



HealthInsight Utah's Top 5: Quality Issues You Need to Know About This Year

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Objectives

- Define important quality initiatives for primary care for 2014
- Identify payment opportunities linked to implementation of quality projects
- Provide resources to improve the ability of your practice to deliver quality care



Programs Requiring Provider Reporting for Participation or by Law

Utah

House Bill 128 begins requesting reporting on clinic level measures for all state providers²

House Bill 128 adds 5 new measures yearly²

Utah Medicaid Accountable Care Organization³
Utah Health Insurance Exchange⁴

2012 2013 2014 2015 2016 2017 2018 2019 2020

Accountable Care Organization Formation (Shared Savings)^{9,10}\$\$\$

Meaningful Use Stage 1⁶\$\$\$

Meaningful Use Stage 2⁶\$\$\$

Meaningful Use Stage 2^{6,11}\$\$\$
-1% for Medicare coverage amount

Meaningful Use Stage 2^{6,11}\$\$\$
-2% for Medicare coverage amount

Meaningful Use Stage 3^{6,11}\$\$\$
-3% for Medicare coverage amount

Meaningful Use Stage 4 (TBD)¹¹

Continued E- Prescribing⁷ \$\$\$ (initial penalties)
Continued PQRS⁵\$\$\$

PQRS⁵\$\$\$ +0.5%, start reporting to avoid 2015 penalties

PQRS⁵\$\$\$ +0.5%, start reporting to avoid 2015 penalties

PQRS⁵\$\$\$ -1.5% for 2013 non-reporting

PQRS⁵\$\$\$ -2% for 2014 non-reporting

Federal

CMS Value Based Purchasing(cost and quality)

\$\$\$=incentive payments
\$\$=penalties
---future

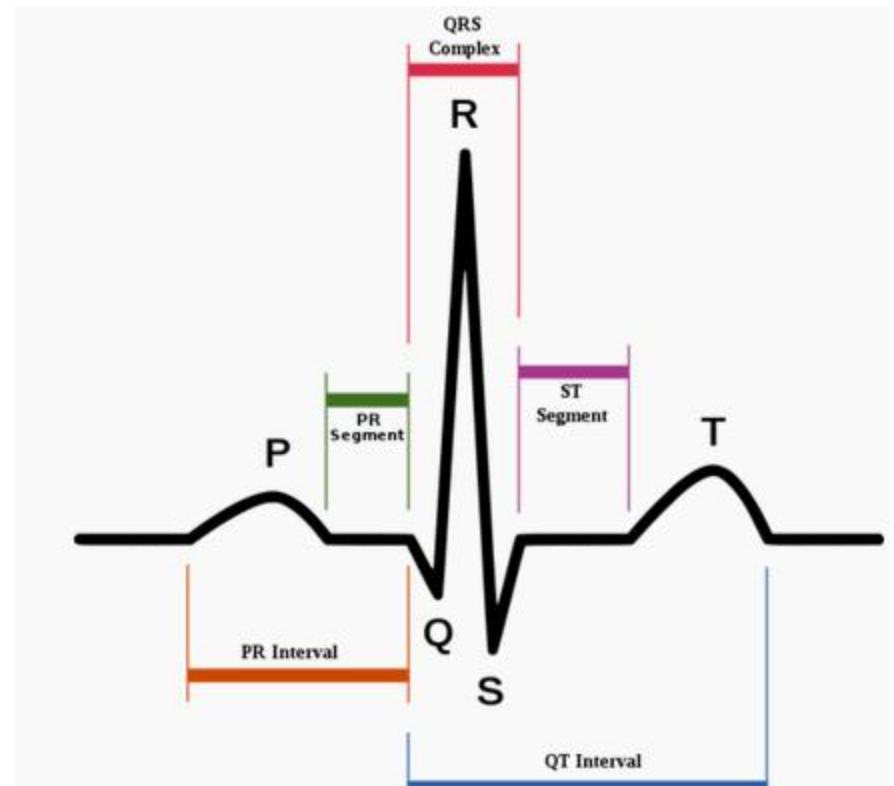
The Top 5

- Physician Quality Reporting System (PQRS)
- Patient-Centered Medical Home (PCMH)
- Accountable Care Organizations (ACOs) and Shared Savings opportunities (SS)
- Consumerism in Health Care
- Tech Tools to support success and get you paid
 - Meaningful Use
 - ICD-10



No shock required

PQRS



What is PQRS?

