



# How MIPS, CPIA, QPP relate to E-QUAL

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# Presenter



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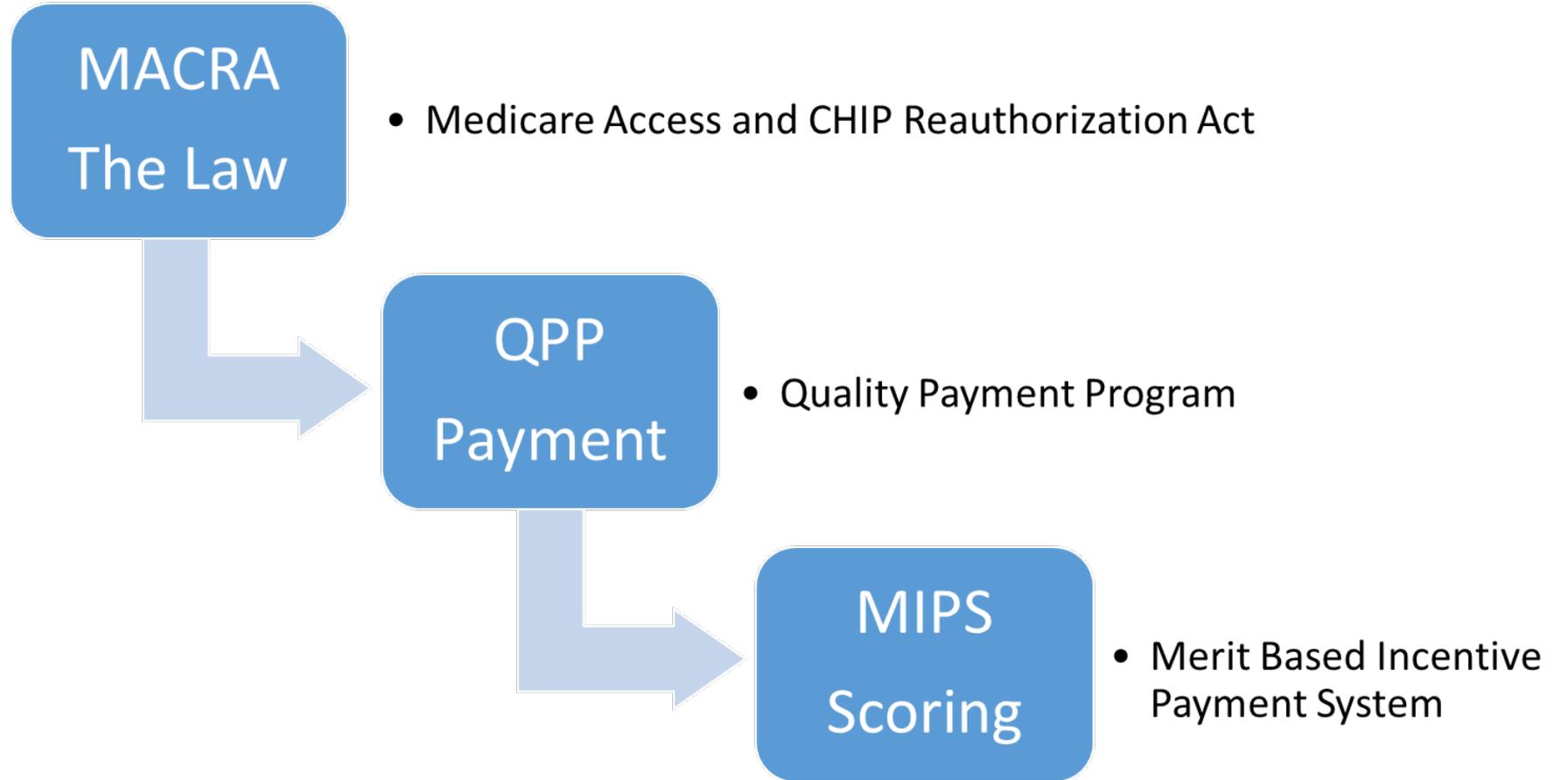
# Disclaimer

