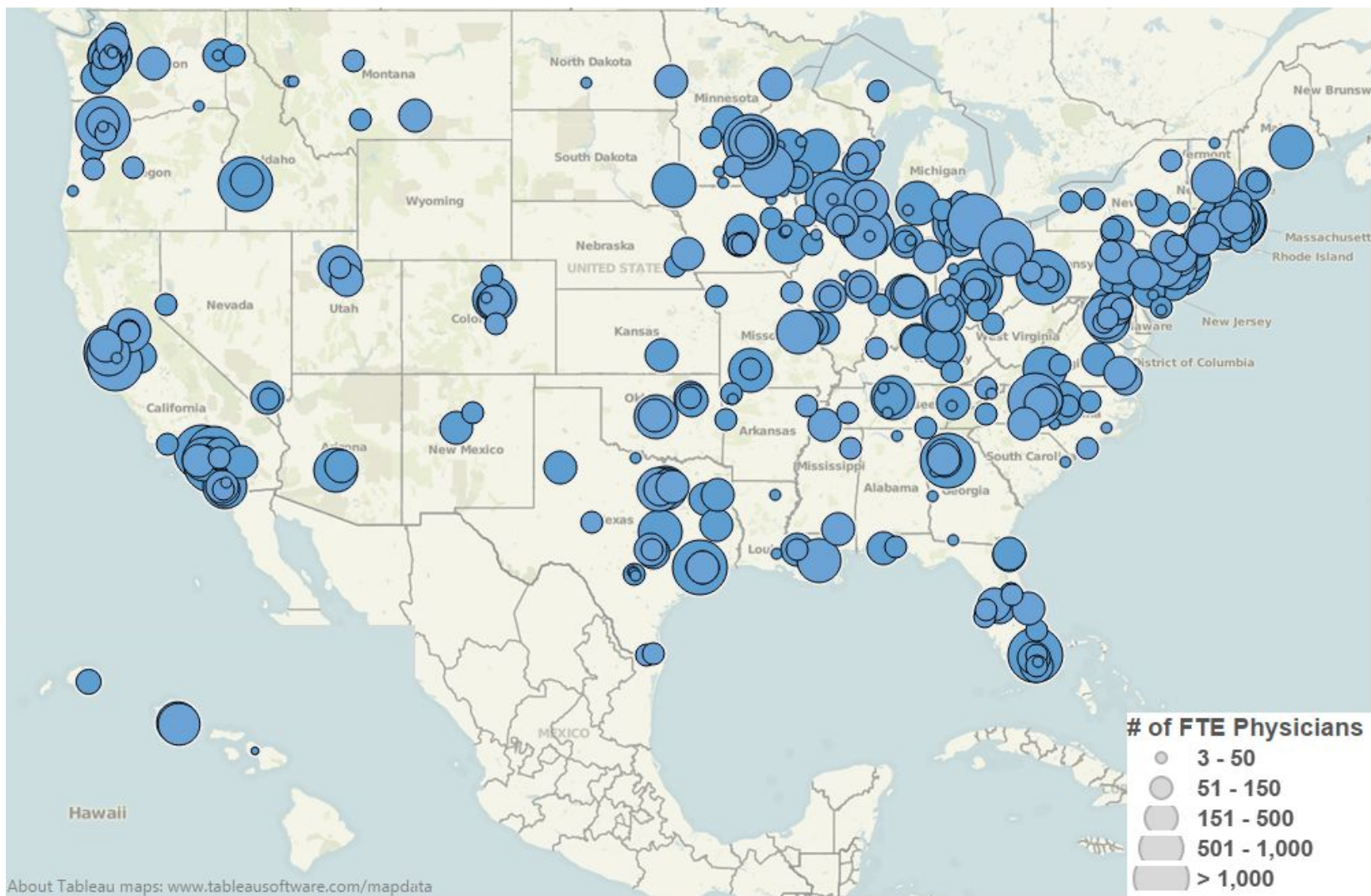




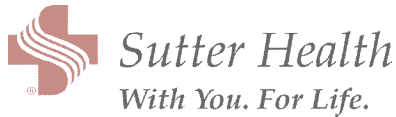
Mini Summit 4: Risk Adjustment: Adequate for Specialty Medications in Global Bundled Payment

Jerry Penso, M.D., M.B. A.
Chief Medical and Quality Officer

What is AMGA?



What is AMGA?

