

# MACRA, MIPS and APMs: Getting there from here.

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# How to be successful in the QPP

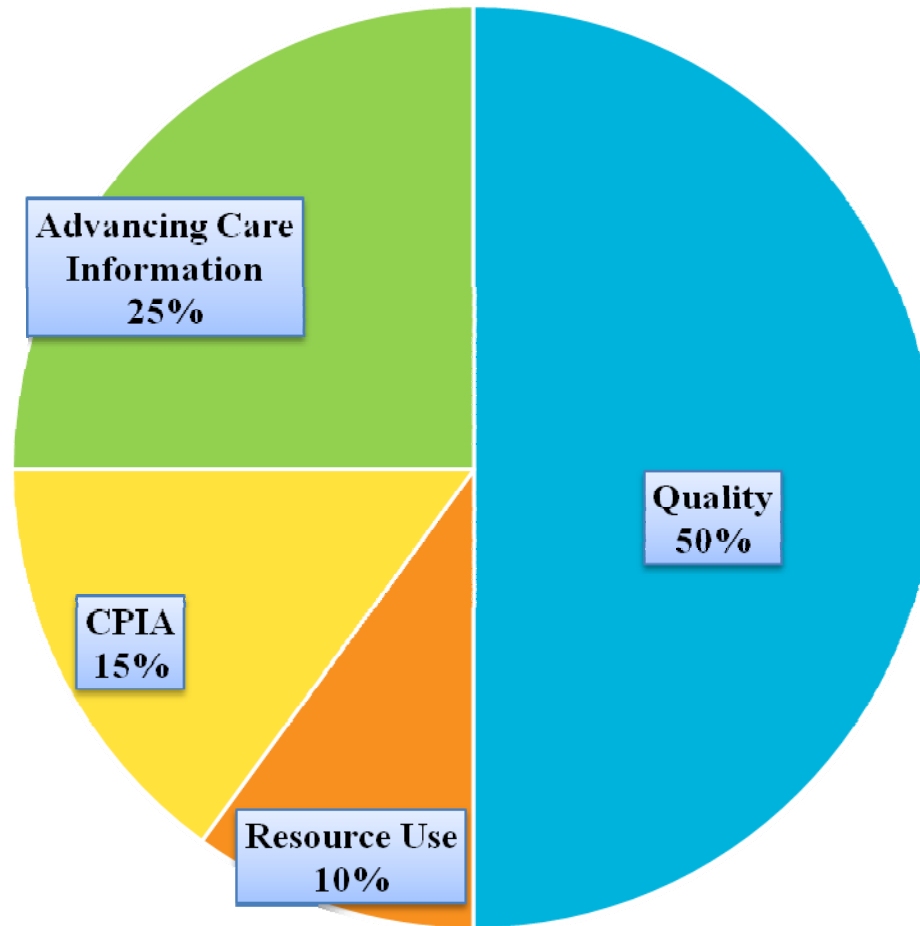
A surgeon must:

- 1) Know your PROGRAM (MIPS vs. APMs)
- 2) Know the RULES for your program
- 3) PARTICIPATE in the ACS Quality Improvement Registries
- 4) Know your PRACTICE PERFORMANCE DATA (dashboard)
- 5) MANAGE IMPROVEMENT in your practice



# MIPS - Composite Performance Score

## Year 1 – Weight by Category



# MIPS Quality Component

- Requires fewer measures to be reported
  - Selection of 6 measures (previously was 9)
    - Fewer domain requirements
    - 1 Outcome measure + 1 Cross-cutting measure
    - Weighting of the measures influences composite score
    - Create more measures, not fewer & with more meaning
    - Reduce measure burden

**Therefore, measure what matters !**

# MIPS

## CPIA Component

(Clinical Practice Improvement Activities)

- Select from a list of 94 proposed activities
  - There's something for everyone; we expect future updates to change the activities for a true focus on improvement.
- Connect performance measurement and improvement.