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# Disclosures

- Centers for Medicare and Medicaid Services
- Centers for Medicare and Medicaid Innovation
- Emergency Medicine Foundation
- Agency for Healthcare Research and Quality
- MCIC Vermont
- National Institute of Health

# Alphabet Soup

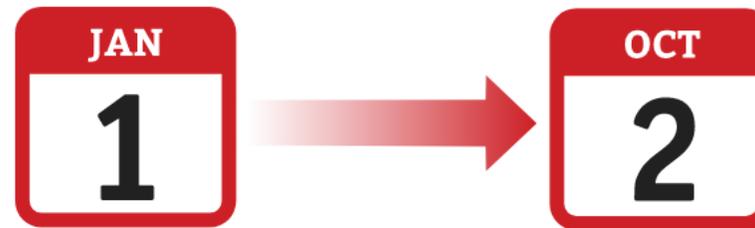


# What's the Quality Payment Program?

The Quality Payment Program improves Medicare by helping you focus on care quality and the one thing that matters most — making patients healthier.

The Quality Payment Program has two tracks you can choose:

1. Advanced Alternative Payment Models (APMs)
2. The Merit-based Incentive Payment System (MIPS)

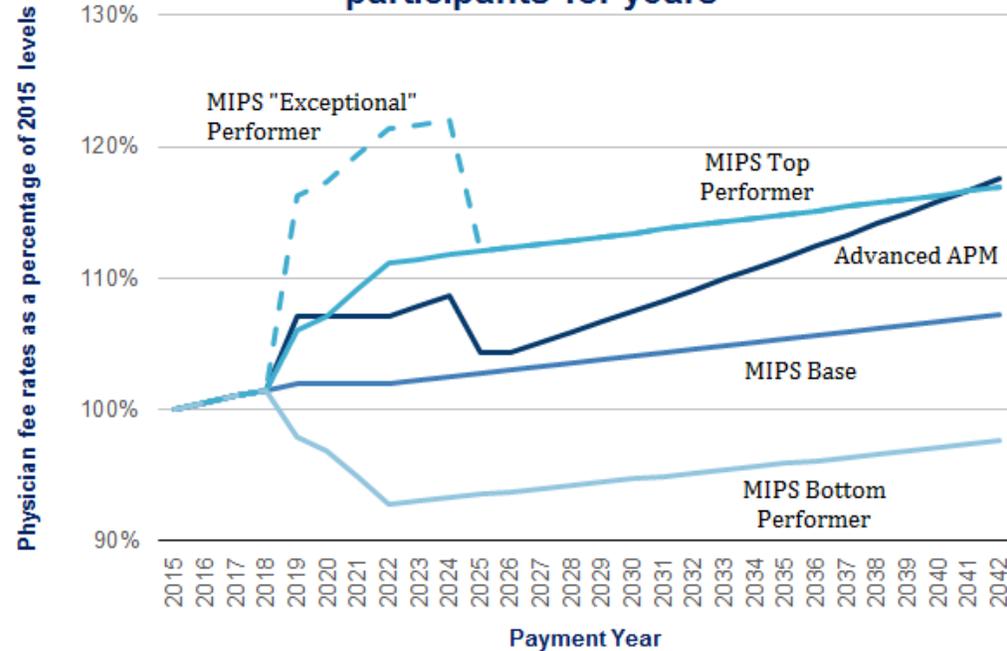


Start anytime between January 1 and October 2, 2017.  
Performance data is submitted by March 31, 2018.