- The Physician Quality Reporting System
 - Pay-for-reporting program established in 2007
 - Combination of incentives and payment adjustments (dis-incentives) to eligible professionals and selected group practices
 - **Designed to promote reporting of quality information, public reporting (Physician Compare)**



What is PQRS? (cont'd)

- Eligible Professionals (EPs) include physicians, practitioners, and therapists
- Professionals must meet the minimum number or percentage of Medicare Part B Fee-for-Service patients for the measures they choose
- Hundreds of measures available
- Basis of the Value-based Modifier



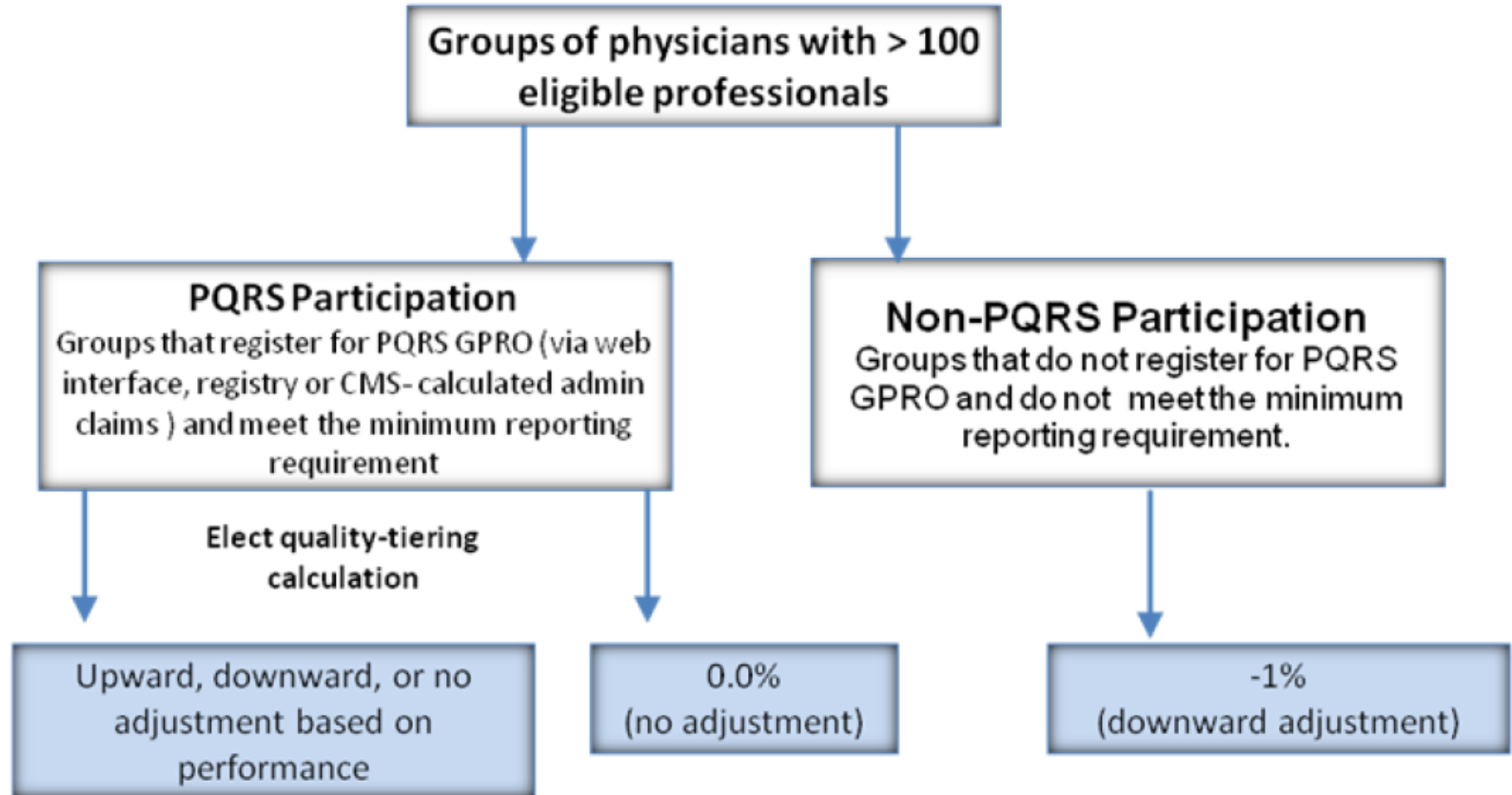
What is the Value Based Modifier (VM)

