Advancing Care Information: Meaningful Use 2.0

MAY 19, 2016
Agenda

- CPeH comments: MACRA Interoperability RFI
  - Sign on today!

- Health IT in MACRA:
  - MIPS - Advancing care information
  - MIPS - Clinical practice improvement activities
  - APMs - Certified health IT

- Questions and discussion
  - Areas of consumer comment, input

- Next steps: Timeline for CPeH comment
Assessing **Interoperability** for MACRA

- On April 8, ONC published a [Request for Information](#) asking stakeholders for input on how to measure progress towards nationwide interoperability, as required in MACRA.
  - Establish metrics to evaluate interoperability for report to Congress.

- CPeH Comments:
  - Patients / consumers as health information exchange partners
  - Role of long-term care facilities and community based organizations
  - Importance of implementing Stage 3 measures as finalized
  - Include OCR / patient access complaints in report(s) to Congress

- Let us know if you have any have any feedback, or if your organization would like to sign on!
  - Comments on the RFI are due June 03
Refresher: **MACRA 101**

MACRA creates the Quality Payment Program:
- Repeals the Sustainable Growth Rate (SGR) physician payment formula
- Streamlines multiple quality reporting programs into the new Merit-Based Incentive Payment System (MIPS)
- Provides incentive payments for participation in Advanced Alternative Payment Models (APM)

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<tbody>
<tr>
<td></td>
<td>0.0%</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.0%</td>
<td>0.25% MIPS</td>
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<tr>
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<td>0.75% APMs</td>
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Status quo: PQRS, Physician Value Modifier, MU Bonuses/Penalties through 2018

MIPS Bonuses/Penalties 2019-2024
Worlds Colliding: MACRA & Meaningful Use

1) Merit-Based Incentive Payment System (MIPS) Awards clinicians single composite performance score based on four categories:
   • Quality
   • Resource Use
   • **Advancing Care Information** → Replaces Meaningful Use
   • **Clinical Practice Improvement Activities (New!)**
     → Activities leveraging person-centered health IT

2) Advanced Alternative Payment Models (APMs)
   • Required to use **certified EHR technology**
Moving Forward: **Meaningful Use Will Go On...**

- Meaningful Use requirements continue for Medicare eligible hospitals as well as Medicaid providers
  - Bifurcation of Medicare hospitals and providers?
  - Impact on information exchange across the continuum of care?
MIPS: Eligibility

- Impact of larger eligibility pool on Advancing Care Information
- CMS proposed to re-weight ACI performance category to zero for certain hospital-based providers
- May also re-weight ACI to zero for NPs, PAs, CRNAs and CNs if sufficient measures not applicable and available
MIPS: Performance Categories

Four components contribute to a MIPS score from 1-100:

Year 1 Performance Category Weights for MIPS

- **Quality**: weighted at 50% in 2019, and 45% in 2020
- **Resource Use**: 10% in 2019, and 15% in 2020
- **Meaningful Use**: can be reduced (but not below 15%) if >75% of providers are Meaningful Users*

Future changes in weighting:
**Advancing Care Information vs. Meaningful Use**

<table>
<thead>
<tr>
<th>Meaningful Use</th>
<th>Advancing Care Information under MIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers must report on all objective &amp; measure requirements.</td>
<td>Streamlines measures and emphasizes information exchange, patient &amp; family engagement, and security measures.</td>
</tr>
<tr>
<td>One-size-fits-all: Every measure reported and weighed equally.</td>
<td>Customizable – providers can choose the measures that best fit their practice.</td>
</tr>
<tr>
<td>All-or-nothing EHR measurement and quality reporting.</td>
<td>Flexible – multiple paths to achieving maximum score (100 points).</td>
</tr>
<tr>
<td>Separately reported quality measures.</td>
<td>No need to report quality measures as part of ACI; aligned with other Medicare reporting programs.</td>
</tr>
</tbody>
</table>
Advancing Care Information: Structural Requirements

- Clinicians are required to report data for the full calendar year
  - Aligns with reporting requirements for other categories
  - First performance period: January 1 – December 31, 2017

- Clinicians must utilize the 2015 version of CEHRT by 2018
  - In 2017, clinicians may use the 2014 Edition and submit modified measures
    - Modified measures aligned with Stage 2 of Meaningful Use

- CPeH Comments: Support full year reporting
Advancing Care Information: Scoring

- If clinicians score less than 100 points, the ACI category score declines proportionally (no longer all-or-nothing scoring)
  - E.g. 80 / 100 points = 20% ACI score (out of 25% possible)
Advancing Care Information: Base Score

- Base score accounts for 50 points of total ACI category score
- Primary vs. alternate base scoring proposals (CPOE & CDS)
- Clinicians only have to provide the numerator/denominator or yes/no for each objective and measure
  - Minimum numerator for most objectives = ONE PATIENT / encounter
Advancing Care Information: Performance Score

- Performance score accounts for up to 80 points towards total ACI category score
- Clinicians can select measures that best fit their practice from the following objectives and measures:

  - **Provide patient access**
    - Patient Electronic Access
  
  - **Patient-specific education**
  
  - **View, download and transmit (VDT)**
  
  - **Secure Messaging**
  
  - **Patient Generated Health Data (PGHD)**
  
  - **Patient care record exchange**
    - Request / accept patient care record
    - Clinical information reconciliation
  
  - **Health Information Exchange**
<table>
<thead>
<tr>
<th><strong>Objective</strong></th>
<th><strong>Measure</strong></th>
<th><strong>Base Score</strong></th>
<th><strong>Performance Score</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Protect Patient Health Information</td>
<td>Conduct or review <strong>security risk analysis</strong> and implement security updates as necessary</td>
<td>Yes / No</td>
<td>n/a</td>
</tr>
<tr>
<td>2 Electronic Prescribing</td>
<td>At least 1 permissible prescription transmitted electronically</td>
<td>1 patient</td>
<td>n/a</td>
</tr>
<tr>
<td>3 Patient Electronic Access</td>
<td>At least 1 unique patient/family rep provided <strong>timely e-access to their health information</strong></td>
<td>1 patient</td>
<td>% of patients</td>
</tr>
<tr>
<td></td>
<td>At least 1 unique patient provided e-access to patient-specific <strong>educational materials</strong></td>
<td>1 patient</td>
<td>% of patients</td>
</tr>
<tr>
<td>4 Coordination of Care through Patient Engagement</td>
<td>At least 1 unique patient / family rep <strong>actively engages</strong> with EHR via VDT or API</td>
<td>1 patient</td>
<td>% of patients</td>
</tr>
<tr>
<td></td>
<td><strong>Secure message</strong> sent (or responded to) for at least 1 unique patient / family rep</td>
<td>1 patient</td>
<td>% of patients</td>
</tr>
<tr>
<td></td>
<td><strong>PGHD or data from non-clinical setting</strong> incorporated into CEHRT for at least 1 unique patient</td>
<td>1 patient</td>
<td>% of patients</td>
</tr>
<tr>
<td>5 Health Information Exchange</td>
<td>At least 1 transition of care / referral <strong>summary of care (SOC)</strong> is created &amp; e-exchanged</td>
<td>1 patient</td>
<td>% of patients</td>
</tr>
<tr>
<td></td>
<td>At least 1 transition of care / referral summary of care <strong>(SOC)</strong> is e-received and incorporated</td>
<td>1 patient</td>
<td>% of patients</td>
</tr>
<tr>
<td></td>
<td><strong>clinical information reconciliation</strong> is performed for (1) Meds (2) Med allergies AND (3) Current problem list</td>
<td>1 patient</td>
<td>% of patients</td>
</tr>
<tr>
<td>6 Public Health and Clinical Data Registry Reporting</td>
<td>Immunization registry reporting (plus 4 optional registries)</td>
<td>Yes / No</td>
<td>n/a</td>
</tr>
</tbody>
</table>
Example: **Performance Score**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Patient Electronic Access</th>
<th>Coordination of Care Through Patient Engagement</th>
<th>Health Information Exchange (HIE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient Access</td>
<td>VDT</td>
<td>Patient Care Record Exchange</td>
</tr>
<tr>
<td>Measures</td>
<td>Patient-Specific Education</td>
<td>Secure Messaging</td>
<td>Request/Accept Patient Care Record</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient-Generated health Data</td>
<td>Clinical Information Reconciliation</td>
</tr>
<tr>
<td>Performance Rate Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95%</td>
<td></td>
<td></td>
<td>57%</td>
</tr>
<tr>
<td>65%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33%</td>
<td>31%</td>
<td>25%</td>
<td>38%</td>
</tr>
<tr>
<td>Percentage Points Earned</td>
<td>9.5%</td>
<td>6.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>3.3%</td>
<td>3.1%</td>
<td>2.1%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Performance Score = 36.5 percent</td>
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</tbody>
</table>
Example: **ACI Category Score**

<table>
<thead>
<tr>
<th>Base Score</th>
<th>Performance Score Components</th>
<th>Total Performance Score</th>
<th>Public Health and Clinical Data Registry Bonus Point</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect Patient Health Information Objectives and Measures</td>
<td>Patient Electronic Access</td>
<td>Coordination of Care Through Patient Engagement</td>
<td>Health Information Exchange</td>
<td>36.5%</td>
</tr>
<tr>
<td>50%</td>
<td>9.5%</td>
<td>6.5%</td>
<td>3.3% 3.1% 2.5%</td>
<td>36.5%</td>
</tr>
</tbody>
</table>

87.5% of 25 possible percentage points = 21.88 percentage points for the advancing care information performance category
Performance Score: **Future Considerations**

- CMS expects to adopt changes to the scoring methodology for the ACI performance category, as well as to adopt more stringent measures of meaningful use.
  - E.g. Establishing benchmarks to use as baseline or threshold for future reporting

- CMS seeks comment on:
  - Further methods to increase the stringency of the ACI performance category measures in the future.
  - Concept of a holistic approach to health IT – more directly how use of health IT contributes to the overall health of patients.