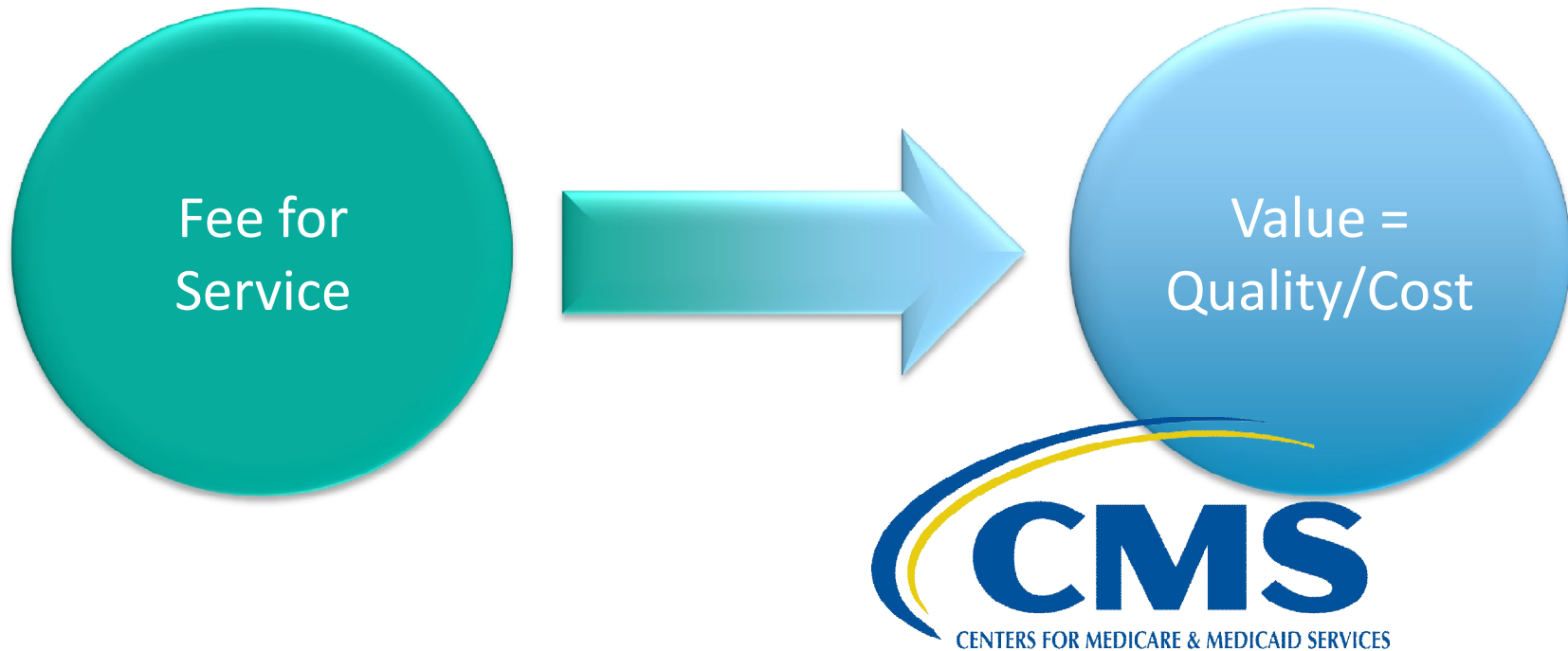


AMGA By the Numbers



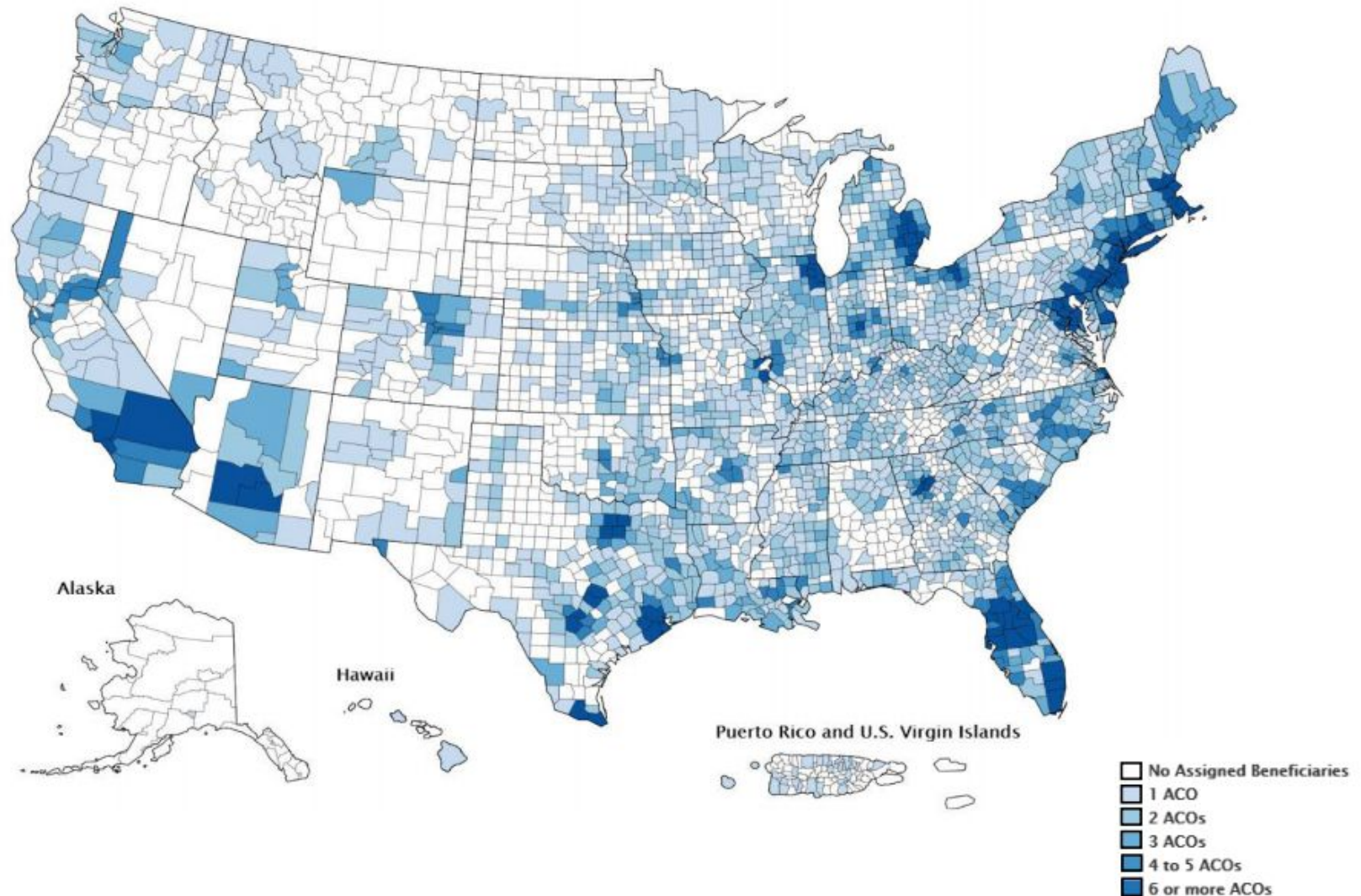
- Approximately 440 Medical Group Members
- 170,000 physicians
- Deliver health care to 120 million Americans
- Average group size is 348 physicians
