How Medicare Quality Requirements Will Impact Reimbursement, and Practical Tips to Successfully Meet Them

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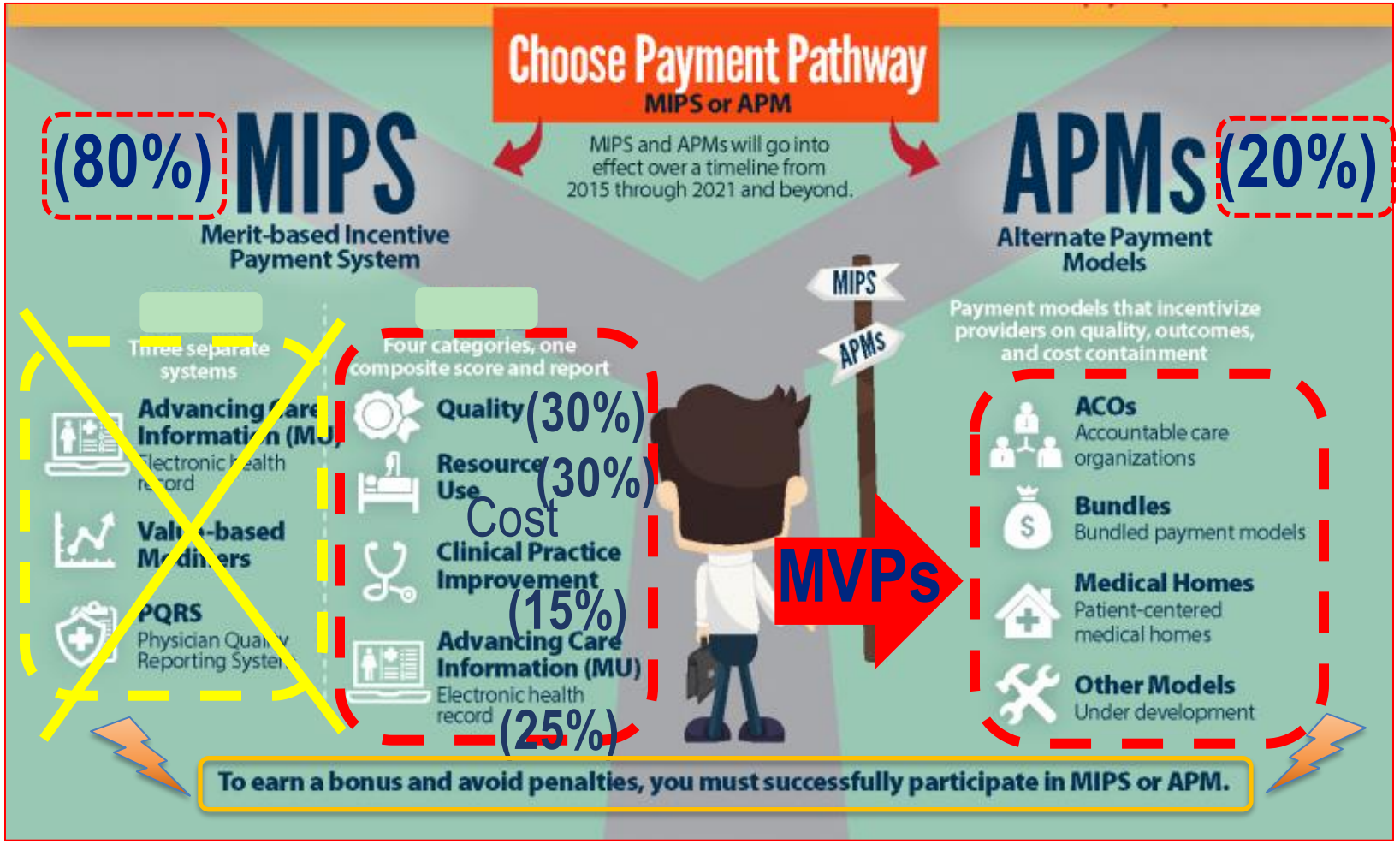
Background

- Evolution from Fee-for-Service (FFS) to Value Based Payment Models (VBMs)
- Within VBM framework there is a push to Alternative Payment Models (APMs) and Team based care
- Healthcare team accepts financial risk, and will want to minimize

Goals for this section

- What is the QPP?
- How do physicians report within the QPP?
- What do physicians report in the QPP?
- What does CMS gather for the QPP?
- How is payment impacted by reported measures?
- What are MVPs and how are they developed?

MACRA - 2015 introduces QPP



MIPS - 4 categories for final score

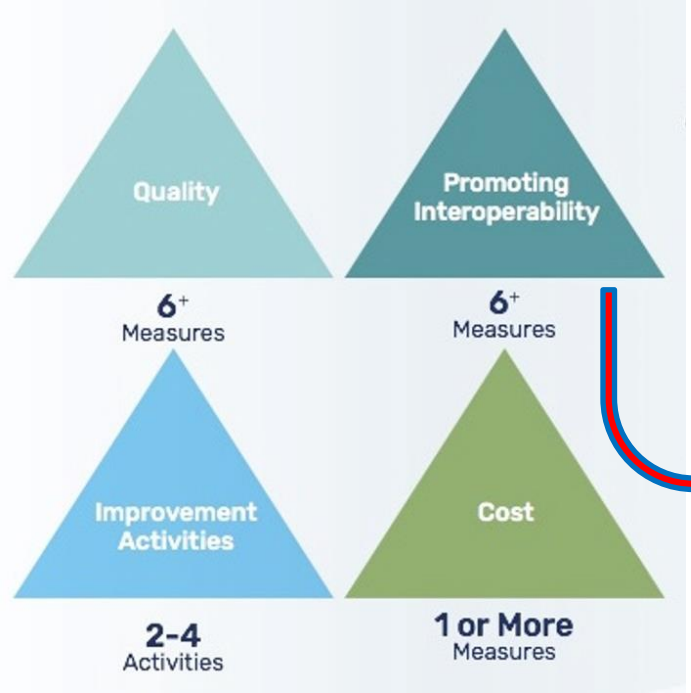
1. Quality
2. Improvement activities
3. Promoting Interoperability

} Require Reporting (registries, e.g.)

4. Cost } Claims data-no reporting, no choice of measures
Episode Based Cost Measures (EBCMs)
2/23 measures are vascular

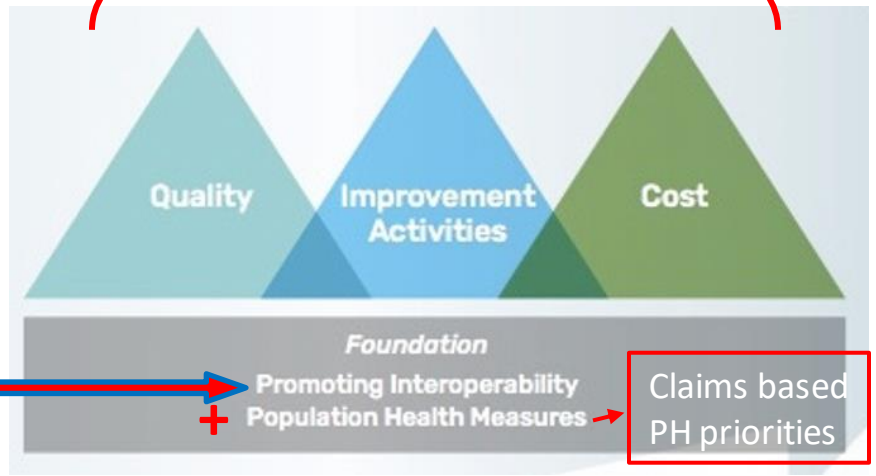
MIPS Value Pathways - MVPs

Current MIPS

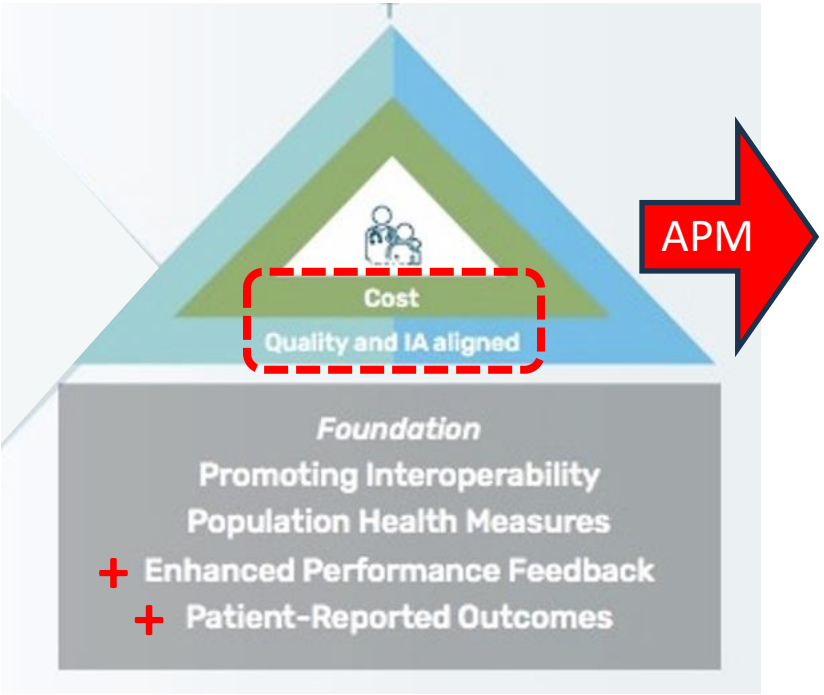


Early MVP

Fewer, specialty specific, aligned
Harmonized cross-specialty



Future MVP



Quality

Traditional MIPS	APM Performance Pathway (APP)	MIPS Value Pathway (MVP)
Select 6 QMs to report (from 100s)	Report a specified set of 3 QMs	Select 4 QMs from MVP (from ~ 10)
Automatically evaluated on all claims-based measures for the program	Shared savings ACOs can report the 10 CMS web interface measures (preventative care & screening)	Choose a claims-based population health measure to be evaluated on
Must meet min case #s Have Data completeness (70%)	Administer CAHPS	Must meet min case #s
		Is part of Quality score but is considered part of "foundational layer" - consistent across all MVPs