- Assesses quality of care
- Assesses cost of care
- Phase-in complete by 2017
- VM is based on participation in PQRS



PQRS and VM Programs are Linked

VM implementation in 2015 is based on PQRS participation in 2013



Linked Payment* (or penalty)- PQRS

- 2013
 - incentive of 0.5%
 - start reporting to avoid 2015 penalties
- 2014
 - Incentive 0.5%
 - start reporting to avoid 2016 penalties
 - additional 0.5% if using specialty Maintenance of Certification in reporting
- 2015
 - penalty of 1.5% for 2013 non-reporting
- 2016
 - penalty of 2% for 2014 non-reporting

*Payment adjusted based on gross Medicare claims



Resources for Success-PQRS

- **CMS**

www.cms.gov/PQRS/

www.cms.gov/PQRS/Downloads/EligibleProfessionals.pdf

www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2014_MOCP_IncentiveMadeSimple_Final11-15-2013.pdf

- **AMA**

www.ama-assn.org/ama/pub/physician-resources/clinical-practice-improvement/clinical-quality/physician-quality-reporting-system.page

- **QualityNet Help Desk**

qnetsupport@sdps.org

Phone: (866) 288-8912

TTY: (877) 715-6222

Fax: (888) 329-7377





<http://kansaspcmh.blogspot.com/>

Medical Homes - are we there yet?

PCMH



Define: Patient-Centered Medical Home

- Patient-Centered
- Comprehensive
- Coordinated
- Accessible
- Committed to quality and safety
- Accreditations: JC, NCQA, AAAHC and URAC, state-based, Medicaid-based, payer-defined



Linked Payment (or penalty)- PCMH

- Commercial Insurance
 - Per member per month compensation
 - Outcomes-based awards
 - May or may not be linked to accreditation
 - May be part of shared savings arrangements
- Medicare
 - Current reimbursement for care transitions
 - Demonstration projects



Resources for Success-PCMH

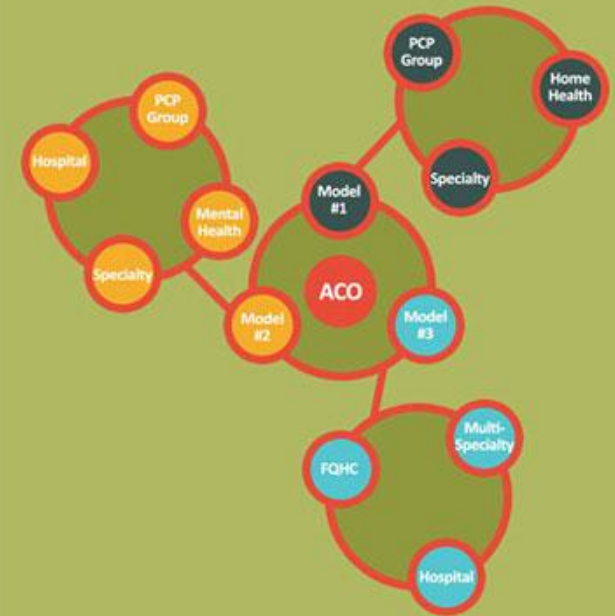
- Agency for Healthcare Research and Quality
www.pcmh.ahrq.gov/
- Patient Centered Primary Care Collaborative
www.pcpcc.org/
- American Academy of Family Physicians
www.aafp.org/practice-management/pcmh/overview.html
- TransforMED Resources from AAFP
www.transformed.com/
- Local assistance *HealthInsight* Utah
www.healthinsight.org/pcmh
- Care transitions coding webinar
<http://healthinsight.org/template-2/providers/131-ut-physician-office-practices>
- NCQA recognition program
www.ncqa.org/Programs/Recognition/PatientCenteredMedicalHomePCMH.aspx



ACO models

Across the country, varying types of ACO and “at-risk” models are forming to serve the demands of communities.