# MIPS vs. AAPM

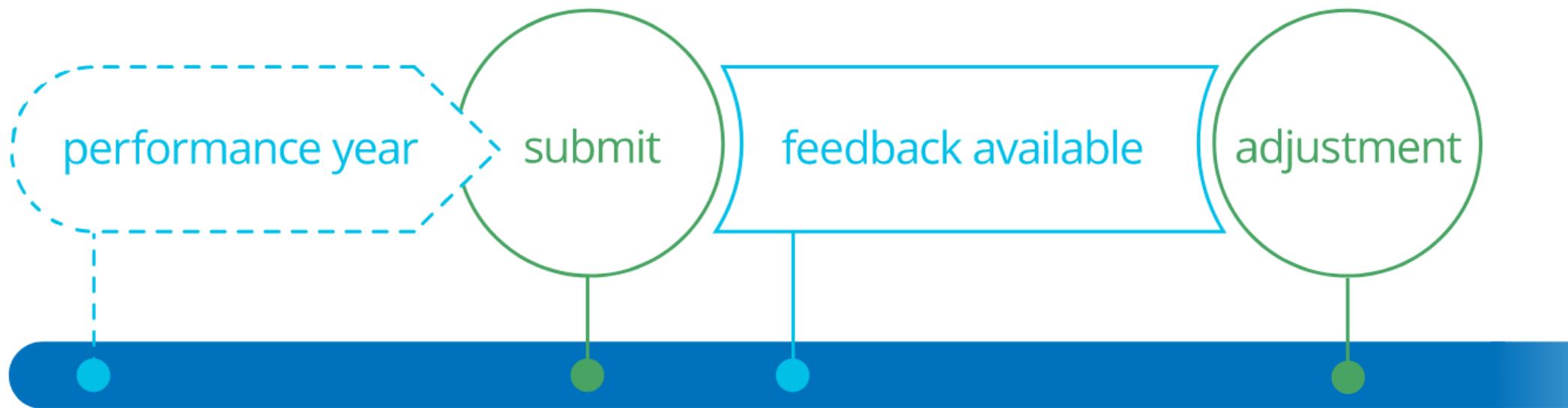
- For Emergency Medicine – MIPS, MIPS, MIPS
- Limited aAPM opportunities
  - Multi-specialty group
  - MSSP Track 2 or Track 3 or Next Generation ACO

**Top MIPS performers could out-earn APM participants for years**



Source: Data compiled based on fee update and performance-based bonuses and penalties under the two incentive programs outlined in the Medicare Access and CHIP Reauthorization Act of 2015.

Note: Advanced APM line excludes contract performance and MIPS excludes the use of a conversion factor that can magnify a MIPS bonus or penalty by as much as three times to ensure budget neutrality.



2017

**Performance:**

The first performance period opens January 1, 2017 and closes December 31, 2017. During 2017, record quality data and how you used technology to support your practice. If an Advanced APM fits your practice, then you can join and provide care during the year through that model.

March 31, 2018

**Send in performance data:**

To potentially earn a positive payment adjustment under MIPS, send in data about the care you provided and how your practice used technology in 2017 to MIPS by the deadline, March 31, 2018. In order to earn the 5% incentive payment by significantly participating in an Advanced APM, just send quality data through your Advanced APM.

2018

**Feedback:**

Medicare gives you feedback about your performance after you send your data.

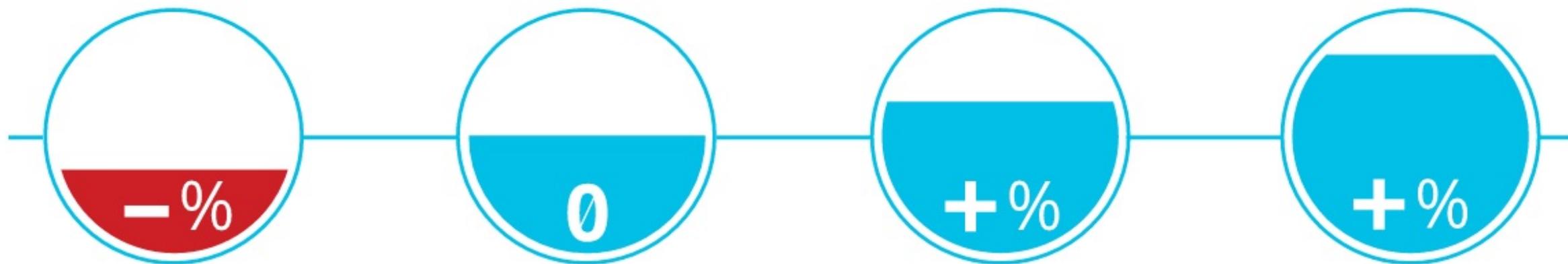
January 1, 2019

**Payment:**

You may earn a positive MIPS payment adjustment for 2019 if you submit 2017 data by March 31, 2018. If you participate in an Advanced APM in 2017, then you may earn a 5% incentive payment in 2019.