*Examples:
% of adult HD patient months using a catheter continuously for 3 months or longer
% of patients 18-75 years with diabetes having Hgb A1c > 9.0% during the measurement period
% of patients ≥ 65 years who have an advance care plan

*From the "Optimal Care for Kidney Health" MVP

Improvement Activities

Traditional MIPS	APM Performance Pathway (APP)	MIPS Value Pathway (MVP)
Select to reach max 40 points: -2 high-weighted activities, *or* -4 medium-weighted activities, *or* -1 high-weighted + 2 medium-weighted activities If special status can report: -1 high-weighted activity, *or* -2 medium-weighted activities	None required - APP reporting fulfills	Select based on available in MVP to reach max 40 points (from ~ 10) -1 high-weighted activity, *or* -2 medium-weighted activities, *or* Report the IA_PCMH (participation in a certified or recognized patient-centered medical home or comparable specialty practice)

*Examples:
Promote Use of Patient-Reported Outcome Tools (High)
Engagement of Patients, Family, and Caregivers in Developing a Plan of Care (Medium)
Implement improvements contributing to more timely communication of test results (Medium)

*From the "Optimal Care for Kidney Health" MVP

Promoting Interoperability

Traditional MIPS	APM Performance Pathway (APP)	MIPS Value Pathway (MVP)

Use EHR technology certified by ONC to meet the 2015 Edition Cures Update certification criteria

Provide your EHR's CMS identification code from the Certified Health IT Product List (CHPL)

Submit performance data for the required measures in each objective (unless an exclusion is claimed) for the same 90-day continuous performance period (or more)

Complete the required, but unscored, attestation statements

*Examples:
e-Prescribing (Required)
Provide Patients Electronic Access to their Health Information (Required)
Clinical Data Registry Reporting (Optional)

*From the "Optimal Care for Kidney Health" MVP

Cost

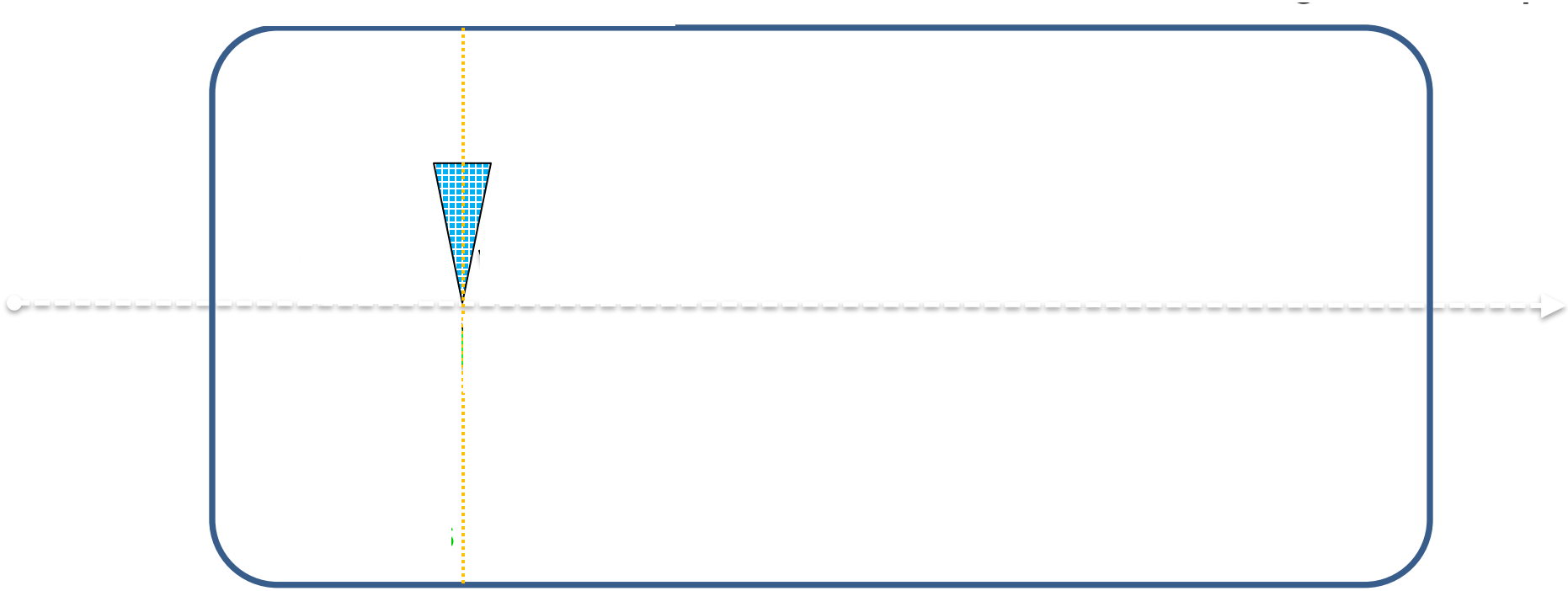
Traditional MIPS	APM Performance Pathway (APP)	MIPS Value Pathway (MVP)
Data submission not required Clinicians and Groups scored on all cost measures where case # requirements are met or exceed From: 2 global (TPCC, MSPB) 2/23 EBCMs -HD Access Creation -Revascularization for Lower Extremity Chronic Critical Limb Ischemia	APP does not measure cost performance	Data submission not required MVP assesses cost on specific measures from within the MVP

*Examples:
Acute Kidney Injury Requiring New Inpatient Dialysis episode-based cost measure (EBCM)
HD Access Creation episode-based cost measure (EBCM)
Total Per Capita Cost (TPCC)

*From the "Optimal Care for Kidney Health" MVP

EBCM Schematic - HD Access Creation

Trigger Service
AV Access Creation-Codes



MVP Development Process *(≥1 year)*

Quality Payment PROGRAM

- AAA
- Carotid
- CLTI
- HD Access
- Venous

MVP CANDIDATE DEVELOPMENT

CMS or interested parties develop **MVP candidates** based on MVP needs and priorities. **MVP candidates** are developed on a rolling basis with key guiding principles.

MVP CANDIDATE

CMS reviews and may discuss **MVP candidate** with interested party/parties that submitted the **MVP candidate**.

MVP FEEDBACK

CMS determines whether **MVP candidates** will be proposed and move forward. **MVP candidates** posted to QPP website for feedback and comments displayed at end of the 30-day window.

Note: Posting of **MVP candidates** for feedback does not guarantee the candidate will move forward in rulemaking.

PROPOSED MVP

MVP is proposed through rulemaking.

FINALIZED MVP

Proposed MVPs may be finalized (with or without modification based on comments received). View **finalized MVPs** on Explore MVPs.