Below are specific examples:



Coming to a community near you?

ACOs/SHARED SAVINGS



Define: Accountable Care Organization (ACO)/Shared Savings(SS) Programs

- ACO- group of health care providers who agree to share responsibility for the quality, cost, and coordination of care for a defined population of patients
- SS- partnerships among groups of providers who deliver care at equal (or better) quality while reducing the cost below projections, and split the savings generated, share the risk



Define: ACO/SS Programs

- Defined by CMS- Shared Savings Program
 - Participation in ACO
 - 5,000 fee-for-service Medicare beneficiaries for at least three years
- Private partnerships also exist
- Require excellent quality, financial, and data reporting capacity
- Require efficient management of **outcomes** for all patients



Utah ACO participation

- Central Utah Clinic, Provo-CMS designee
- Other applications pending
- Medicaid “ACO” model
 - Molina
 - HealthChoice Utah
 - SelectHealth
 - Healthy U
- Shared Savings arrangements with commercial payers



Linked Payment (or Penalty)- ACO/SS

- CMS
 - Cost benchmark set at sign-up
 - Savings and risk shared
 - Quality contingency
- Utah Medicaid ACOs
 - may have incentives for quality, not like CMS ACO
- Commercial plans in UT contracting opportunities for savings/quality bonus



Resources-ACO/SS

- Utah Medicaid ACO
sites.google.com/a/utah.gov/cqm/home
- AAFP Resources
www.aafp.org/practice-management/payment/acos.html
- AMA Resources
www.ama-assn.org/resources/doc/psa/physician-how-to-manual.pdf
- Intermountain Healthcare Shared Accountability
intermountainhealthcare.org/about/overview/trustees/fortrustees/shared-accountability/Pages/faqs.aspx
- University of Utah ACO references
medicine.utah.edu/gme/directors/directors_retreat10/Operational%20Strategy%20FY14_Lettersize.pdf



U.S.A. HEALTHCO
86 SOUTH MAIN
BILLING, ME 32109

SERVICES ESTIMATE:

OFFICE VISIT:	\$40
OUTPATIENT SURGERY:	SURPRISE
X-RAYS:	SECRET
1 MO/MEDICATIONS:	UNCLEAR
LAB WORK:	UNKNOWN
CONSULTING FEE:	WHO KNOWS

Patients have a choice

CONSUMERISM IN HEALTH CARE



What is Consumerism in Health Care?

- Consumerism promotes individuals having greater control over decisions affecting their health care
- Driven by
 - High-deductible plans (HSA, HRA)
 - More savvy patients, awareness of choice
 - More information available
 - Rising uninsured rate



What is Consumerism in Health Care? (cont'd)

- Examples
 - Increasing # s of retail clinics
 - Consumer reports ratings of physicians in CA, MA, MN and WI
 - Cost sites like GoodRx.com



Patients vs. Consumers

	Patients	Consumers
Level of engagement in decisions about their treatments	Low level of engagement, depend upon physicians to make decisions on their behalf	High level of engagement, depend on physician recommendation augmented by own research to confirm or corroborate
Level of awareness of treatment options and associated costs	Low level of awareness, depend on physician opinion	High level of awareness, depend on information sources from online tools and social media
Source of trust in providers they use	High level of trust, based on personal experiences and word-of-mouth	High level of trust, based on personal experiences and comparison shopping
Primary unmet needs	Unmet needs resolved through access to care system within a reasonable timeframe + personal attention	Unmet needs resolved through value-based strategies combining access + service delivery + outcomes + cost
Unmet need from insurance plan sponsor	Unmet need strategies adopted by insurance plans based upon large networks of providers to enhance access and convenience + manageable out-of-pocket costs	Unmet need strategies adopted by insurance plans based upon narrow networks of high-performing (high-value) providers + predictable costs