## Pick Your Pace in MIPS

If you choose the MIPS path of the Quality Payment Program, you have three options.



### Don't Participate

#### Not participating in the Quality Payment Program:

If you don't send in any 2017 data, then you receive a negative 4% payment adjustment.

### Submit Something

#### Test:

If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you can avoid a downward payment adjustment.

### Submit a Partial Year

#### Partial:

If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

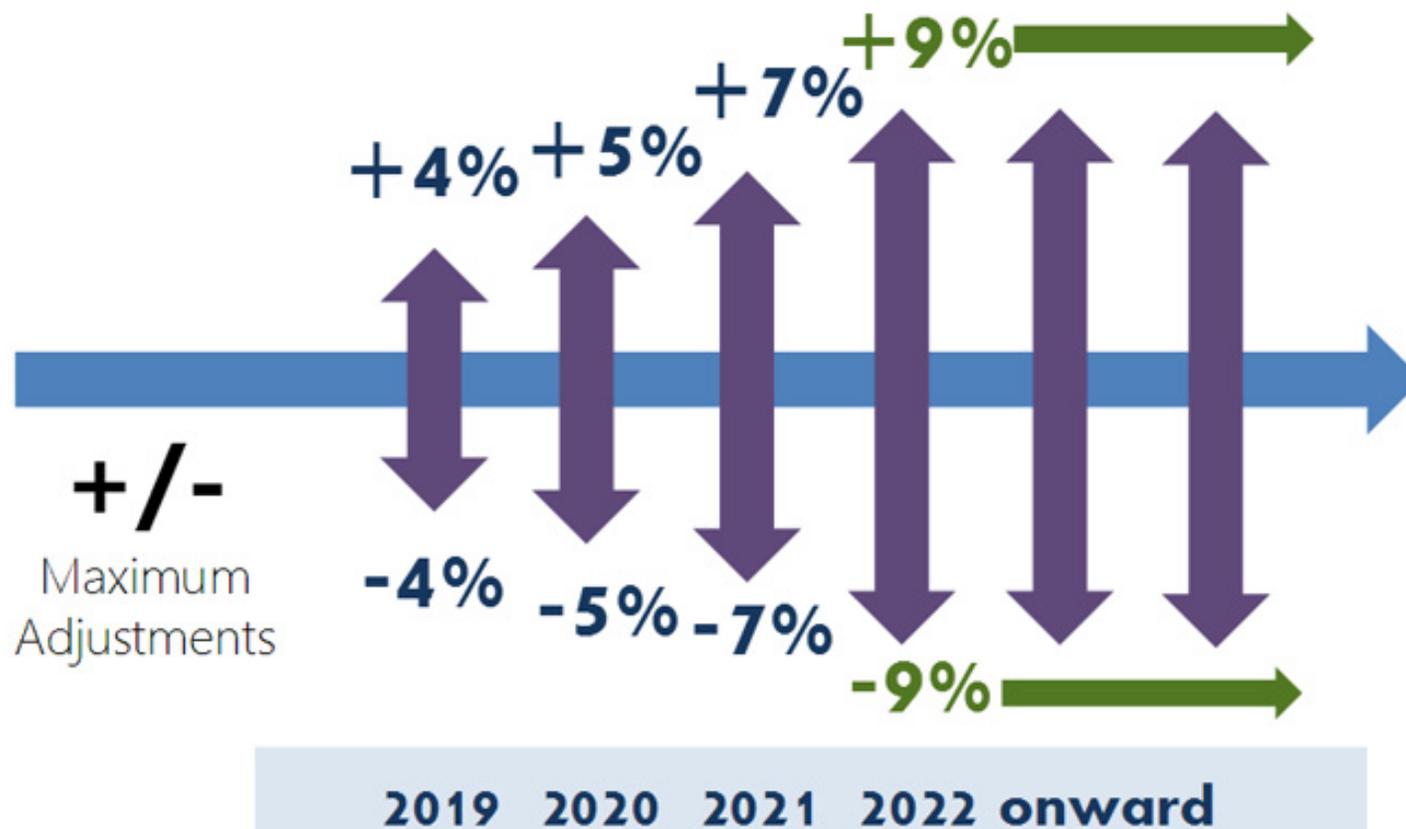
### Submit a Full Year

#### Full:

If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

# Big Money

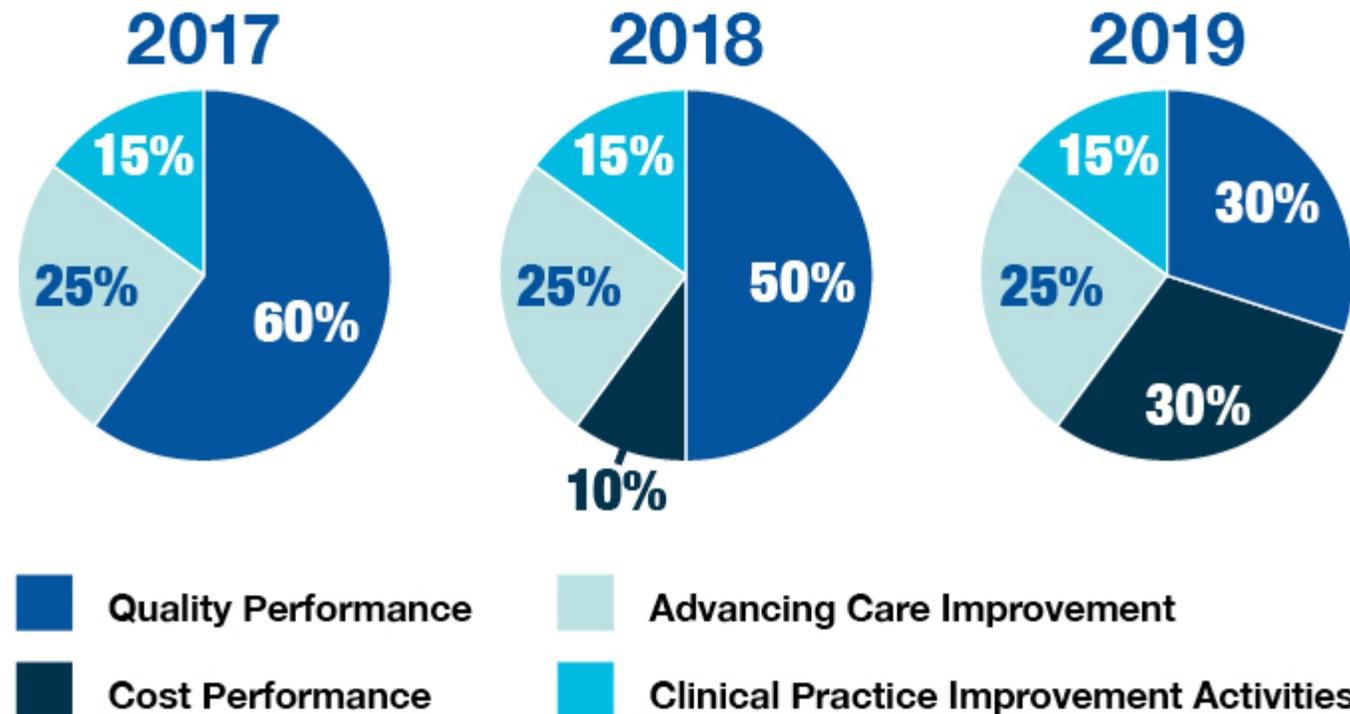
How much can MIPS adjust payments?