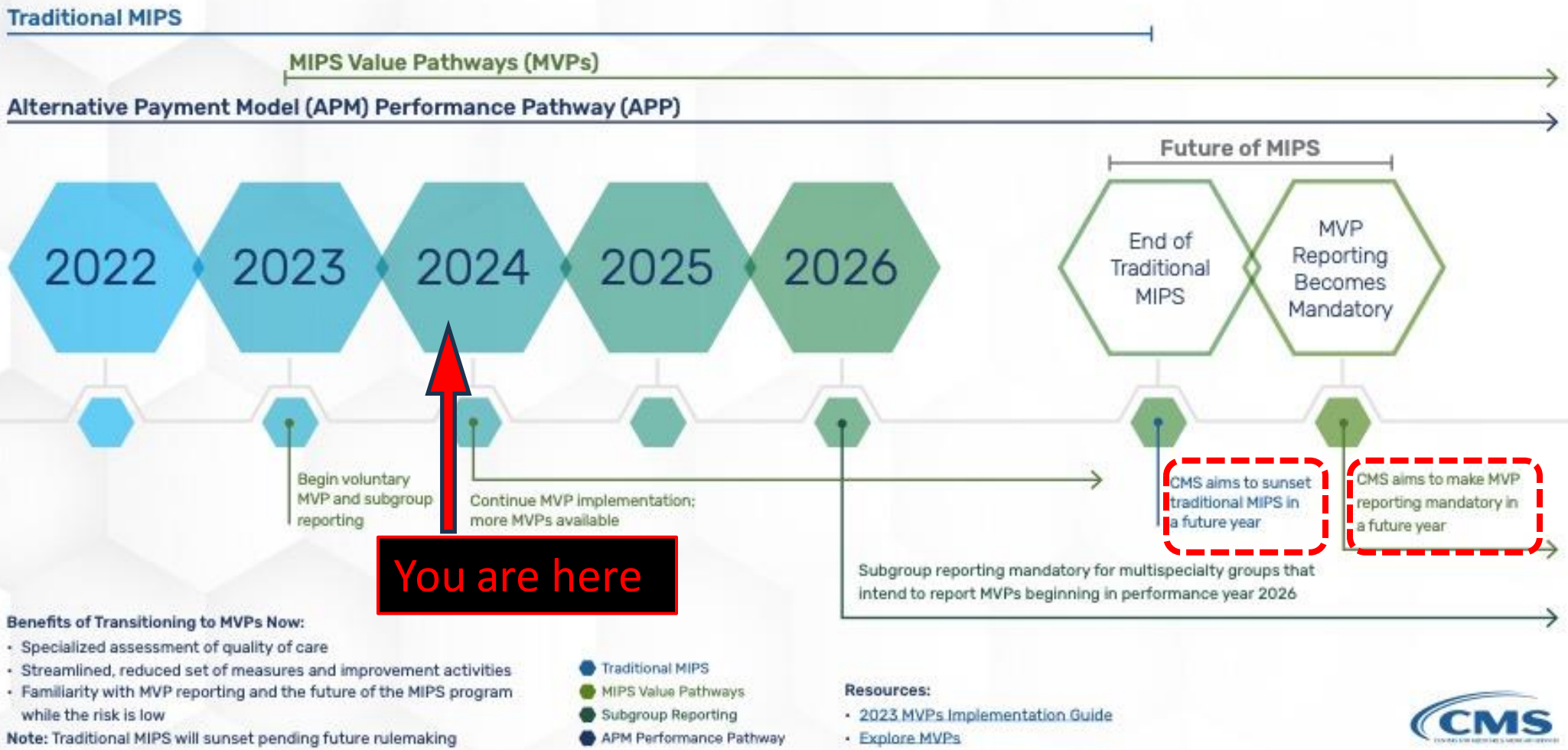
MVP MAINTENANCE

MVP maintenance is the process where the general public can provide feedback on **finalized MVPs** for CMS consideration.

CMS

Transition from Traditional MIPS to MVPs

Quality Payment PROGRAM



Benefits of Transitioning to MVPs Now:

- Specialized assessment of quality of care
- Streamlined, reduced set of measures and improvement activities
- Familiarity with MVP reporting and the future of the MIPS program while the risk is low

Note: Traditional MIPS will sunset pending future rulemaking

- Traditional MIPS
- MIPS Value Pathways
- Subgroup Reporting
- APM Performance Pathway

Resources:

- 2023 MVPs Implementation Guide
- Explore MVPs

CMS

https://vascular.org/advocacy/macra-qpp-resources

SVS Society for Vascular Surgery

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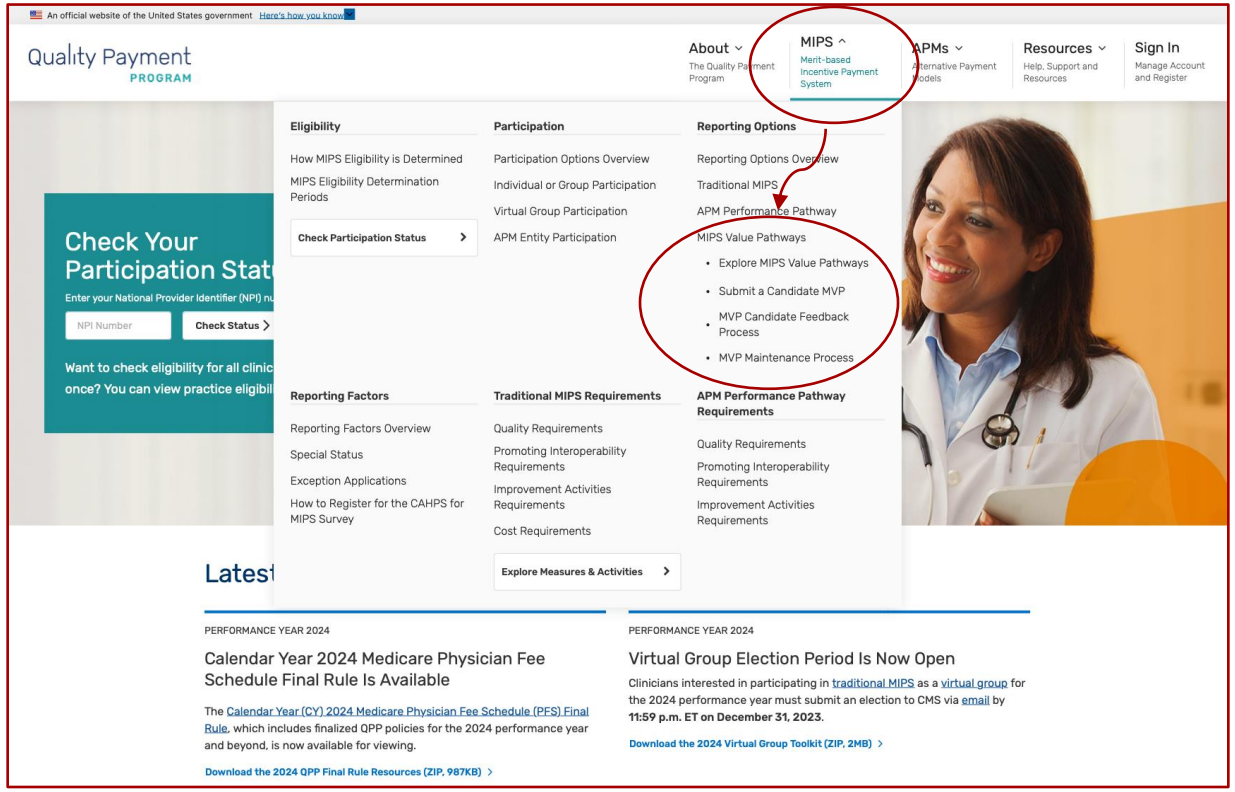
MACRA, QPP Resources

Your resources for MACRA, MIPS, QPP and more

The Medicare Access and Children's Health Insurance Plan Reauthorization Act (MACRA) was signed into law on April 16, 2015. MACRA is bipartisan legislation which repealed the Sustainable Growth Rate and established the Quality Payment Program (QPP). The QPP requires that most physicians who submit claims to the Centers for Medicare and Medicaid Services (CMS) participate in one of two programs: Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Model (APM).

Based on feedback from physicians and stakeholders led the QPP to create the following objectives:

QPP.CMS.GOV



Current SVS Member QPP Performance and Anticipated Changes

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SVS QPMC Vice Chair

Associate Professor, Division of Vascular Surgery

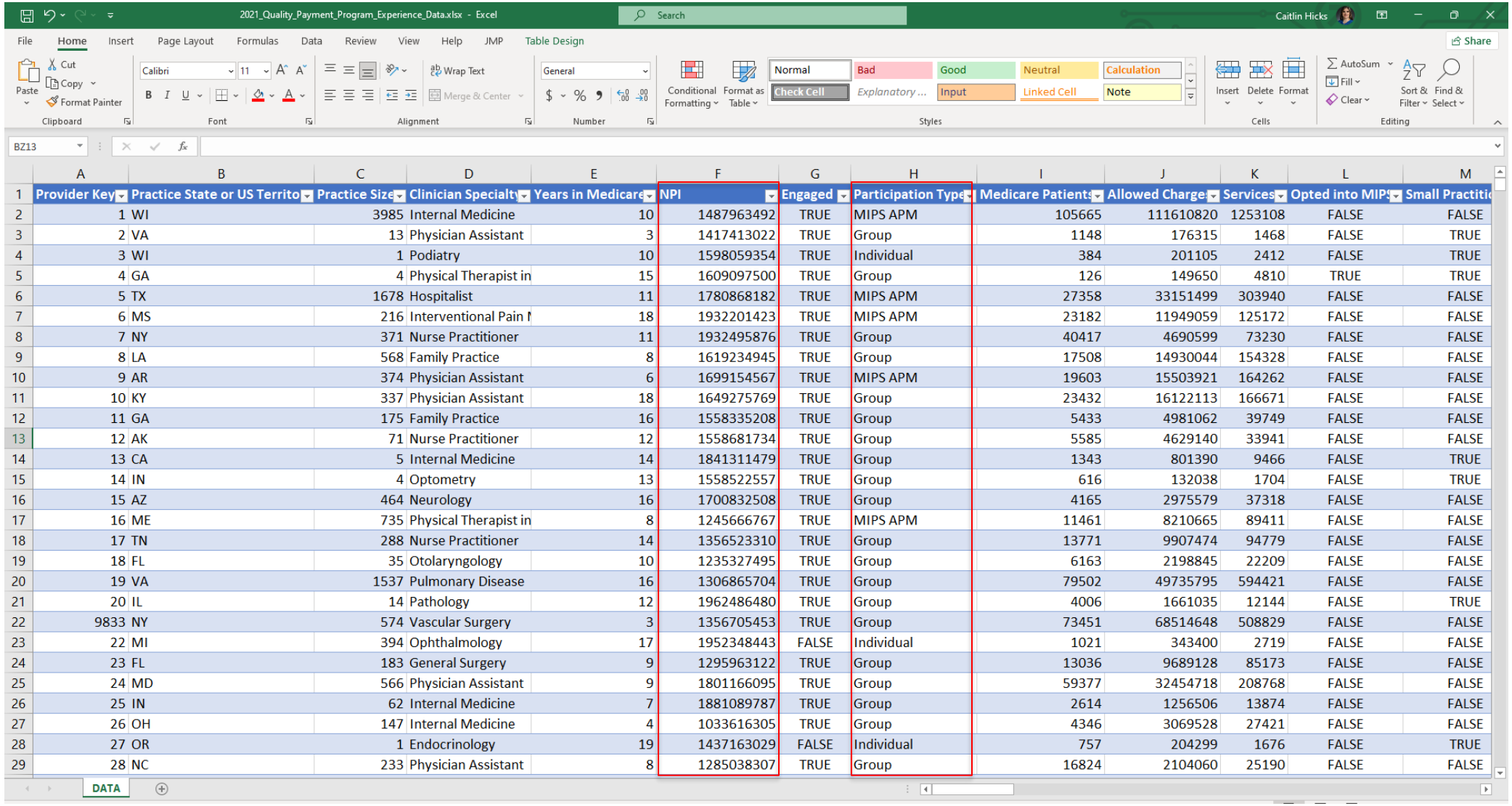
Johns Hopkins University

Goals for this section

- What measures are SVS members reporting in the QPP?
- What do the SVS MVPs in development look like and what measures do they contain?
- How are SVS members performing?