- Median group size is 140 physicians
- AMGA medical groups treat approximately one in three Americans

Move to Value Based Payments



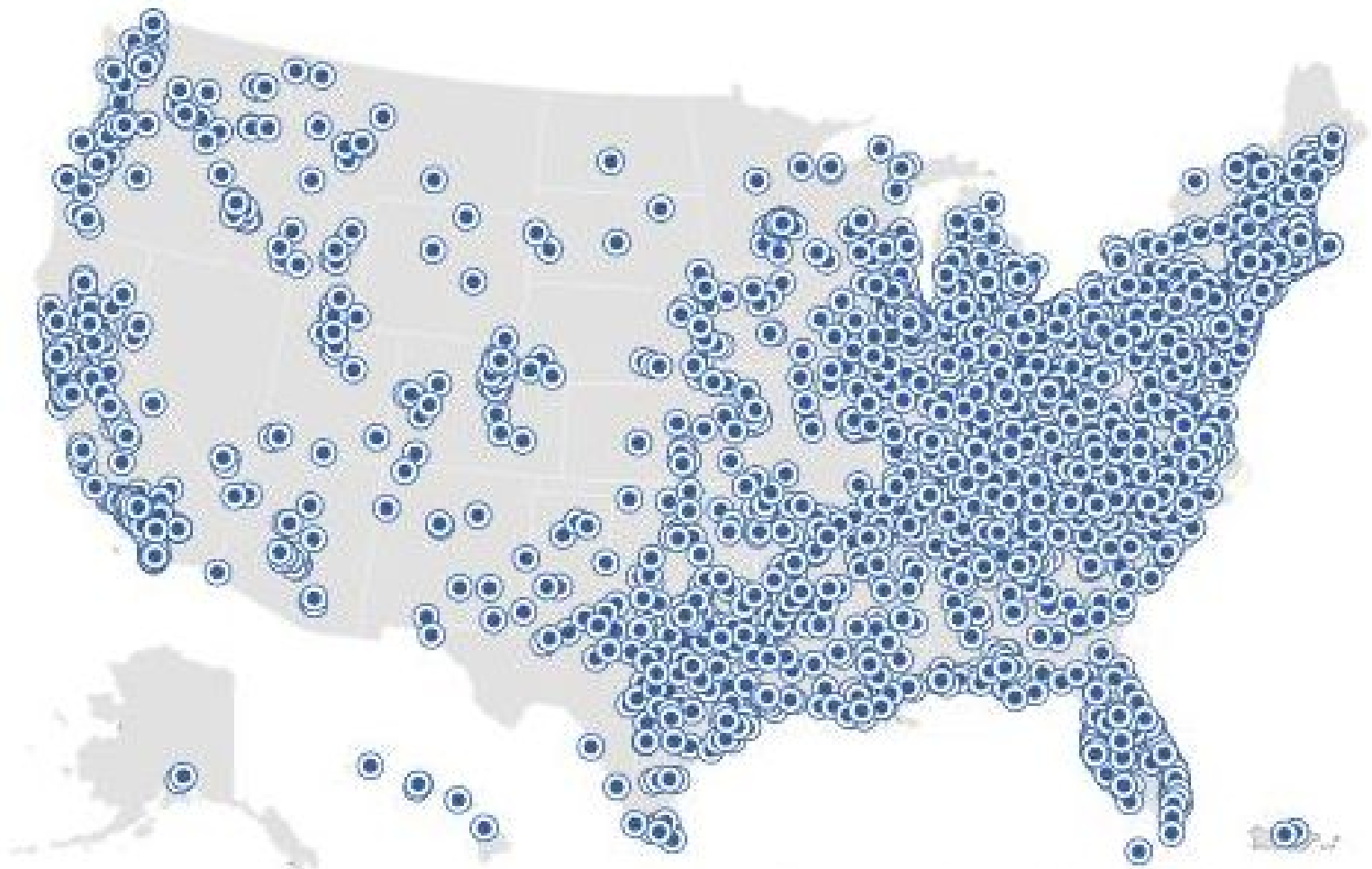
Medicare Shared Savings Program ACO Assigned Beneficiary Population by ACO by County

