>Measure and improve quality at the practice and panel level that could include one or more of the following: Regularly review measures of quality, utilization, patient satisfaction and other measures that may be useful at the practice level and at the level of the care team or MIPS eligible clinician or group(panel); and/or Use relevant data sources to create benchmarks and goals for performance at the practice level and panel level.</p>	Medium	Use of dashboards, target performance metrics, or balanced scorecards at the department or practice level.
IA_PSPA_15	<p>Implementation of an antibiotic stewardship program that measures the appropriate use of antibiotics for several different conditions (URI Rx in children, diagnosis of pharyngitis, Bronchitis Rx in adults) according to clinical guidelines for diagnostics and therapeutics.</p>	Medium	Use of dashboards, target performance metrics, or balanced scorecards at the department or practice level.

Activity ID	Description	Weight	Examples
IA_PSPA_5	<p>Annual registration by eligible clinician or group in the prescription drug monitoring program of the state where they practice. Activities that simply involve registration are not sufficient. MIPS eligible clinicians and groups must participate for a minimum of 6 months.</p>	Medium	<p>Implementation of protocols to use PDMPs during discharge planning or medication reconciliation.</p>
IA_PSPA_6	<p>Clinicians would attest that, 60 percent for first year, or 75 percent for the second year, of consultation of prescription drug monitoring program prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription that lasts for longer than 3 days.</p>	High	<p>Research and interventions for palliative care, geriatric care, "frequent flyers," readmitted patients or patients with risk factors for readmissions. SHM's Project BOOST. "Care path" projects.</p>

Activity ID	Description	Weight	Examples
IA_BE_14	Engage patients and families to guide improvement in the system of care.	Medium	Patient/family councils. Engaging patients on hospitalist program committees. Focus groups. Family based-rounds.
IA_BE_21	Provide self-management materials at an appropriate literacy level and in an appropriate language.	Medium	Patient education materials developed/implemented by the hospitalist group.
IA_BE_16	Incorporate evidence-based techniques to promote self-management into usual care, using techniques such as goal setting with structured follow-up, Teach Back, action planning or motivational interviewing.	Medium	SHM Project BOOST. Incorporating teach back into the discharge process. Intervention for self-management as part of transitions of care and readmission reductions efforts.

Activity ID	Description	Weight	Examples
IA_CC_11	<p>Establish standard operations to manage transitions of care that could include one or more of the following: Establish formalized lines of communication with local settings in which empaneled patients receive care to ensure documented flow of information and seamless transitions in care; and/or Partner with community or hospital-based transitional care services.</p>	Medium	<p>Automated discharge summary routing. Communication templates for discharges to SNF and other post-acute discharges. "Warm handoffs" for post-acute patients.</p>



Help us help hospitalists.

If there are other Improvement Activities or examples that you feel are appropriate for hospitalists to report, let us know.

Email advocacy@hospitalmedicine.org.