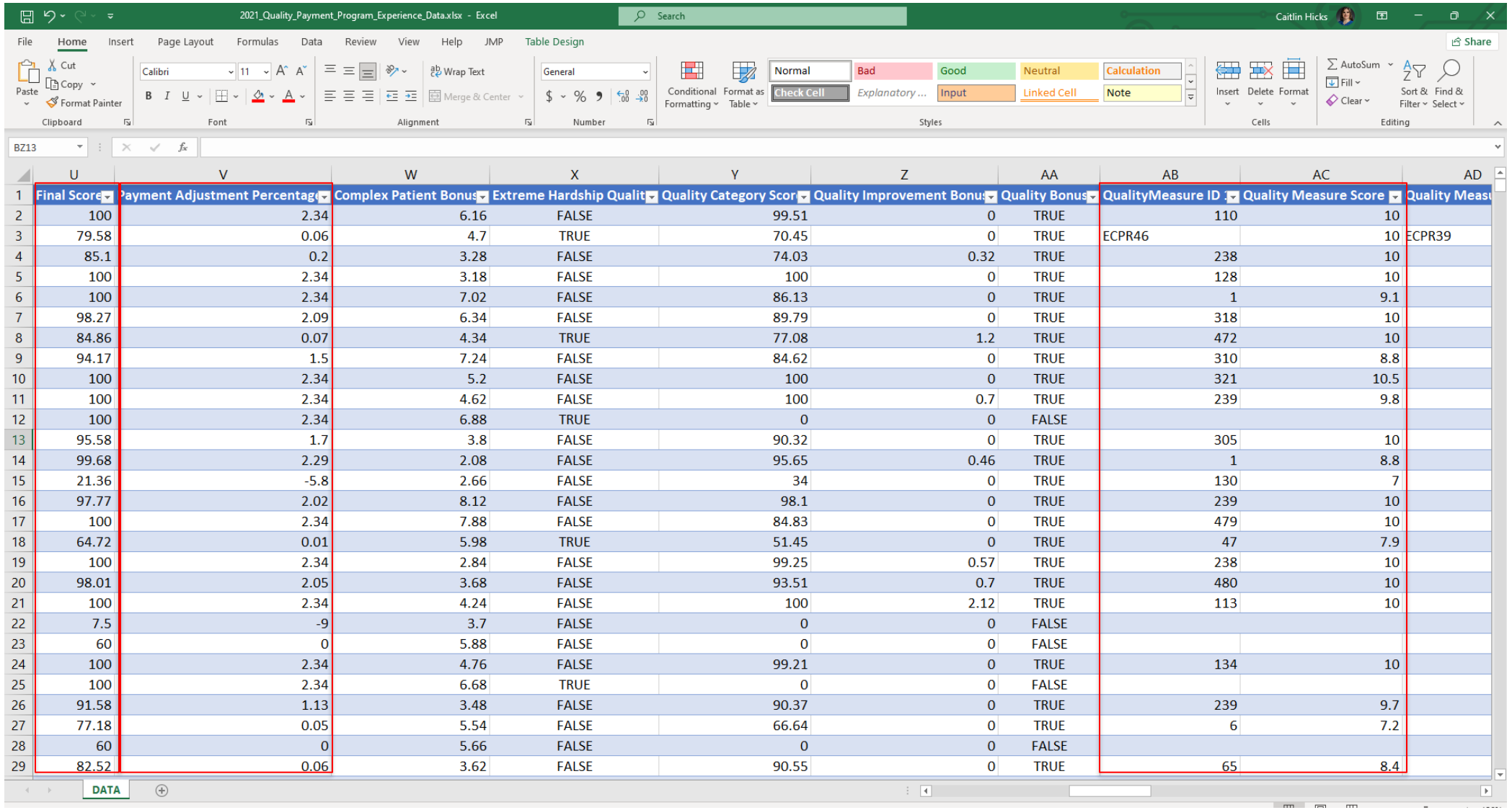
https://vascular.org/advocacy/macra-qpp-resources

2023 QPP Report
2021 Performance



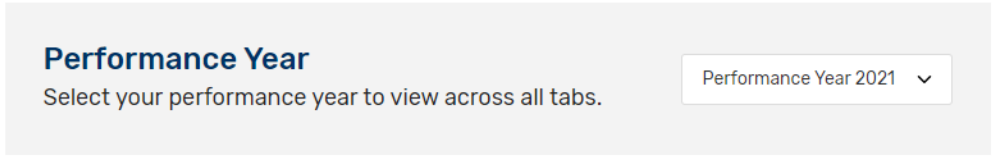
Provider Key	Practice State or US Territo	Practice Size	Clinician Specialty	Years in Medicare	NPI	Engaged	Participation Type	Medicare Patients	Allowed Charge	Services	Opted into MIPS	Small Practitio
1	WI	3985	Internal Medicine	10	1487963492	TRUE	MIPS APM	105665	111610820	1253108	FALSE	FALSE
2	VA	13	Physician Assistant	3	1417413022	TRUE	Group	1148	176315	1468	FALSE	TRUE
3	WI	1	Podiatry	10	1598059354	TRUE	Individual	384	201105	2412	FALSE	TRUE
4	GA	4	Physical Therapist in	15	1609097500	TRUE	Group	126	149650	4810	TRUE	TRUE
5	TX	1678	Hospitalist	11	1780868182	TRUE	MIPS APM	27358	33151499	303940	FALSE	FALSE
6	MS	216	Interventional Pain M	18	1932201423	TRUE	MIPS APM	23182	11949059	125172	FALSE	FALSE
7	NY	371	Nurse Practitioner	11	1932495876	TRUE	Group	40417	4690599	73230	FALSE	FALSE
8	LA	568	Family Practice	8	1619234945	TRUE	Group	17508	14930044	154328	FALSE	FALSE
9	AR	374	Physician Assistant	6	1699154567	TRUE	MIPS APM	19603	15503921	164262	FALSE	FALSE
10	KY	337	Physician Assistant	18	1649275769	TRUE	Group	23432	16122113	166671	FALSE	FALSE
11	GA	175	Family Practice	16	1558335208	TRUE	Group	5433	4981062	39749	FALSE	FALSE
12	AK	71	Nurse Practitioner	12	1558681734	TRUE	Group	5585	4629140	33941	FALSE	FALSE
13	CA	5	Internal Medicine	14	1841311479	TRUE	Group	1343	801390	9466	FALSE	TRUE
14	IN	4	Optometry	13	1558522557	TRUE	Group	616	132038	1704	FALSE	TRUE
15	AZ	464	Neurology	16	1700832508	TRUE	Group	4165	2975579	37318	FALSE	FALSE
16	ME	735	Physical Therapist in	8	1245666767	TRUE	MIPS APM	11461	8210665	89411	FALSE	FALSE
17	TN	288	Nurse Practitioner	14	1356523310	TRUE	Group	13771	9907474	94779	FALSE	FALSE
18	FL	35	Otolaryngology	10	1235327495	TRUE	Group	6163	2198845	22209	FALSE	FALSE
19	VA	1537	Pulmonary Disease	16	1306865704	TRUE	Group	79502	49735795	594421	FALSE	FALSE
20	IL	14	Pathology	12	1962486480	TRUE	Group	4006	1661035	12144	FALSE	TRUE
9833	NY	574	Vascular Surgery	3	1356705453	TRUE	Group	73451	68514648	508829	FALSE	FALSE
22	MI	394	Ophthalmology	17	1952348443	FALSE	Individual	1021	343400	2719	FALSE	FALSE
23	FL	183	General Surgery	9	1295963122	TRUE	Group	13036	9689128	85173	FALSE	FALSE
24	MD	566	Physician Assistant	9	1801166095	TRUE	Group	59377	32454718	208768	FALSE	FALSE
25	IN	62	Internal Medicine	7	1881089787	TRUE	Group	2614	1256506	13874	FALSE	FALSE
26	OH	147	Internal Medicine	4	1033616305	TRUE	Group	4346	3069528	27421	FALSE	FALSE
27	OR	1	Endocrinology	19	1437163029	FALSE	Individual	757	204299	1676	FALSE	TRUE
28	NC	233	Physician Assistant	8	1285038307	TRUE	Group	16824	2104060	25190	FALSE	FALSE