(counties with more than 1 percent of an ACO's assigned beneficiaries)



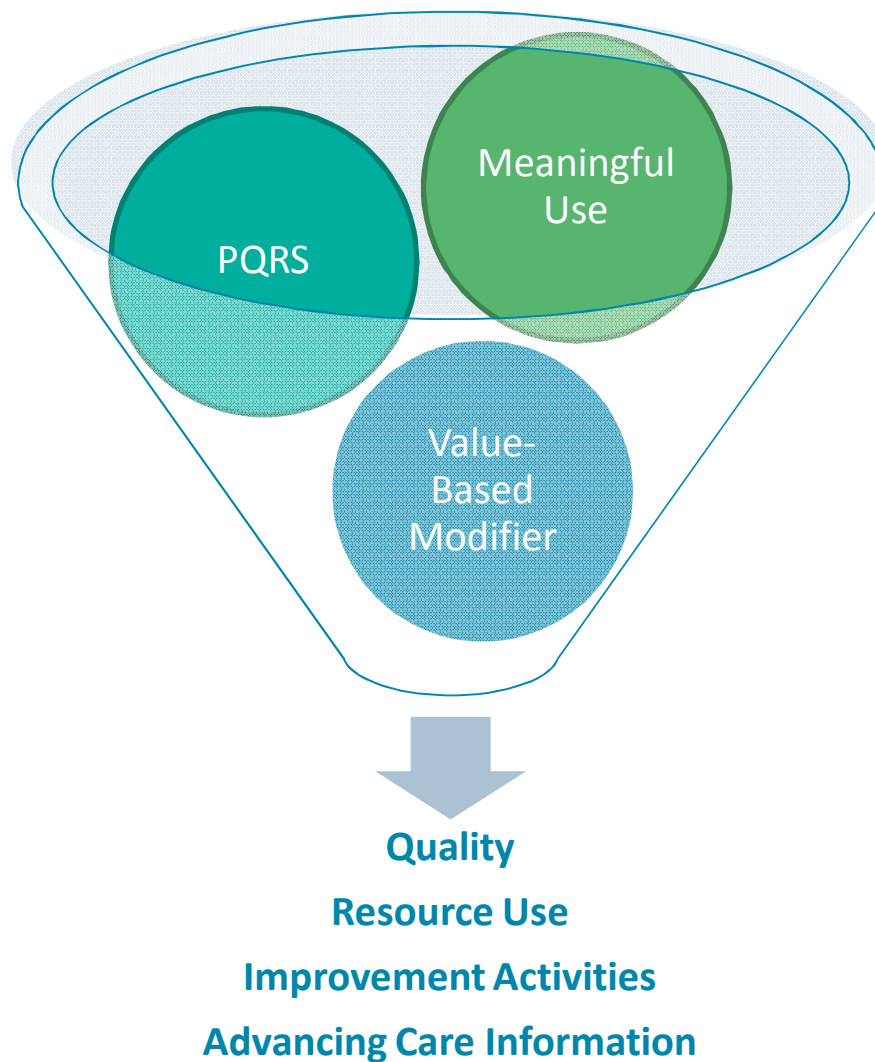
Source: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/All-Starts-MSSP-ACO.pdf>