## MIP: 4 categories

- Transition from Participation to Results

### Calculating MIPS Composite Performance Score

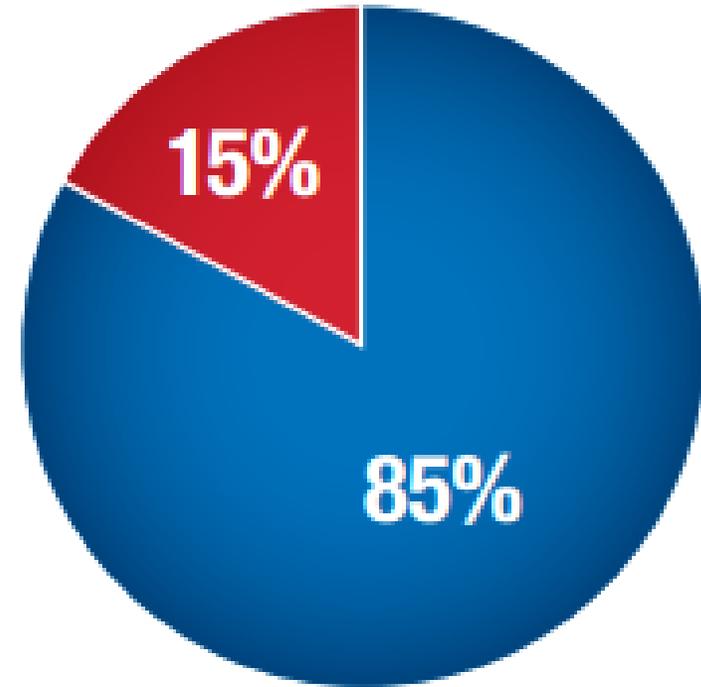


# MIPS and Emergency Medicine

## What is MIPS?

Participating in MIPS will earn you performance-based payment adjustments of up to 9% of your Medicare payment

Most emergency clinicians will only be measured on Quality and CPIA for 2017.



- Quality
- Clinical Practice Improvement Activities
- Resource Use
- Advancing Care Information

# CMS Estimates Emergency Medicine Participation in MIPS

- 67,469 MIPS eligible clinicians
  - Exclude 4.4% newly enrolled
  - Exclude 0.5% advanced APM
  - Exclude 33% low volume
- 62% of all emergency medicine clinicians in MIPS
  - Average annual Part B charges: \$65,414

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## What is CPIA?

Clinical Practice Improvement Activities (CPIA) must be attested to by groups and clinicians as evidence of active efforts to improve quality and reduce the cost of care.

### 2017 CPIA Goal:

Maximum 40 points  
can be earned

40

### 2018 CPIA Goal:

Maximum 60 points  
can be earned

60

### 2019 CPIA Goal:

Maximum 60 points  
can be earned

60

# CPIAs 2017

- 92 possible activities, few EM specific
- Medium (most) or High (few) weight
  - Medium = 10 points
  - High = 20 points

# CPIA Scoring



CIPA High Points



CIPA Medium Points



Total CIPA Points



Total CIPA Points



Total Possible CIPA Points



CIPA Performance  
Category Score



CIPA Performance  
Category Score



15% CIPA Weight



Points Toward MIPS  
Composite Score

# CPIA Strategy

- If you get maximum points, scoring doesn't matter
- 100% CPIA score key to better total MIPS Score
- **EQUAL: Minimize burden and Maximize Value**
  - Clinically relevant activities
  - Leverage existing QI work
  - Support hospital partners
  - One stop shopping

## E-QUAL Activities

## Points

Completion of all Core Activities in E-QUAL Learning Collaborative will complete three CPIAs

▶ Implementation of formal QI methods or practice improvement processes (PSPA 19)

▶ Measurement and improvement at the practice and panel level (PSPA 18)

▶ Leadership Engagement in practice improvement (PSPA 20)

30 points

Additional CPIA points available by implementing each E-QUAL Core Activity Best Practices

▶ Use of decision support and standardized treatment protocols (PSPA 16)

10 points

▶ Engage patients and families in system of care (BE 14)

10 points

▶ Implement Analytic capabilities to manage total cost of care (PSPA 17)

10 points

▶ Disseminate patient self-management and engagement materials (BE 21)

10 points

▶ Develop standard care coordination agreements and operational improvements (CC 11, CC 12)

10 points

▶ Use evidence-based decision aids for shared decision making (BE 12)