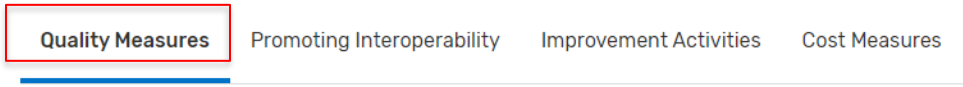
698,731 providers reporting



	U	V	W	X	Y	Z	AA	AB	AC	AD
1	Final Score	Payment Adjustment Percentag	Complex Patient Bonus	Extreme Hardship Qualit	Quality Category Scor	Quality Improvement Bonus	Quality Bonus	QualityMeasure ID	Quality Measure Score	Quality Measu
2	100	2.34	6.16	FALSE	99.51	0	TRUE	110	10	
3	79.58	0.06	4.7	TRUE	70.45	0	TRUE	ECPR46	10	ECPR39
4	85.1	0.2	3.28	FALSE	74.03	0.32	TRUE	238	10	
5	100	2.34	3.18	FALSE	100	0	TRUE	128	10	
6	100	2.34	7.02	FALSE	86.13	0	TRUE	1	9.1	
7	98.27	2.09	6.34	FALSE	89.79	0	TRUE	318	10	
8	84.86	0.07	4.34	TRUE	77.08	1.2	TRUE	472	10	
9	94.17	1.5	7.24	FALSE	84.62	0	TRUE	310	8.8	
10	100	2.34	5.2	FALSE	100	0	TRUE	321	10.5	
11	100	2.34	4.62	FALSE	100	0.7	TRUE	239	9.8	
12	100	2.34	6.88	TRUE	0	0	FALSE			
13	95.58	1.7	3.8	FALSE	90.32	0	TRUE	305	10	
14	99.68	2.29	2.08	FALSE	95.65	0.46	TRUE	1	8.8	
15	21.36	-5.8	2.66	FALSE	34	0	TRUE	130	7	
16	97.77	2.02	8.12	FALSE	98.1	0	TRUE	239	10	
17	100	2.34	7.88	FALSE	84.83	0	TRUE	479	10	
18	64.72	0.01	5.98	TRUE	51.45	0	TRUE	47	7.9	
19	100	2.34	2.84	FALSE	99.25	0.57	TRUE	238	10	
20	98.01	2.05	3.68	FALSE	93.51	0.7	TRUE	480	10	
21	100	2.34	4.24	FALSE	100	2.12	TRUE	113	10	
22	7.5	-9	3.7	FALSE	0	0	FALSE			
23	60	0	5.88	FALSE	0	0	FALSE			
24	100	2.34	4.76	FALSE	99.21	0	TRUE	134	10	
25	100	2.34	6.68	TRUE	0	0	FALSE			
26	91.58	1.13	3.48	FALSE	90.37	0	TRUE	239	9.7	
27	77.18	0.05	5.54	FALSE	66.64	0	TRUE	6	7.2	
28	60	0	5.66	FALSE	0	0	FALSE			
29	82.52	0.06	3.62	FALSE	90.55	0	TRUE	65	8.4	

https://qpp.cms.gov/mips/explore-measures?tab=qualityMeasures&py=2021



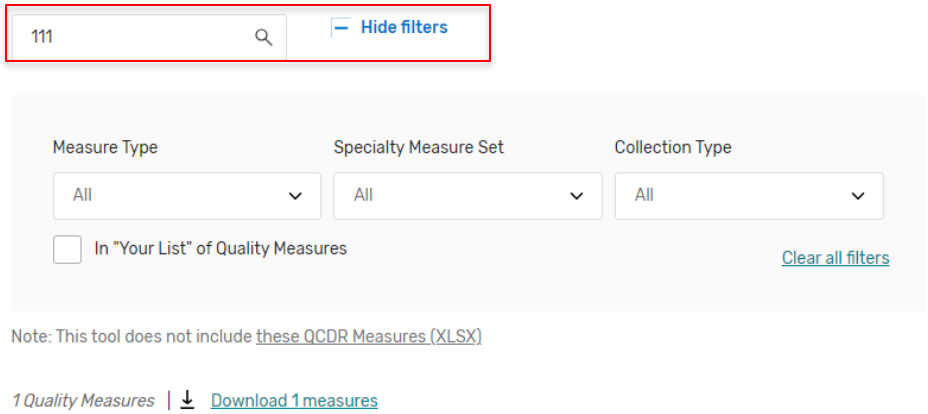


2021 Quality Measures: Traditional MIPS

UPDATED

55% OF FINAL SCORE

This percentage can change due to Special Statuses, Exception Applications or reweighting of other performance categories.



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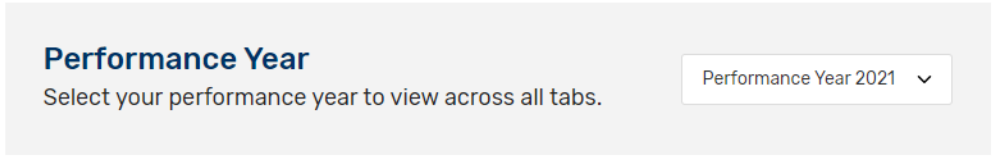

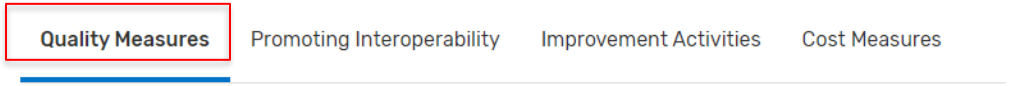

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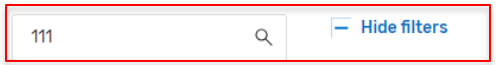
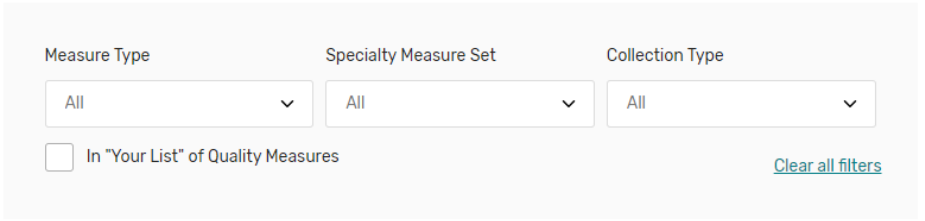




Note: This tool does not include these QCDR Measures (XLSX)

1 Quality Measures | Download 1 measures

Pneumococcal Vaccination Status for Older Adults

Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

ADD TO LIST

Collection Type and Documentation

Medicare Part B claims measures Specifications (PDF)
Electronic clinical quality measures (eCQMs) Specifications
MIPS clinical quality measures (MIPS CQMs) Specifications (PDF)

Hide Details

Measure Numbers
CMS eCQM ID: CMS127v9
NQF eCQM ID: None
NQF: None
Quality ID: 111

NQS Domain
Community/Population Health

Specialty Measure Set
Allergy/Immunology
Cardiology
Family Medicine
Internal Medicine

Your List (0)

Example: SVS Physician Reporting as Group

Quality

- **238** Use of High-Risk Medications in Older Adults = 10
- **236** Controlling High Blood Pressure = 5.1
- **110** Preventive Care & Screening: Influenza Immunization = 3
- **112** Breast Cancer Screening = 3
- **001** Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) = 3
- **111** Pneumococcal Vaccination Status for Older Adults = 0

Interoperability

- **PI_PEA_1** Provider to Patient Exchange: Provide Patients Electronic Access to Their Health Information = 31
- **PI_EP_2** e-Prescribing: Query of Prescription Drug Monitoring Program(PDMP) = 10
- **PI_EP**_1 e-Prescribing = 10

Improvement Act.

- **IA_EPA_1** Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record = 20
- **IA_BE_1** Use of certified EHR to capture patient reported outcomes = 10
- **IA_CC_1** Implementation of Use of Specialist Reports Back to Referring Clinician/ to Close Referral Loop = 10
- **IA_EPA_2** Use of telehealth services and analysis of data for quality improvement = 10

Example: SVS Physician Reporting as Group

Scoring:

Quality = 60.11 x .55 = 33.06
Promoting Interoperability = 51 x .30 = 15.3
Improvement Activities = 50 x .15 = 7.5

+Complex Patient Adjustment = 5.06
+Covid Adjustment

TOTAL SCORE = 68.42 → +0.02% Payment adjustment

***Measure needs to meet data completeness, benchmark and case minimum**

Example: SVS Physician Reporting as Individual

Quality

- **226** Tobacco Use: Screening and Cessation Intervention = 10
- **110** Preventive Care and Screening: Influenza Immunization = 9.7
- **318** Screening for Future Fall Risk = 8.2
- **438** Statin Therapy for Prevention & Tx of Cardiovascular Disease = 6.9
- **374** Closing the Referral Loop: Receipt of Specialist Report = 6.3
- **001** Diabetes: Hemoglobin A1C (HbA1C) Poor Control (>9%) = 4.5

Interoperability

- None reported

Improvement Act.