CMS Bundled Payment Sites 2016







Source: Centers for Medicare & Medicaid Services

MACRA Martini

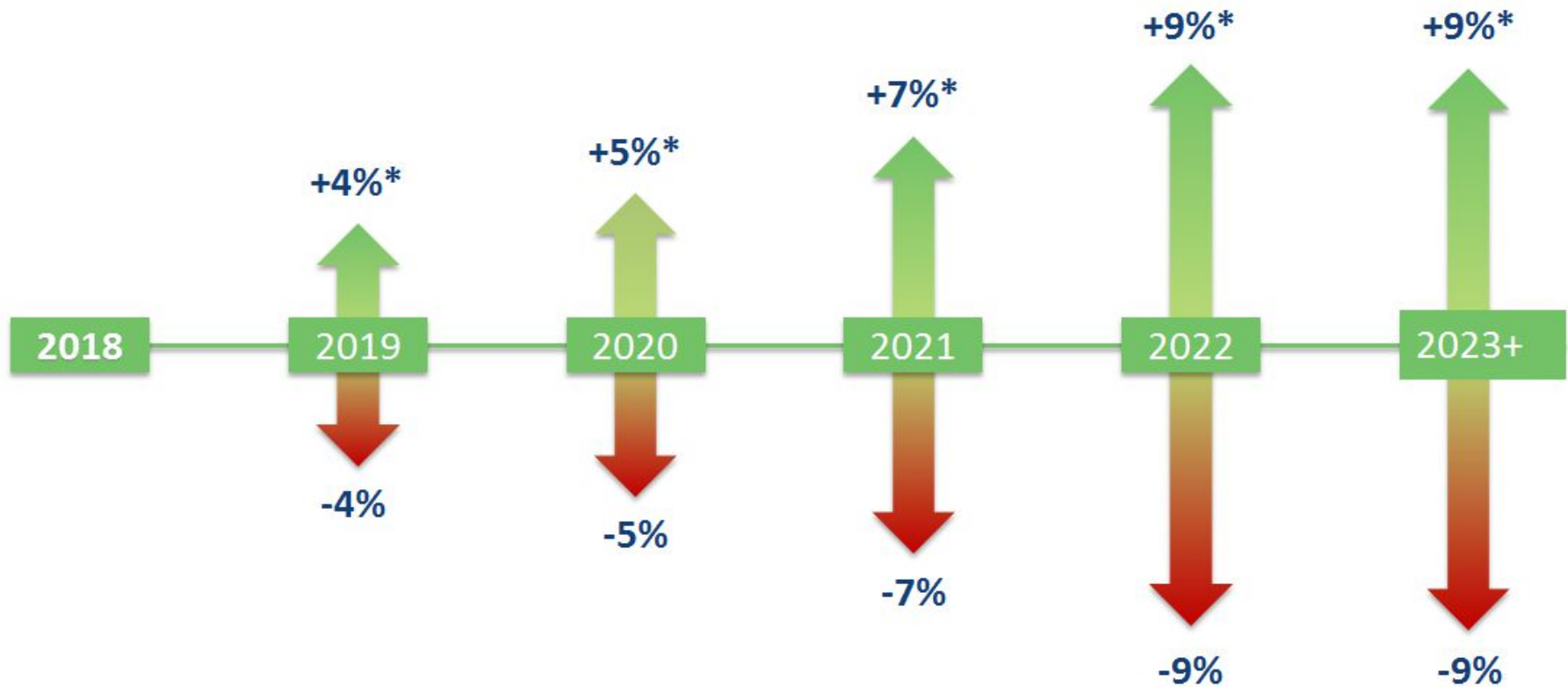


Merit-Based Incentive Program (MIPS)

 Quality	 Improvement Activities
Replaces PQRS.	New Category.
 Advancing Care Information	 Cost
Replaces the Medicare EHR Incentive Program also known as Meaningful Use.	Replaces the Value-Based Modifier.

4 Domains
Determine
Payment:
Begins in **2017**

MIPS Payments



Three Ways to Participate in MACRA

Potential financial rewards



Not in APM

MIPS adjustments

In APM

MIPS adjustments



APM-specific
rewards

In **Advanced** APM

APM-specific
rewards



If you are a
Qualifying APM
Participant (QP)



5% lump
sum bonus

Factors Affecting Quality/Cost Performance



- Sociodemographic
- Clinical Factors
 - Severity of illness
 - Co-morbidities
- Attribution methodology
- Quality: Possible more important in outcomes than process measures

MIPS Specialty Measure Sets

Rheumatology

- Care Plan
- Receipt of Specialist Report
- Documentation of Current Meds in EHR
- BMI Screen & Follow-Up
- Screening for HTN & F/u
- Tobacco Screen & Cessation
- Tobacco Use and Help Quitting – Adolescents
- TB Prevention for Psoriasis, RA on Immunomodulators
- RA: Assessment & Classification
- RA: Functional Status Assessment
- RA: Glucocorticoid Management
- RA: Assessment of Disease Activity
- RA: TB Screening

