Quality Counts, but How Do We Really Measure It?

The Merit-based Incentive Payment System (MIPS) program is highly technical, making it difficult for community-based medical groups and most practitioners to understand. Undertaking an intelligent MIPS strategy into a post-acute/long-term care setting is significantly more difficult. Trying to take the technical details of MIPS and discuss them in a way that everyone can understand is a challenge — like trying to translate a thousand-year-old book from ancient Greek into modern English.

However, with the help of some colleagues who have a background in PA/LTC but little knowledge of MIPS, I was able to put together this practical guide to using MIPS in this care setting. This guide will not make you an expert, but it should help you determine where you need to start and what help you’ll need from your electronic health record (EHR) vendor and other players on your team.

From Theory to Reality

In theory, quality measures seem like a reasonable means of tracking quality in PA/LTC. But as we know from experience, translating theory into practice isn’t always easy or even possible.

No one questions the value of quality improvement — it’s a common goal we all share. However, creating performance measurement requirements and parameters that place additional burdens on practitioners and providers isn’t the answer.

In a recent “Dear Dr. Jeff” column in Caring, a practitioner lamented being inundated with “quality measures” from a variety of sources — including state Medicaid pools and insurance companies — all of them distinct. Without looking at any of these measures, we’re certain that at least some are not relevant to the very sick, complex, frail elders we care for. Applying quality measures developed for healthy elders to the elders we care for. Applying quality measures developed for healthy elders to the elders we care for always easy or even possible.

Improvement Activities (IAs): Another component of MIPS that is more applicable to the way we provide care in the PA/LTC setting involves the IAs category, which represents 15% of the MIPS score for the first year. For 2018, participants only have to attest that they completed up to four IAs for a minimum of 90 days. Groups with fewer than 15 participants or those in a rural or health professional shortage area only have to attest that they completed up to two IAs. Clinicians are rewarded for care focused on coordination, beneficiary engagement, and patient safety.

There are a number of IAs that apply to what we do in PA/LTC. Here are a few examples.

• In the Care Coordination category: Timely communication of test results defined as timely identification of abnormal test results with timely follow-up.
• In the Beneficiary Engagement category: Use of evidence-based decision aids to support shared decision-making, and use of tools to assist patients in assessing their need for support for care management.
• In the Patient Safety and Practice Assessment category: Use of decision support and protocols to manage workflow in the team to meet patient needs.

These may be more pertinent than quality measures because these represent more realistically how we provide care and the activities that we can measure and compare with others who are providing the same services. We need trackable activities that focus on building a care team, coordinating with staff on services, and so on.

These IAs are new. For this first year, CMS is asking practitioners and providers to attest that they completed the activities they chose for at least 90 days. However, in the future the agency is likely to require some sort of documentation to support these assertions, so you need to align these with your EHRs and make sure they are in your systems with a user-friendly way to input and track data.

We need to look for ways to integrate IAs that enable us to track and manage the issues that are most prevalent in this population, such as influenza, pneumonia, falls, antipsychotic use/behavioral management, and end-of-life care. And these methods of integration must focus on the common goals for care related to our PA/LTC population, including preventing avoidable readmissions, nonpharmacologic behavioral management, reduced falls and fall-related injuries, and appropriate use of palliative care and hospice. Many of these activities also would qualify as QAPI activities for nursing facilities.

Keep Calm and Prepare

If you look at the list of IAs, you should breathe a bit easier; it’s likely that you and your team already have implemented many of them, such as depression screenings (especially considering a PHP-9 is done on every resident when the Minimum Data Set is completed) and follow-up plans, and using evidence-based decision aids to support shared decision making. A particularly attractive IA in the Achieving Health Equity category is “Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicare and Medicaid.” Nearly all PA/LTC practices satisfy these criteria already. All you need to do is to analyze and document what’s already happening.

In the meantime, there are several ways to prepare yourself for what’s ahead.

• Educate yourself and your team leaders. If you are a small practice, CMS awards funding to Regional Resource Centers, which are meant to help you. For the map of the service areas, visit www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/SURS-Fact-Sheet.pdf.
• Stay alert and be flexible. There may be updates and revisions, and you need to stay on top of these in real time so you’re not playing catch-up later. Caring for the Ages and the website for AMDA – the Society for Post-Acute and Long-Term Care Medicine (www.paltc.org) will share relevant information as it is available, and there should be some webinars with MIPS-related content forthcoming.

• Assess your EHR readiness. Contact your vendor and ask about their ability to support MIPS and any future changes. Confirm your vendor’s certification under the Office of the National Coordinator for Health Information Technology’s 2014 or 2015 requirement; both are valid for all of 2017 and 2018.