Rating Organizations

- CMS
- National Quality Forum
- National Committee for Quality Assurance
- Leapfrog Group for Patient Safety
- Informed Patient Institute
- Commonwealth Fund
- www.whynotthebest.org
- Hospital Quality Alliance



Linked Payment (or Penalty)- Consumerism

- Ratings may influence patient choice for providers
- Quality and cost ratings influence choice sensitive conditions (elective procedures, OB care)
- Quality ratings may influence payer relationships
 - Physician performance compensation



Resources-Consumerism

- Utah Insurance Exchange Quality Links
www.avenueh.com/your-healthcare/individuals-and-families/item/15
- Local quality website Utah Healthscape
utahhealthscape.org/
- Article on Consumerism from New England Journal of Medicine
www.nejm.org/doi/full/10.1056/NEJMp1310419
- CMS Physician Compare
www.medicare.gov/physiciancompare



TOP 8 ZANIEST ICD-10 CODES

A Collection of the Craziest Codes You Hope Never to Encounter

|| especially after Oct. 1, 2014 ||

The infographic features a central 'WARNING' sign with a diagonal striped background. Eight numbered callouts (1-8) are connected to the sign by lines. Each callout includes a description of a medical condition, an ICD-10 code, and a small illustration. The illustrations include: 1. A man with a large, open mouth; 2. A refrigerator; 3. A jet engine; 4. A bucket of water with a faucet; 5. A water skier; 6. A lamppost; 7. A person's hair; 8. A trolley.

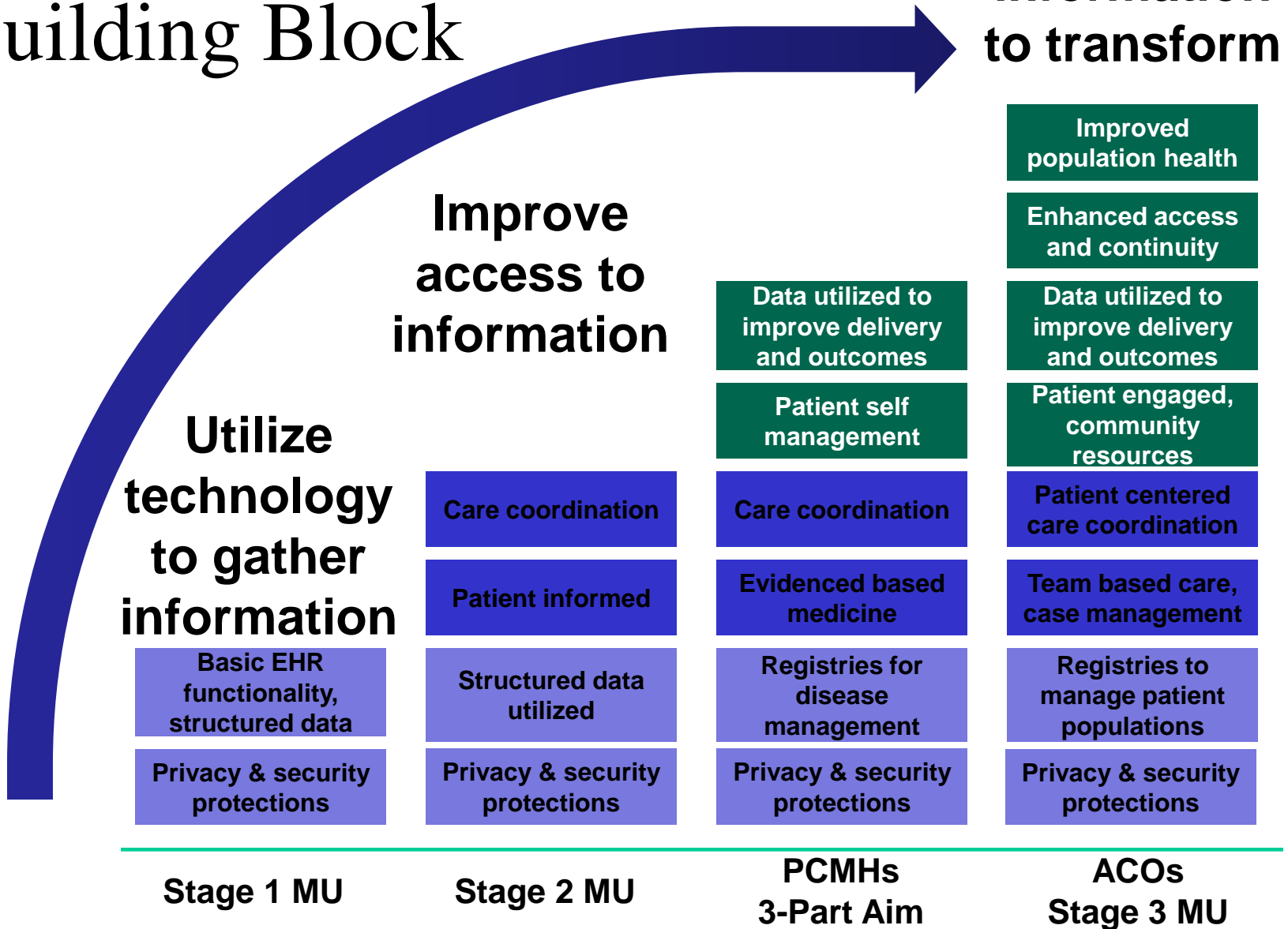
Rank	Condition	ICD-10 Code
1	Problems with the in-laws	Z63.1
2	Asphyxiation due to being trapped in a discarded refrigerator, accidental	T71.231D
3	Sucked into jet engine	V97.33XD
4	Fall into bucket of water, causing drowning & submersion	W16.221
5	Burn due to water-skis on fire	V91.07XD
6	Walked into lamppost	W22.02XD
7	Hair causing external constriction	W49.01XA
8	Animal-rider injured in collision with trolley	V80.730A