MIPS ACO Measures

- Breast Cancer Screening
- Colon Cancer Screening
- **Controlling HTN**
- **Depression Remission**
- Diabetic Eye Exam
- **Poor Diabetes Control (A1c >9)**
- Fall Risk Assessment
- Depression Screen & Plan
- BMI Screen & Follow-Up
- Tobacco Use & Cessation
- Medication Reconciliation Post-Discharge
- Pneumonia vaccine
- Flu vaccine
- Statin Use in CAD
- Aspirin Use in IVD

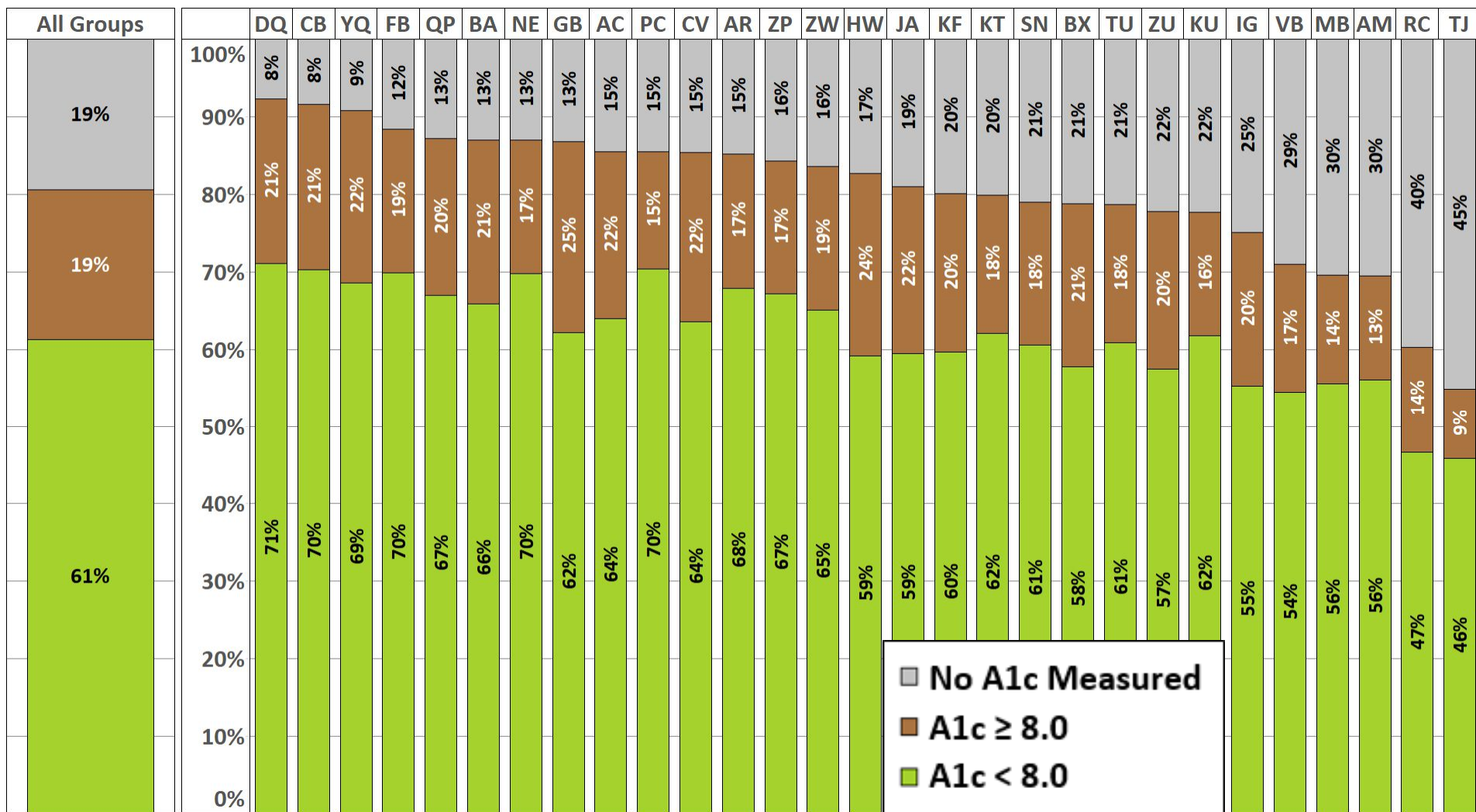
Potential MIPS Cost Measures

(Based on 2017 Final Rule)