- **IA_PSPA_21** Implementation of fall screening and assessment programs = 10
- **IA_PM_16** Implementation of medication management practice improvements = 10
- **IA_PSPA_16** Use of decision support and standardized treatment protocols = 10
- **IA_EPA_2** Use of telehealth services and analysis of data for quality improvement = 10
- **IA_CC_1** Implementation of Use of Specialist Reports Back to Referring Clinician to Close Referral Loop = 10

Example: SVS Physician Reporting as Individual

Scoring:

Quality = 92.97 x .55 = 51.13
Promoting Interoperability = 0 x .30 = 0
Improvement Activities = 50 x .15 = 6

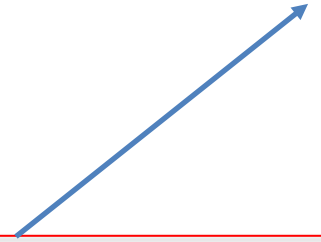
+Complex Patient Adjustment = 5.06
+Quality Improvement Bonus
+Covid Adjustment
+Extreme Hardship

TOTAL SCORE = 99.93 → +2.33% Payment adjustment

***Measure needs to meet data completeness, benchmark and case minimum**

Vascular Surgery Quality Measures

- 047 Advance Care Plan
- 374 Closing the Referral Loop: Receipt of Specialist Report
- 236 Controlling High Blood Pressure
- 130 Documentation of Current Medications in the Medical Record
- 441 Ischemic Vascular Disease
- 358 Patient-Centered Surgical Risk Assessment and Communication
- 021 Perioperative Care: Selection of Prophylactic Antibiotic
- 023 Venous Thromboembolism (VTE) Prophylaxis
- 128 Body Mass Index (BMI) Screening and Follow-Up Plan
- 317 Screening for High Blood Pressure and Follow-Up Documented
- 226 Tobacco Use: Screening and Cessation Intervention
- 334 Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)
- 260 Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, Without Major Complications (Discharged to Home by Post-Operative Day #2)
- 259 Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2)
- 258 Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7)
- 357 Surgical Site Infection (SSI)
- 402 Tobacco Use and Help with Quitting Among Adolescents
- 420 Varicose Vein Treatment with Saphenous Ablation: Outcome Survey



Outcome Measures

Process Measures

Structural Measures

Types of Quality Measures

- **Structural Measures:** Give consumers a sense of a health care provider's capacity, systems, and processes to provide high-quality care.
  - Whether the health care organization uses electronic medical records or medication order entry systems.
  - The number or proportion of board-certified physicians.
- **Process Measures:** Indicate what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition. These measures typically reflect generally accepted recommendations for clinical practice.
  - The percentage of people receiving preventive services (such as mammograms or immunizations).
  - The percentage of people with diabetes who had their blood sugar tested and controlled.
- **Outcome Measures:** Reflect the impact of the health care service or intervention on the health status of patients.
  - The percentage of patients who died as a result of surgery (surgical mortality rates).
  - The rate of surgical complications or hospital-acquired infections

MVP Development Process *(≥1 year)*

Quality Payment PROGRAM

AAA
Carotid
CLTI
HD Access
Venous

CMS

Proposed SVS MVPs – Quality Measures

Symptomatic Carotid (n=12)

- **047 Advance Care Plan**
- **130 Documentation of current medications in the medical record**
- **226 Tobacco use: Screening and cessation intervention**
- **236 Controlling High Blood Pressure**
- 321 CAHPS for MIPSClinician/Group Survey
- **355 Unplanned reoperation within the 30-day postoperative period**
- **356 Unplanned hospital readmission within 30 days of principal procedure**
- 358 Patient-Centered Surgical Risk Assessment and communication
- 374 Closing the Referral Loop: Receipt of Specialist Report
- 441 Ischemic Vascular Disease all or none outcome measure
- **438 Statin therapy for the prevention and treatment of cardiovascular disease**
- **487 Screening for social drivers of health**

Asymptomatic AAA (n=10)

- **047 Advance Care Plan**
- **130 Documentation of current medications in the medical record**
- **226 Tobacco use: Screening and cessation intervention**
- **236 Controlling High Blood Pressure**
- 259 Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2)
- **355 Unplanned Reoperation within the 30 Day Postoperative Period**
- **356 Unplanned hospital readmission within 30 days of principal procedure**
- 357 Surgical Site Infection
- **438 Statin therapy for the prevention and treatment of cardiovascular disease**
- **487 Screening for social drivers of health**

NEED TO REPORT ON 4

Proposed SVS MVPs – Pop. Health Measures

Symptomatic Carotid (n=2)

- 479 Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinician Groups
- 484 Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

Asymptomatic AAA (n=2)

- 479 Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinician Groups
- 484 Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions

NEED TO REPORT ON 1

Proposed SVS MVPs – Improvement Measures

Symptomatic Carotid (n=15)

- **IA_PM_21 Advanced Care Planning**
- **IA_PM_2 Anticoagulant Management Improvement**
- IA_BE_1 Use of certified EHR to capture patient reported outcomes
- IA_BE_4 Engagement of patients through implementation of improvements in patient portal
- IA_BE_12 Use evidence-based decisions aids to support shared-decision making
- IA_PM_11 Regular review practices in place on targeted patient population needs
- IA_PM_15 Implementation of episodic care management practice improvement
- IA_PSPA_19 Implementation of formal quality improvement methods, practice changes or other practice improvement processes
- **IA_AHE_3 Promote use of patient-reported outcome tools**
- **IA_AHE_6 Provide education opportunities for new clinicians**
- **IA_EPA_1 Provide 24/7 access to MIPS eligible clinicians or groups who have real-time access to patient's medical record**
- IA_EPA_2 Use of telehealth services that expand practice access
- **IA_CC_2 Implementation of improvements that contribute to more timely communication of test results**
- IA_BMH_2 Tobacco use
- **IA_MVP Practice-Wide Quality Improvement in MIPS Value Pathways**

Asymptomatic AAA (n=10)

- **IA_PM_21 Advanced Care Planning**
- **IA_PM_2 Anticoagulant Management Improvement**
- IA_PM_16 Implementation of medication management practice improvements
- IA_EPA_3 Collection and use of patient experience and satisfaction data on access
- IA_CC_1 Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop
- **IA_CC_2 Implementation of improvements that contribute to more timely communication of test results**
- **IA_AHE_3 Promote Use of Patient-Reported Outcome Tools**
- **IA_AHE_6 Provide Education Opportunities for New Clinicians**
- **IA_EPA_1 Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record**
- **IA_MVP Practice-Wide Quality Improvement in MIPS Value Pathways**

NEED TO REPORT ON 1 or 2

Proposed SVS MVPs – Cost Measures

Symptomatic Carotid (n=1)

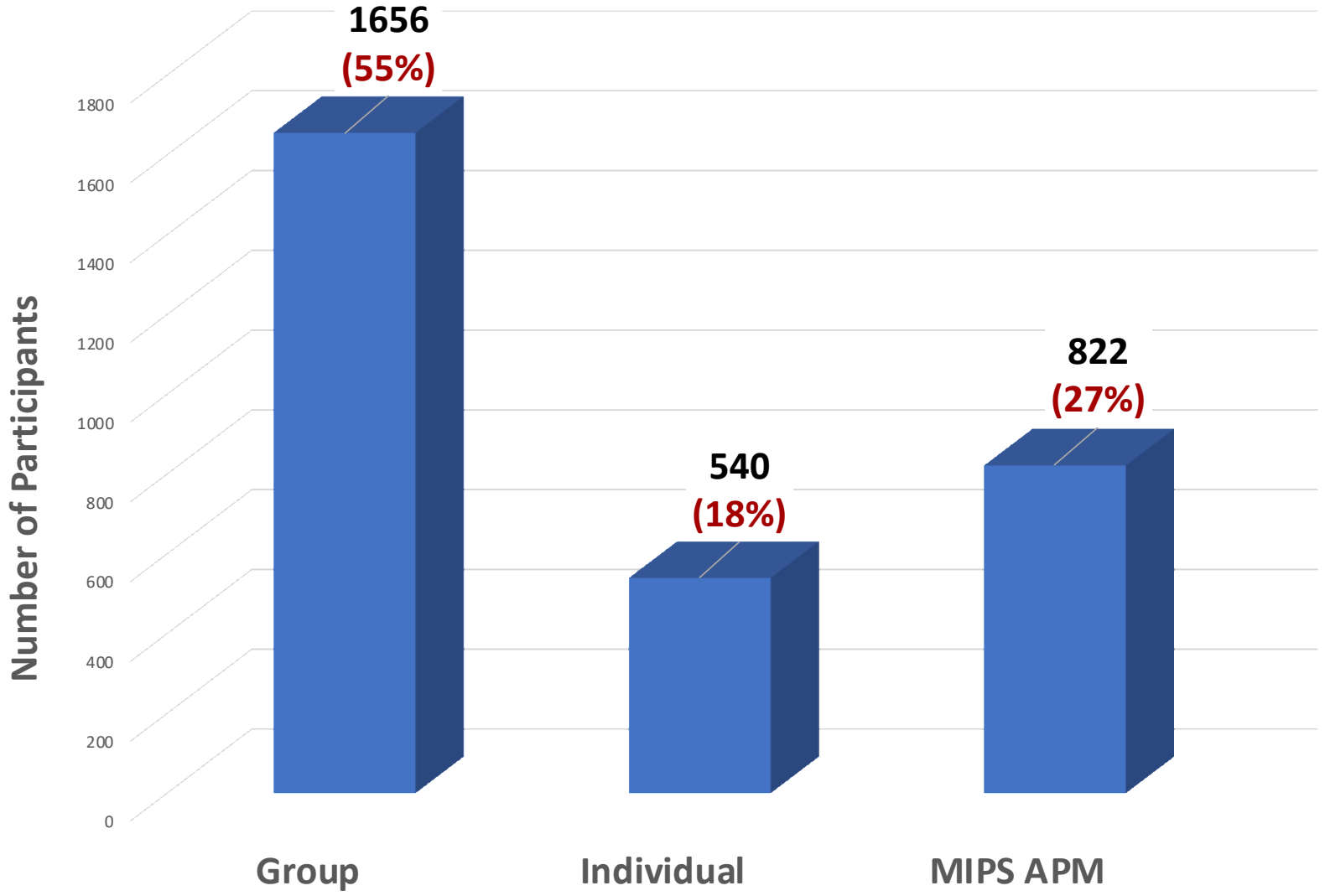
- **MSPB_1 Medicare Spending Per Beneficiary (MSPB) Clinician**