10 points

### Sepsis Learning Collaborative

| CPIA Activity  | E-QUAL Activity |            |            |            |                     |            |            |                     |            |             |             |
|--|-----------------|------------|------------|------------|---------------------|------------|------------|---------------------|------------|-------------|-------------|
|  | Activity 1      | Activity 2 | Activity 3 | Activity 4 | Activity 5          | Activity 6 | Activity 7 | Activity 8          | Activity 9 | Activity 10 | Activity 11 |
| <b>Completion of all Core Activities in E-QUAL Learning Collaborative will complete three activities</b> |                 |            |            |            |                     |            |            |                     |            |             |             |
| Implementation of formal QI methods or practice improvement processes (PSPA 19)                          | ✓               | ✓          | ✓          | ✓          | ✓                   | ✓          | ✓          | ✓                   | ✓          | ✓           | ✓           |
| Measurement and improvement at the practice and panel level (PSPA 18)                                    |                 | ✓          |            | ✓          |                     |            |            | ✓<br>*Upload needed |            | ✓           | ✓           |
| Leadership Engagement in practice improvement (PSPA 20)  | ✓               |            | ✓          |            |                     |            |            |                     | ✓          |             | ✓           |
| <b>Additional CPIA points available by implementing each E-QUAL Core Activity Best Practices</b>         |                 |            |            |            |                     |            |            |                     |            |             |             |
| Use of decision support and standardized treatment protocols (PSPA 16)                                   |                 |            |            |            | ✓<br>*Upload needed |            |            | ✓<br>*Upload needed | ✓          |             | ✓           |
| Engage patients and families in system of care (BE 14)   |                 |            |            |            |                     |            |            | ✓<br>*Upload needed | ✓          |             | ✓           |

**\*\* Must complete all check off activities in the E-QUAL portal in order to obtain the CPIA listed credit**

# Upload using EQUAL portal

Sepsis Wave II > Baylor Colg of Medcn > Activity Tracker > Activity 5



Previous



Activity Tracker



Next

## Sepsis Wave II Activity 5: Commit to Data Driven Best Practices

Multiple quality improvement interventions are needed to improve sepsis outcomes, and no one intervention will work in every ED, however several best practices for screening, management, and reassessment have been presented in Sepsis Wave II.

Your ED has collected data, benchmarked performance, and assessed clinician readiness for change and improvement—so how will you transform sepsis care?

Activity 5 requires attestation to specific best practice implementation and submission of evidence of intervention aligned to CMS [Clinical Practice Improvement Activities](#).

**Please note: Your ED should submit as many examples of quality improvement best practices in Activity 5 and Activity 8. These activities will be summarized in your final EQUAL Sepsis Wave II Certificate to support your ED's attestation for multiple CPIA credits.**

**Which of the following screening best practices has your ED implemented?**

- Nursing sepsis screen (structured tool at bedside or triage)
- Electronic Health Record (EHR) decision support to alert clinicians to patients with possible sepsis (upload screen shot without PHI)

Upload screen shot of report or dashboard (no PHI)



- Deployment of early, routine lactate testing (e.g. sent on arrival, or point-of-care)

**Which of the following treatment best practices has your ED implemented?**

- Electronic Health Record (EHR) decision support to standardize sepsis management or bundle compliance (upload screen shot without PHI)

Upload screen shot of report or dashboard (no PHI)



### Avoidable Imaging Learning Collaborative

| CPIA Activity  | E-QUAL Activity |            |                     |            |            |            |            |                     |            |             |             |
|--|-----------------|------------|---------------------|------------|------------|------------|------------|---------------------|------------|-------------|-------------|
|  | Activity 1      | Activity 2 | Activity 3          | Activity 4 | Activity 5 | Activity 6 | Activity 7 | Activity 8          | Activity 9 | Activity 10 | Activity 11 |
| <b>Completion of all Core Activities in E-QUAL Learning Collaborative will complete three activities</b> |                 |            |                     |            |            |            |            |                     |            |             |             |
| Implementation of formal QI methods or practice improvement processes (PSPA 19)                          | ✓               | ✓          | ✓                   | ✓          | ✓          | ✓          | ✓          | ✓                   | ✓          |             | ✓           |
| Measurement and improvement at the practice and panel level (PSPA 18)                                    |                 | ✓          |                     |            |            | ✓          |            |                     |            | ✓           | ✓           |
| Leadership Engagement in practice improvement (PSPA 20)  | ✓               |            |                     | ✓          |            |            | ✓          |                     | ✓          |             | ✓           |
| <b>Additional CPIA points available by implementing each E-QUAL Core Activity Best Practices</b>         |                 |            |                     |            |            |            |            |                     |            |             |             |
| Use of decision support and standardized treatment protocols (PSPA 16)                                   |                 |            | ✓<br>*Upload needed | ✓          |            |            |            |                     |            |             | ✓           |
| Engage patients and families in system of care (BE 14)   |                 |            |                     | ✓          |            |            | ✓          | ✓<br>*Upload needed |            |             | ✓           |
| Implement Analytic capabilities to manage total cost of care (PSPA 17)                                   |                 |            |                     |            |            |            |            | ✓<br>*Upload needed |            |             | ✓           |
| Disseminate patient self-management and engagement materials (BE 21)                                     |                 |            |                     |            |            |            | ✓          | ✓<br>*Upload needed |            |             | ✓           |
| Use evidence-based decision aids for shared decision making (BE 12)                                      |                 |            | ✓                   |            |            |            |            | ✓<br>*Upload needed |            |             | ✓           |