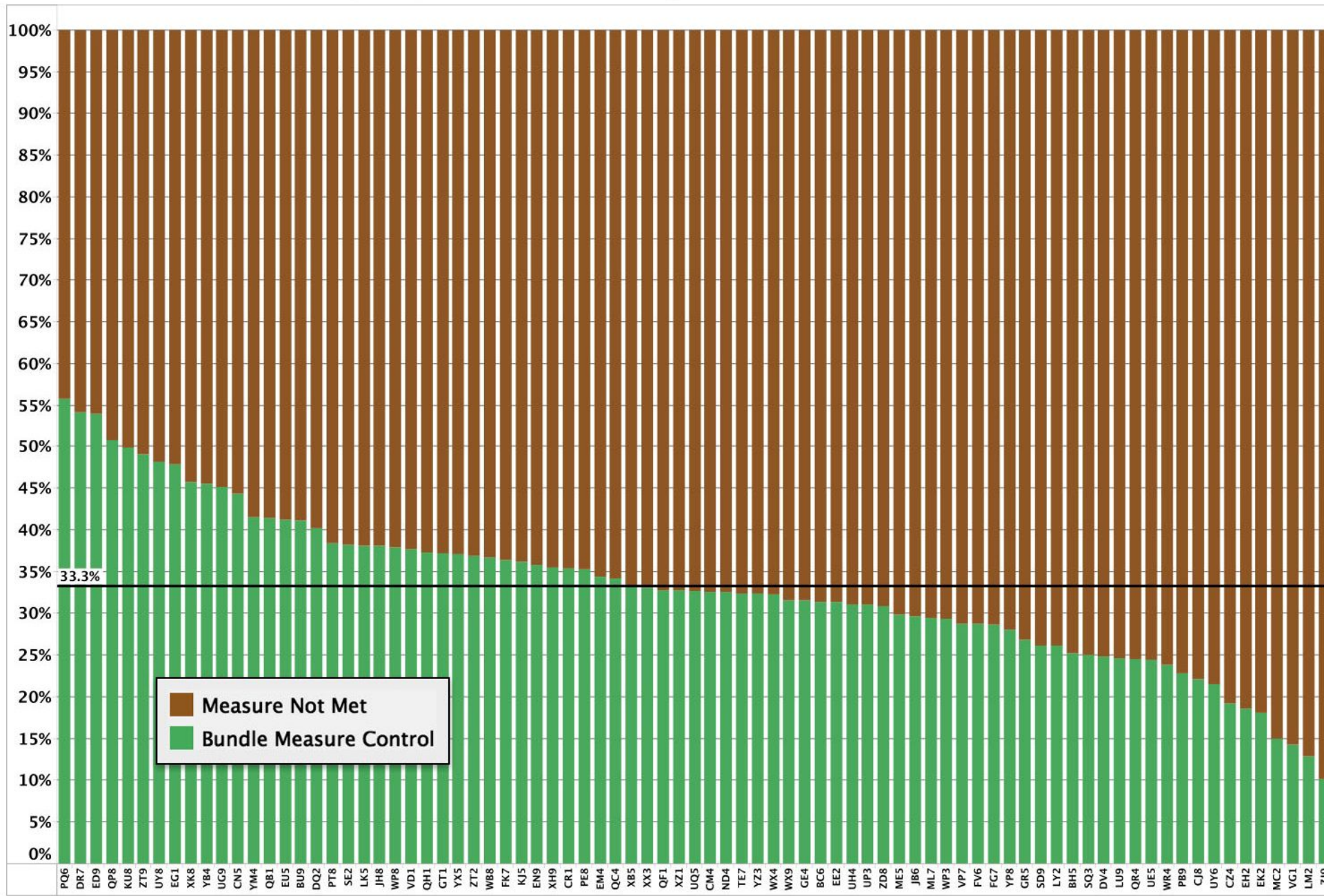
- Total Per Capita Costs for All Attributed Beneficiaries measure
- 10 Episode-based cost measures:
 - Mastectomy
 - Aortic/Mitral Valve Surgery
 - CAPG
 - Hip/Femur Fracture or Dislocation Treatment
 - Cholecystectomy and Common Duct Exploration
 - Colonoscopy and Biopsy
 - Transurethral Resection of the Prostate (TURP) for Benign Prostatic Hyperplasia
 - Lens and Cataract Procedures
 - Hip Replacement or Repair
 - Knee Arthroplasty (Replacement)
- Medicare Spending per Beneficiary (MSPB) measure
- Include only part A and B costs
- Use CMS-HCC risk adjustment
- Trimming of outliers

HbA1c Not Measured

- 740,000 patients, aged 18–75, across 29 medical groups
- 19% of patients had no HbA1c measured in the last 12 months**



T2G® 2016 Q4: Proportion of Patients Compliant with All Elements of the T2G Bundle