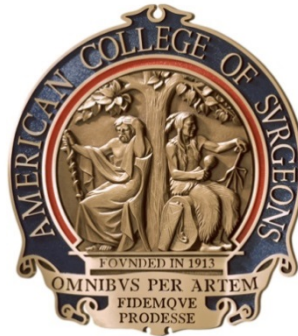
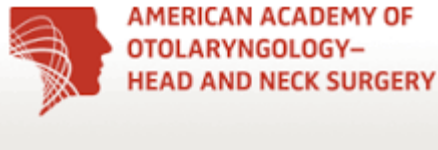
# Alternative Payment Models (APMs)



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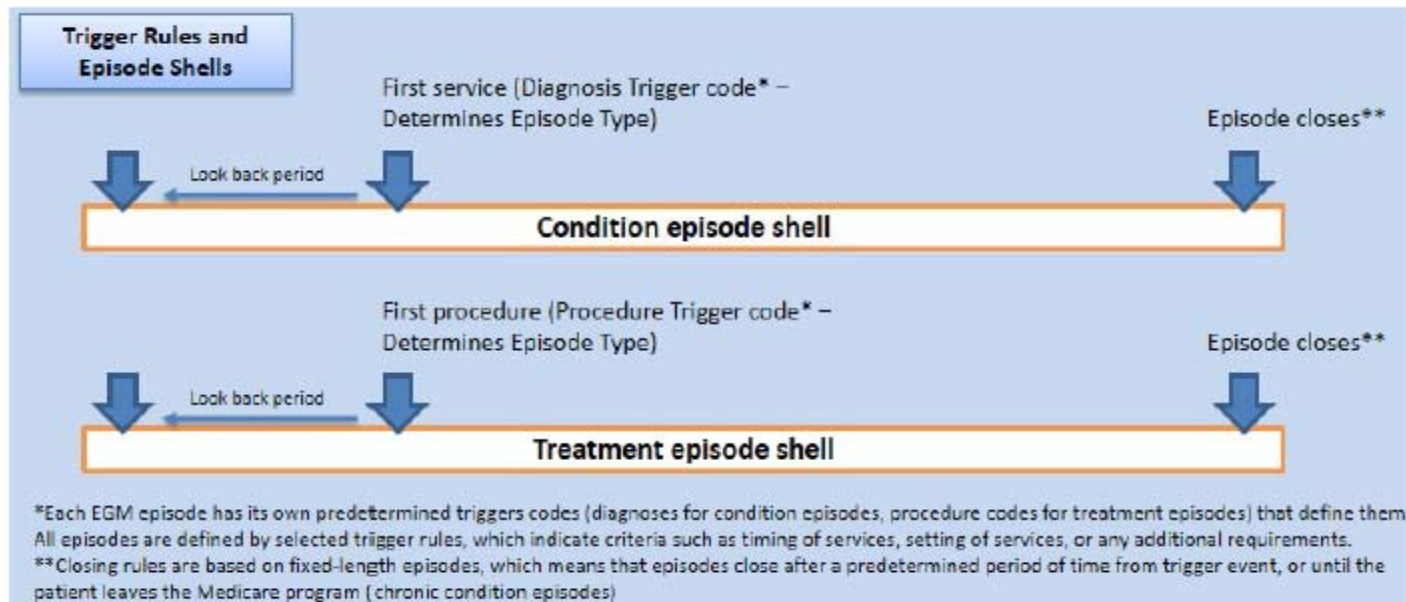


# Moving Episodes into an APM Contract

- Episodes  $\neq$  APM contract
- Contracts define provisions
  - Inclusions/exclusions provisions
  - define the episode software and methodology
  - Attribution and accountable provisions
  - Stop-Loss provisions
  - Re-insurance provisions
  - Upside/downside payment provisions



# For Surgery APMs = Episodes



- A trigger point that identifies an episode is “in play” for a condition or a procedure
- A time window before and after the trigger
- Inclusions and exclusions within the time window
- Variations across delivery systems