- **CPeH Input:** Reactions, ideas for future scoring methodologies?
In any year in which proportion of EPs who are meaningful EHR users is 75% or greater, HHS Secretary can reduce applicable percentage weight of ACI category (but not below 15%)

- QUESTION: How to define “meaningful user”?

**Primary Proposal:** MIPS clinicians who earn ACI category score of at least 75%
- Requires full base score (50%) and performance score of only 25%

**Alternate Proposal:** MIPS clinicians who earn ACI category score of 50%
- Requires base score only

**CPhE Input:** Your thoughts, reactions on defining Meaningful Users?
Meaningful User: Information Blocking

- Definition of Meaningful EHR User to incorporate notion of cooperating with EHR surveillance and not participate in Information blocking:
  - (a) cooperating with EHR surveillance,
  - (b) prohibition against information blocking, which includes CEHRT implemented in a manner that allowed for timely access by patients to their electronic health information

- **CPeH Comment**: Support considering patient/consumer access as part of information blocking
Clinical Practice Improvement Activities

- CPIA is an activity that stakeholders identify as improving clinical practice or care delivery and that the Secretary determines will likely result in improved outcomes.

- CPIA will include the following subcategories:
  - Expanded practice access
  - Population management
  - Care coordination
  - Beneficiary engagement
  - Patient safety and practice assessment
  - Participation in an APM
  - + Achieving health equity
  - + Emergency preparedness
  - + Integrated behavioral and mental health

Required in statute

Proposed additions
Examples: CPIAs leveraging person-centered health IT

**Beneficiary Engagement:**
- Access to an enhanced patient portal that provides up to date information...and includes interactive features allowing patients to enter health information and/or enables bidirectional communication about medication changes and adherence.
- Engage patients, family and caregivers in developing a plan of care and prioritizing their goals for action, documented in the certified EHR technology.

**Care Coordination:**
- Establish standard operations to manage transitions of care that could include one or more of the following: community or hospital-based transitional care services
- Develop pathways to neighborhood/community-based resources to support patient health goals
Consumer Comments:
Improvements to CPIAs?

- Potential areas of comment:
  - Support activities that leverage person-centered HIT
  - Support new categories on health equity and behavioral/mental health integration

- CPeH Input: Your thoughts, reactions on improving and/or measuring CPIAs?
  - How to demonstrate impact, improvement in CPIAs?
  - Consolidation of similar activities?
  - Enhancement to existing activities?
  - Appropriate weighting of activities?
Advanced **Alternative Payment Models (APMs)**

Practices that qualify as Advanced Alternative Payment Model (APM) receives a 5% lump sum bonus

Three criteria:
1. Quality Measures Comparable to MIPS
2. Use of Certified Electronic Health Record (EHR) Technology

Qualifying models:
- Comprehensive End Stage Renal Disease Care Model
- Comprehensive Primary Care Plus (CPC+)
- Medicare Shared Savings Program (Tracks 2 and 3)
- Next Generation ACO Model
- Oncology Care Model (Two-Sided Risk Arrangement)
Advanced APMs: Use of CEHRT

• An advanced APM must use the 2015 edition of CEHRT to align with the reporting requirements for MIPS eligible clinicians.

• Advanced APMs must require at least 50% (2017); 75% (2018) of clinicians to use CEHRT.
  • Alternative requirement for Medicare Shared Savings Program model of APM: model may apply a financial penalty or reward based on degree of CEHRT use.

• There are no requirements for how to APMs must use CEHRT to qualify as an advanced APM; instead uses are determined by each type of APM model.
Advanced APMs: **Potential Areas for Comment**

- Advanced APMs will only be as strong as the underlying models that meet the requirements:
  - Unclear what the health IT requirements are for each model;
  - Concern about lack of public input into the models.

- CMS seeks comment on:
  - What is the appropriate level of CEHRT use?
  - Are there alternate approaches that recognize high or low levels of health IT adoption?

- **CPeH Input:** Your thoughts, reactions on CEHRT use in APMs? Should CMS require additional CEHRT functionalities for advanced APMs (and/or MIPS)? I.e.,
  - Social, Psychological, and Behavioral Data
  - Care Plans [multiple, synthesized]
  - Clinical Quality Measures – Filter
  - Accessibility-Centered Design
Summary: CPeH Comment
Areas

- MIPS Advancing Care Information base score
  - 50% the correct weight?
  - Primary vs. alternative proposal (CDS & CPOE)
- ACI performance score
  - Scoring methodology?
  - How to enhance performance scoring in future?
- Definition of EHR Meaningful User
  - Primary, alternate or OTHER definition?
- Promoting CPIAs that leverage health IT
- CEHRT use in advanced MIPS and APMs (?)
- Other issues / areas of comment?
Mark Your Calendars: Timeline for CPeH Comments

- **Monday, June 06:** Comment outline distributed for member review and input
- **Friday, June 17:** CPeH comment letter distributed for sign-on
- **Friday, June 24:** Sign-on deadline

*~* **Monday, June 27:** Public comments due *~*
Submit yours online at http://www.regulations.gov.

*Timeline subject to change*
Get Involved!

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