Tech Tools to support success and get you paid

MEANINGFUL USE & ICD-10



Meaningful Use as a Building Block



Meaningful Use Incentives and Penalties

- 2014
 - Incentives continue for Medicaid and Medicare
- 2015
 - Starts 1% penalty each year on total Medicare charges up to 5% total penalty
 - Medicaid has no penalties



ICD-10 Brief History

- ICD-10 was endorsed by the 43rd World Health Assembly in May 1990
- Used internationally for reimbursement and resource allocation by WHO countries since 1994
- U.S. implemented for death certificates 1999
- **Starts October 1, 2014**



ICD-10 and Quality

- ICD-10 will generate more detailed health care data
- Support increased payment
- ICD-10 will also help physicians address health care reform initiatives
- Integral to CMS' VM, Pay for Performance programs (P4P), ACOs, and PCMHs



Resources for MU and ICD-10

- MU

www.cms.gov/EHRIncentivePrograms

- ICD-10

www.cms.gov/ICD10

www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act/transaction-code-set-standards/icd10-code-set.page



In Summary

- Physician Quality Reporting System (PQRS)
- Patient-Centered Medical Home (PCMH)
- Accountable Care Organizations (ACOs) and Shared Savings opportunities (SS)
- Consumerism in Health Care
- Tech Tool\$
 - Meaningful Use
 - ICD-10



**And 2015 is only 7 months
away....**



References for Slide 3

- 1) selecthealth.org/findadoctor/pages/providerreporting.aspx
- 2) le.utah.gov/~2011/bills/hbillamd/hb0128s02.htm, updated 2014
le.utah.gov/code/TITLE26/htm/26_33a010605.htm
- 3) sites.google.com/a/utah.gov/cqm/home
- 4) www.avenueh.com/your-healthcare/individuals-and-families/item/15
- 5) www.cms.gov/PQRS/ and <http://www.ama-assn.org/ama/pub/physician-resources/clinical-practice-improvement/clinical-quality/physician-quality-reporting-system.page>
- 6) www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp
- 7) www.cms.gov/ERxIncentive/10_Analysis%20and%20Payment.asp
- 8) www.medicare.gov/find-a-doctor/staticpages/data/note/Overview.aspx
- 9) www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/
- 10) www.cms.gov/sharedsavingsprogram/
- 11) Penalty timeline described www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/MLN_MedicareEHRProgram_TipSheet_EP.pdf

Questions

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Thank you



“Quality is everyone's responsibility.”
– W. Edwards Deming