• If you want to earn scores under “Advancing Care Information” (formerly Meaningful Use), review your internal workflow processes related to patient engagement and data exchange.

Determine what percentage of your patients engaged with your clinicians through secure messaging and/or your web portal, as well as what percentage of external care transitions...
involve data exchanges via the EHR. Evaluate your vendor and staff training needs in these areas.

Software Is the Answer
Speaking on behalf of most technology vendors, we can attest that MIPS is incredibly complex. The rules are giant word problems that run on for dozens of pages. There is a “free” option to satisfy MIPS by submitting “some” data via claims. But that strategy gives no feedback; you don’t learn the results until July of the following year.

The right software will enable practitioners and facilities to navigate the complexities of MIPS participation, but most of the rules are fuzzy, so it’s difficult to develop software to answer questions we don’t have yet. However, major improvement has arrived: in January 2018, CMS released a web-based MIPS reporting tool for Quality Registries to use. Vendors can connect medical practices directly to the CMS MIPS reporting system. Then, and each practice can test its data and get CMS-calculated results. This should increase the confidence of medical practices that they’ve successfully done their reporting.

We’ve Working on Your Behalf
The Society and other PA/LTC groups face growing difficulties under MIPS. Not only do we face a lack of quality measures appropriate for our population, but beginning in 2018 we are judged on our spending. The Resource Use (total spending per beneficiary) category is included in MIPS for 2018 at 10% of your total score. In 2019 the Resource Use category will grow to 30% of your score (reducing quality measures from 50% to 30%).

We know that PA/LTC groups will fare poorly on the measures in this category. The Society’s Public Policy Committee and Practice Group Network are working on white papers for CMS to demonstrate how the flawed risk-adjustment methodologies are erroneously labeling our practices as very high cost (bad). For 2018, poor performance in a category weighted at 10% is a handicap.

In 2019 when Resource Use grows to 30% of your MIPS score, it may be detrimental to your practice if you are not prepared. Please cooperate whenever the Society appeals for data from your Quality and Resource Use Reports (QRUR) — the data you share may help cure a fatal economic disease.

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Join the We Are PA/LTC Campaign
The We Are PA/LTC campaign is a public education initiative to raise awareness of the post-acute and long-term care field, the people that practice in it, and the people who live in it and are otherwise affected by it.

AMDA – the Society for Post-Acute and Long-Term Care Medicine, has collected stories from patients, family members, and providers about their unique and varied experiences, compiled information about the field, and provided actionable items to promote, enhance, and protect high quality PA/LTC care. Now, the Society wants its members and others to share their stories — of passionate health care providers dedicated to improving the quality of life of their patients; family members who only want the best for their loved ones; and the many individuals who have found a home in post-acute and long-term care.

Visit the We Are PA/LTC stories page (https://paltc.org/we-are-paltc/stories) to hear from a variety of patients, family members, and members of the care team about their personal PA/LTC care experiences. The Society has compiled information to provide to others as part of this campaign, explaining PA/LTC, who benefits from PA/LTC, and who works in PA/LTC, as well as information about careers in nursing homes.

Additionally, the Society expects to have its new grassroots advocacy website up and running, making it easier for members to contact their representatives and advocate for PA/LTC practitioners and patients.

An important part about this campaign is spreading the word. The Society has asked its members to help share these stories and their own stories about the good things happening in PA/LTC. Members can share any of the stories or tools from the campaign on traditional and social media, with friends and family, and with local and national lawmakers.

The Society will continue to accept stories and post them as part of the campaign. Please take a moment and visit the We Are PA/LTC stories page, and let the world know about the passionate practitioners, happy patients, and thankful family members who are part of the PA/LTC family.

The 2018 Membership IS NOW OPEN!
NEW THIS YEAR, you can add a license to all our e-resources!

Join/Renew at www.paltc.org/join

CALLING ALL PRACTICE GROUPS!

AMDA – The Society for Post-Acute and Long-Term Care Medicine has established a special network to deal with the challenges group practices face as they navigate the complicated and shifting waters of PA/LTC.

The Practice Group Network (PGN) will advocate for policies that promote PA/LTC practices which serve the nation’s frail, elderly, and disabled population. Specifically, the PGN focuses on the promotion of the practice and the reduction of administrative burdens and penalties that threaten the sustainability of these practices. It will advocate for:

- Development of appropriate quality measures for physician quality reporting programs
- Availability of alternative payment models specific for PA/LTC practice
- Ability for PA/LTC to be gain-sharing partners in ongoing bundled payment demonstration projects
- Interoperability of IT systems between PA/LTC practices and facilities they serve
- Development of a specialty for PA/LTC practices
- Appropriate reimbursement for fee-for-service codes in the resource-based relative value scale system

Visit paltc.org/pgn for details and to enroll today!