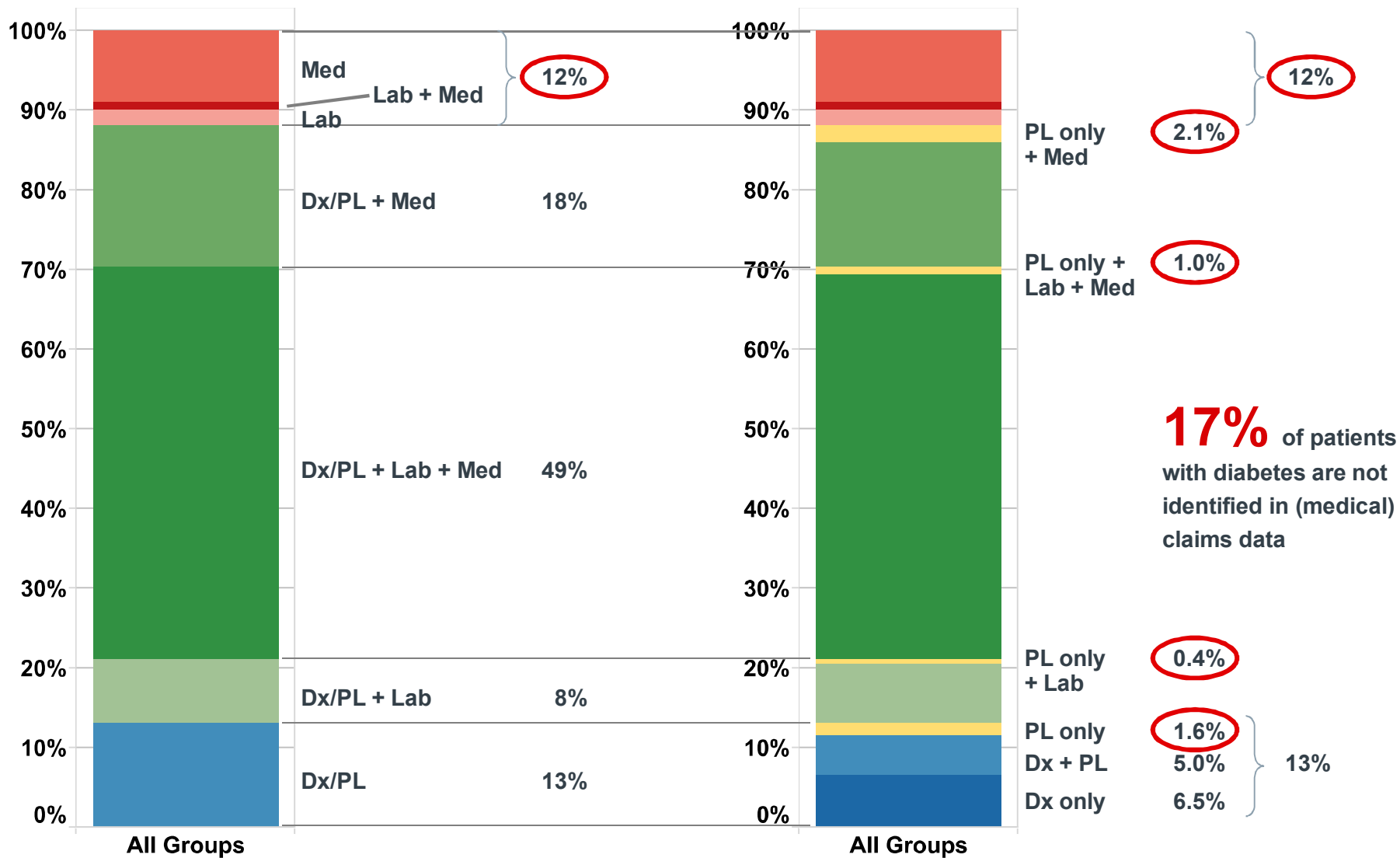
Evidence for Diabetes—Provider's Perspective



- 1.5 million patients with diabetes, aged 18–89, across 32 medical groups
 - Type 1, type 2, type unknown (exclude gestational and secondary diabetes)
- At least 1 ambulatory E&M visit, July 2014 – June 2015
- How to identify patients who have diabetes?
 - Diagnosis code (Dx) on a claim for a face-to-face encounter—outbound medical claims
 - Exclude Dx on lab orders, where diabetes code may be used in a “rule out” sense
 - Patient’s problem list (EHR)
 - Lab values that are diagnostic of diabetes
 - May be absent if patient is in very good control during the time period ($HbA_{1c} < 6.5\%$)
 - Medications for glycemic control—eRx, EHR med list [no pharmacy claims data]
 - Exclude patients with other indications for these medications
 - Some patients are managing their diabetes with diet and exercise
 - EHR data may be missing if patient receives diabetes care from other provider organizations
- Proportion of patients identified in medical claims alone vs. claims + EHR data

Plurality of care: Any specialty
 ≥ 1 ambulatory E&M visit
 1,506,000 patients

EHR Data vs. Medical Claims (Dx)



Conclusions



Not including medications

- Patients with conditions not included in measures
- Inadequate identification of co-morbidities
- Inadequate risk adjustment for severity