Asymptomatic AAA (n=1)

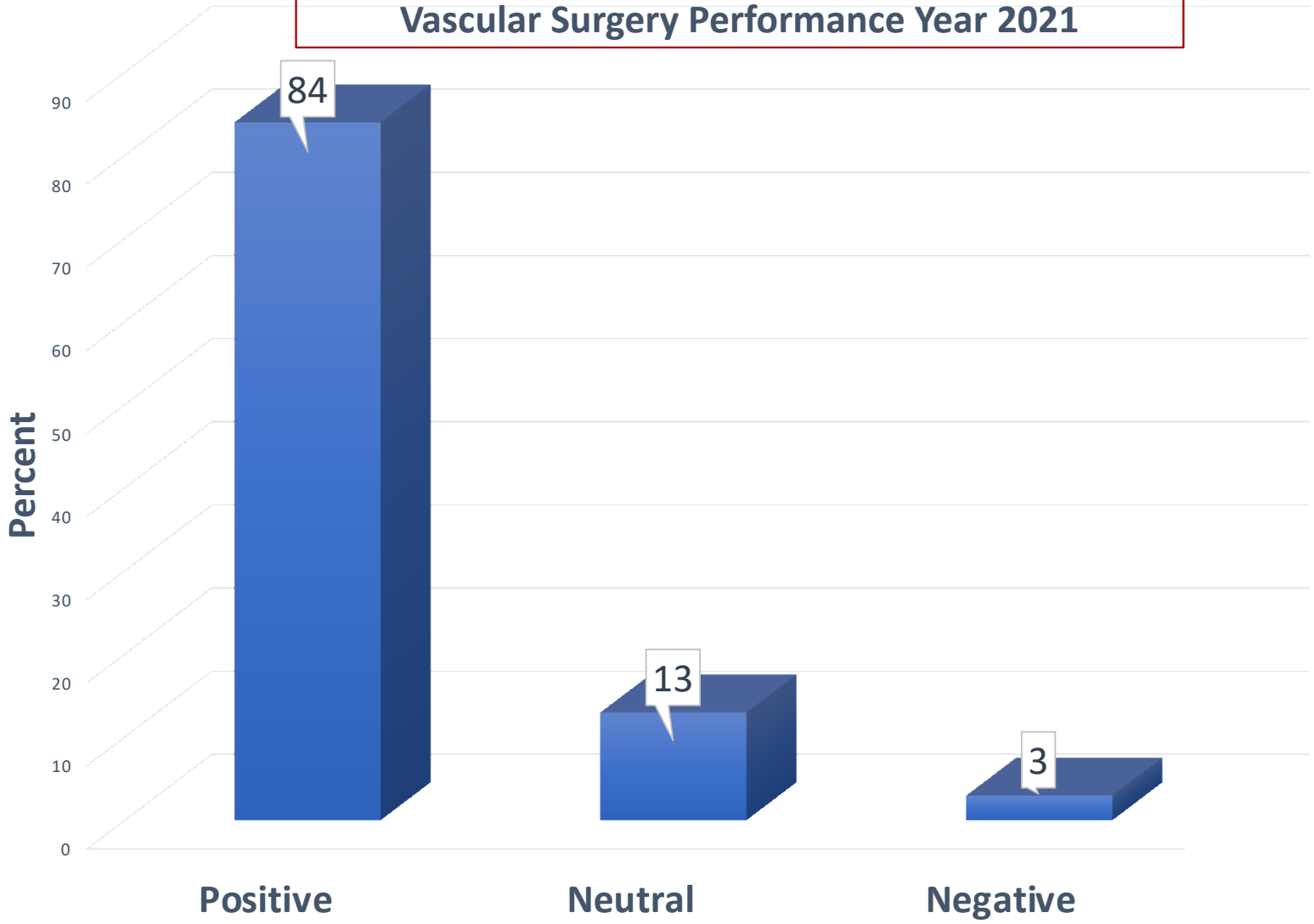
- **MSPB_1 Medicare Spending Per Beneficiary (MSPB) Clinician**