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| Chest Pain Learning Collaborative  |            |            |            |            |              |              |            |            |            |             |             |
|--|------------|------------|------------|------------|--------------|--------------|------------|------------|------------|-------------|-------------|
|  | Activity 1 | Activity 2 | Activity 3 | Activity 4 | Activity 5   | Activity 6   | Activity 7 | Activity 8 | Activity 9 | Activity 10 | Activity 11 |
| <b>Completion of all Core Activities in E-QUAL Learning Collaborative will complete three activities</b> |            |            |            |            |              |              |            |            |            |             |             |
| Implementation of formal QI methods or practice improvement processes (PSPA 19)                          | ✓          | ✓          | ✓          | ✓          | ✓            | ✓            | ✓          | ✓          | ✓          |             | ✓           |
| Measurement and improvement at the practice level (PSPA 18)  |            | ✓          |            | ✓          |              | ✓            |            |            |            | ✓           | ✓           |
| Leadership Engagement in practice improvement (PSPA 20)  | ✓          |            | ✓          |            |              |              | ✓          |            | ✓          |             | ✓           |
| <b>Additional CPIA points available by implementing each E-QUAL Core Activity Best Practices</b>         |            |            |            |            |              |              |            |            |            |             |             |
| Use of decision support and standardized treatment protocols (PSPA 16)                                   | ✓          |            |            |            | ✓<br>*Upload | ✓<br>*Upload |            |            |            |             | ✓           |
| Engage patients and families in system of care (BE 14)   |            |            |            |            | ✓<br>*Upload |              |            |            |            |             | ✓           |
| Implement Analytic capabilities to manage total cost of care (PSPA 17)                                   |            | ✓          |            |            | ✓<br>*Upload |              |            |            |            | ✓           | ✓           |
| Disseminate patient self-management and engagement materials (BE 21)                                     |            |            |            |            | ✓<br>*Upload |              |            |            |            |             | ✓           |
| Use evidence-based decision aids for shared decision making (BE 12)                                      | ✓          |            |            |            | ✓<br>*Upload |              |            |            |            |             | ✓           |
| Care transition standard operational improvements (CC 11)  |            |            |            |            | ✓<br>*Upload |              |            |            |            |             | ✓           |
| Care coordination agreements that promote improvements in patient tracking across settings (CC 12)       |            |            |            |            | ✓<br>*Upload |              |            |            |            |             | ✓           |

# E-QUAL CPIA Opportunity

- Participating and completing the activities in one learning collaborative can fulfill the 40 point CPIA requirement for 2017
- Participating in one learning collaborative is considered a full year improvement activity.
  - Submit via QCDR, CMS Web Interface, or attestation
- At the end of the learning collaborative site champions will receive a certificate to attest participation in E-QUAL for CPIA credit.
- CEDR participants may also receive auto-submission of CPIA

# E-QUAL and MIPS FAQs

- What performance data is submitted to CMS?
- If a site participates in more than one learning collaborative can the site be eligible for a bonus in 2019?
- Do I need to participate in EQUAL and CEDR?
- What about 2018?

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# For More Information

E-QUAL Website: [www.acep.org/equal](http://www.acep.org/equal)

E-QUAL Email: [equal@acep.org](mailto:equal@acep.org)

Quality Payment Plan: <https://qpp.cms.gov/>

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