# Cluster multiple episodes into one APM

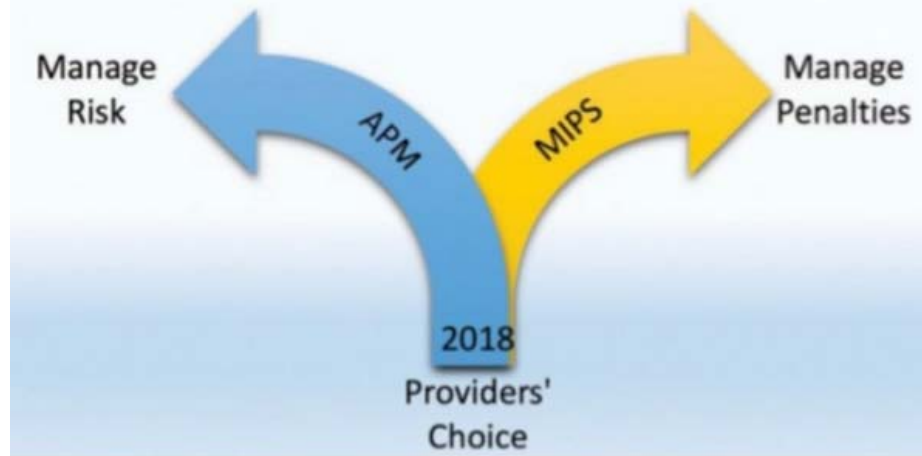
- Challenge: Surgeons perform multiple procedures for multiple conditions. Does this mean multiple episodes each with its own APM agreement?
- Possible solution: **Clustering of multiple episodes into one APM from a menu of episodes for surgeons**
  - Each episode in the cluster would carry upside and downside risk
  - A composite risk score from each episode within the cluster would create the APM final score

# A general surgeon in a procedural cluster

**Table 1: Illustrative Performance on Four Treatment Episode Types for a General Surgeon as Episodic Provider**

	<b>Number of episodes (a)</b>	<b>Expected Cost (b)</b>	<b>Actual Cost (c)</b>	<b>Total Savings (a × [b – c]) (d)</b>	<b>Attributable Savings (d × 0.40) (e)</b>
Colectomy	50	\$25,000	\$22,000	\$150,000	\$60,000
Mastectomy	50	\$10,000	\$9,000	\$50,000	\$20,000
Cholecystectomy	50	\$15,500	\$15,000	\$(25,000)	\$(10,000)
Inguinal Hernia repair	50	\$9,000	\$8,500	\$25,000	\$10,000
<b>Total</b>	<b>200</b>			<b>\$200,000</b>	<b>\$80,000</b>

# Linking Quality to the APM Quality Payment Program



- Regardless of the path a clinician takes – MIPS or APMs - performance measurement should reflect the *patient care provided*, not the payment system.
- Clinicians need consistent measurement infrastructure using advanced analytics, multiple data sources, & registries – all of these represent a much larger clinical data ecosystem than EHRs can ever offer alone. The dashboards of care !

# Alternative Payment Models (APMs)

- APM proposals may come **internally** from within CMS
  - converting previous bundles into APMs.
- ACS-APM (**external APM**) proposals may be submitted to CMS after the Final Rule is published in November 2016.
- CMS will review and forward proposals to **PTAC**
  - **P**hysician-focused payment model **T**echnical **A**dvisory **C**ommittee
- PTAC/CMS allowed **18 months** to evaluate proposals
  - Mid-2018
- The **PERFECT SCENARIO** for Acceptable ACS-APMs
  - Earliest = **2019** with impact in **2021**

# Intense Education Efforts

some possible examples

- Webinar
- In-person presentation at state chapter meetings
- Mailing in Dues Notices in November
- Video loops on buses and in conference center at Clinical Congress
- “Door hanger” materials for hotel rooms at Clinical Congress
- Hand-outs for Resource Center and provision to Advisory Councils
- Presentation to Board of Governors
- Instructional video for web
- Traditional communications: E-mail, Bulletin, ACS Surgery News
- Videoconference “Fireside chats”



# Thank you – questions?



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