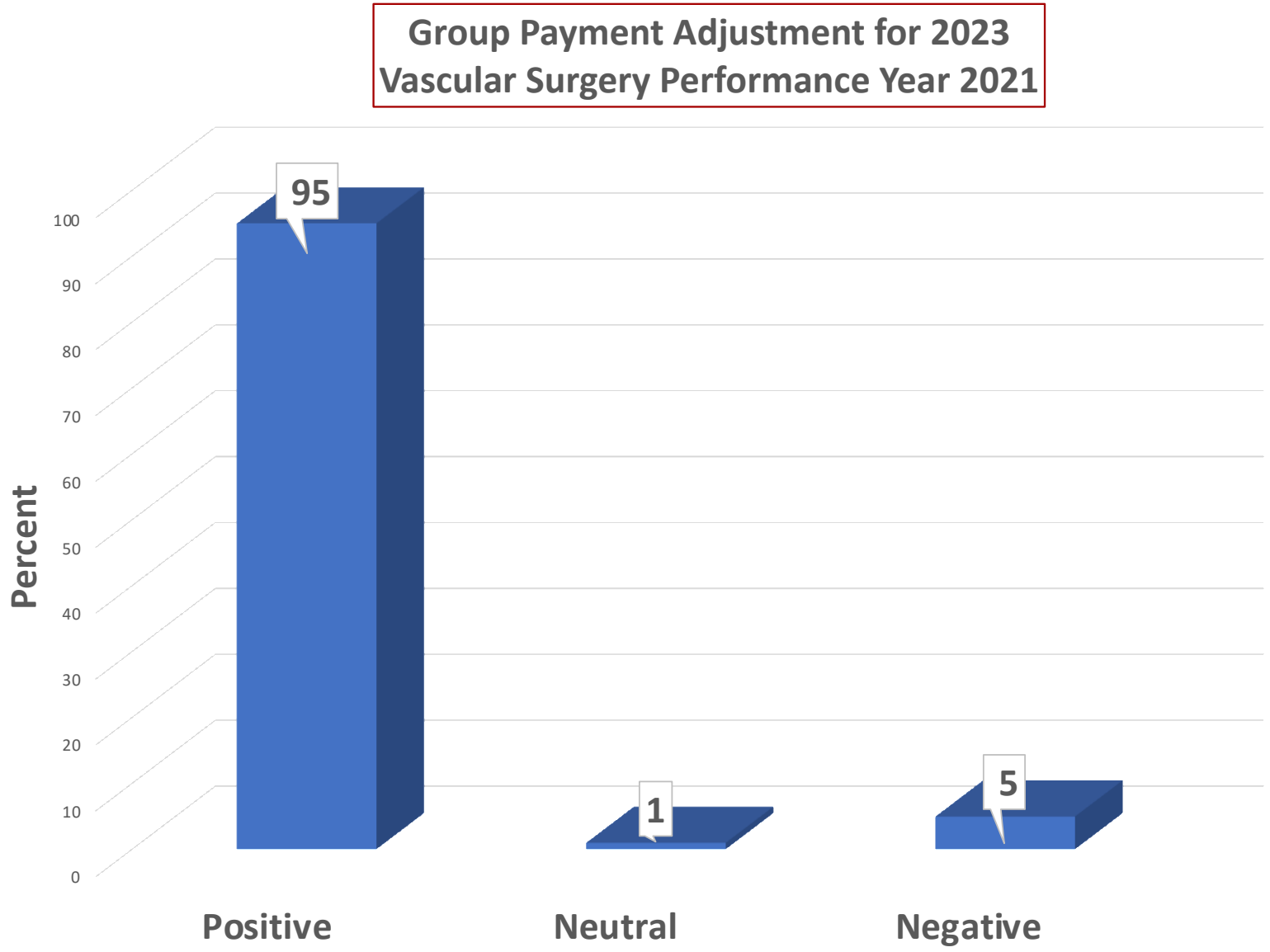
DATA SUBMISSION NOT REQUIRED

Vascular Participation Type for Performance Year 2021

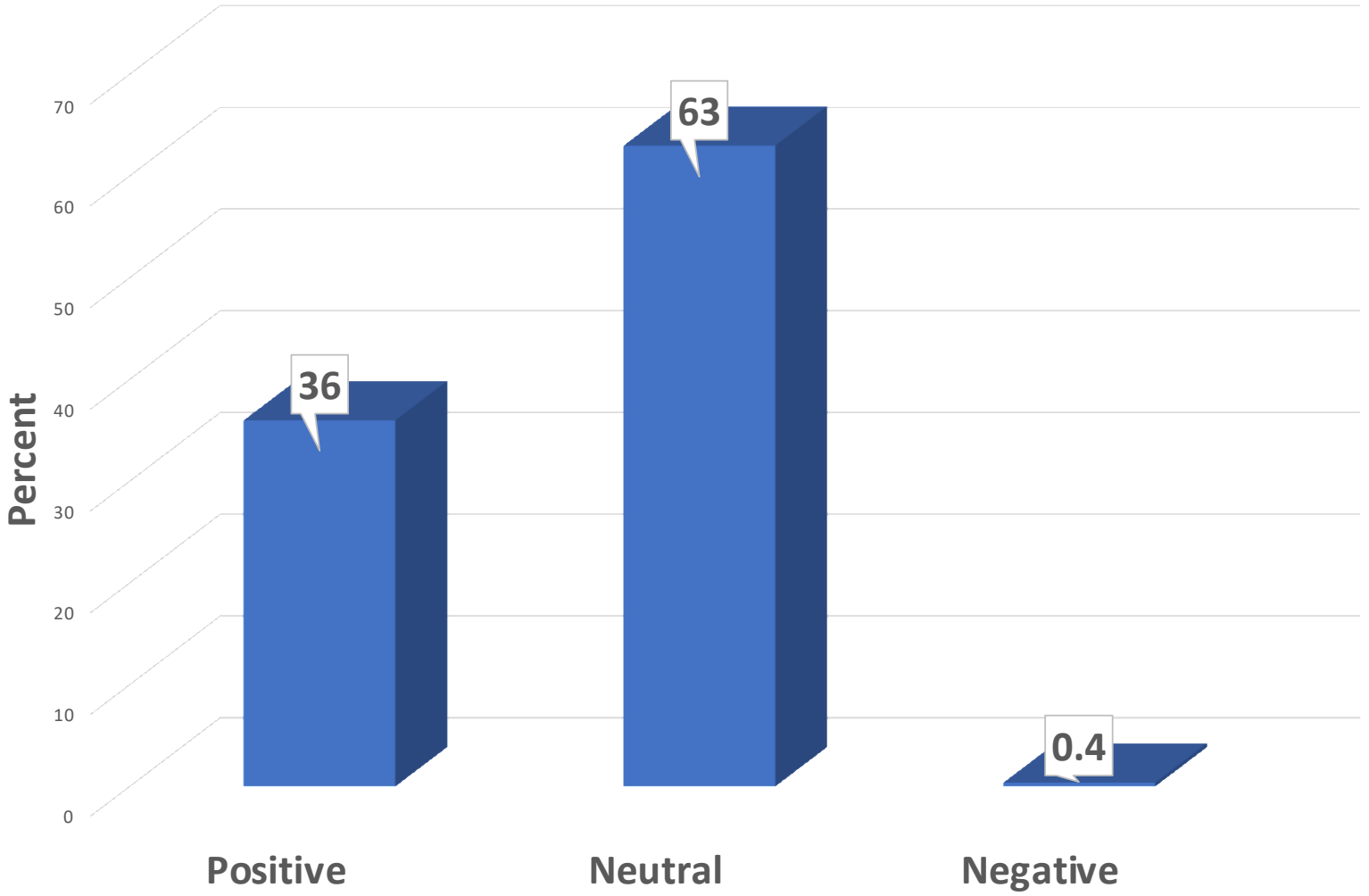


Overall Payment Adjustment for Payment Year 2023
Vascular Surgery Performance Year 2021

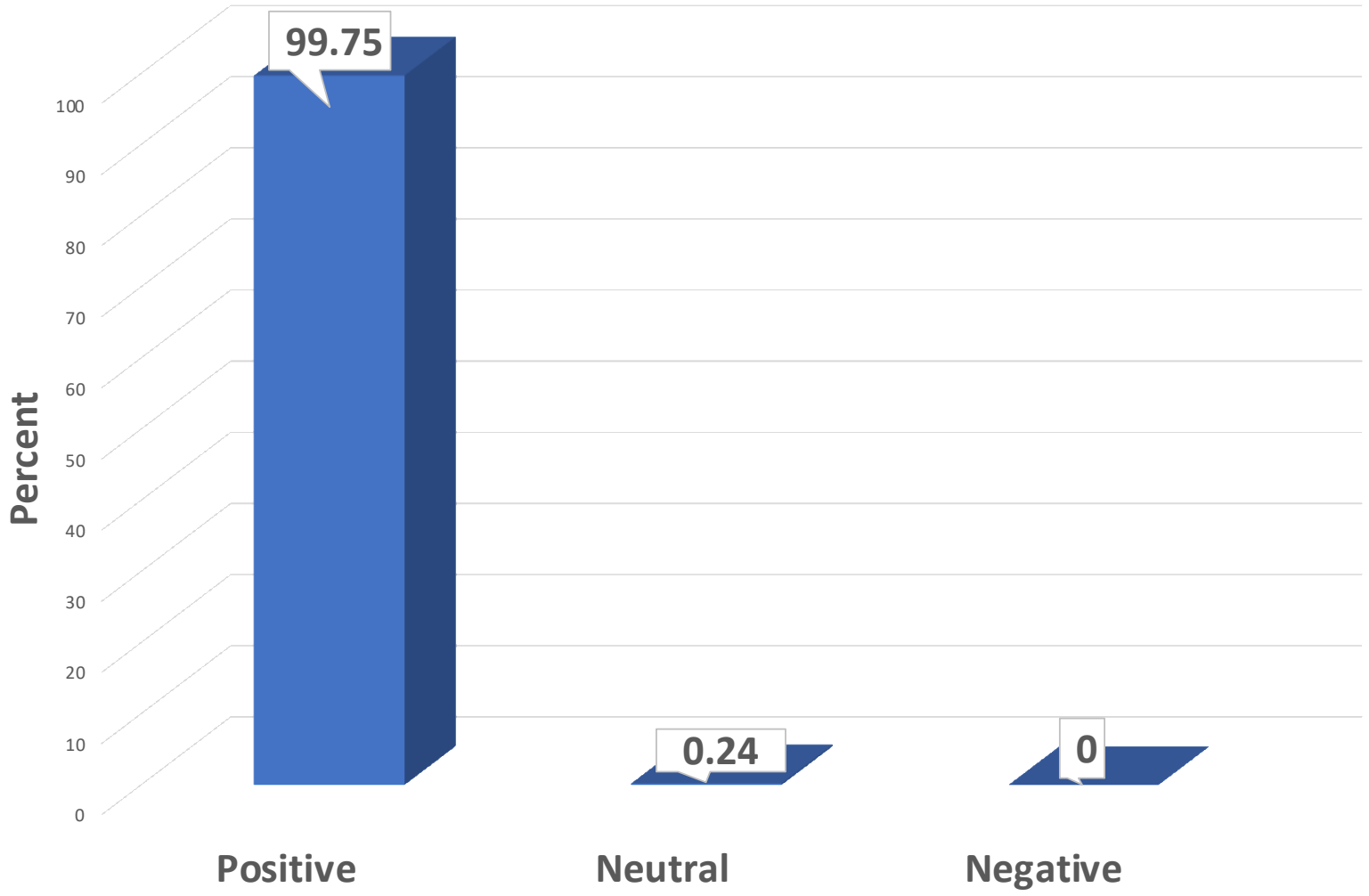



Group Payment Adjustment for 2023
Vascular Surgery Performance Year 2021
Percent
100
90
80
70
60
50
40
30
20
10
0
95
1
5
Positive
Neutral
Negative

Individual Payment Adjustment 2023
Vascular Surgery Performance Year 2021



MIPS APM Payment Adjustment in 2023
Vascular Surgery Performance Year 2021



Looking Forward

- **Goal = maximize SVS member performance as much as possible**
  - Ensure adoption of favorable vascular MPV(s)
  - Develop / test additional quality measures
  - Be involved in development of additional cost measures
  - Education members on how to track (and improve) their performance

Meeting CMS requirements: quality improvement

Jessica Simons, MD
Ashley Vavra, MD, MS

On behalf of the SVS Quality Improvement Committee

Disclosures

- none

Demonstrating Quality Care

- CMS is already adjusting payments based on providers' reporting of quality care:
  - Quality measures
  - Improvement activities

2023 Improvement Activities List

2023 MIPS Quality Measures List

Demonstrating Quality Care

- The bar for getting a positive reimbursement adjustment is likely to get higher in the future
- The role that we play in attaining a positive adjustment is likely to increase in the future

What is the role of the QIC?

- The SVS Quality Improvement Committee is a relatively young committee
- *We seek to support SVS members who are trying to engage in Quality Improvement initiatives*

Jessica Simons, MD, MPH – *Chair*	Angela Kim, MD
Ashley Vavra, MD - *Vice-Chair*	Young Kim, MD
Hasan Aidailami, MD	Samantha Minc, MD
LeAnn Chavez, MD	Maham Rahimi, MD
Michael Costanza, MD	Rebecca Scully, MD
Carlos Hinojosa, MD	Mel Sharafuddin, MD
Andrew Hoel, MD	M. Sheehan, MD
Jason Johanning, MD	Mrinal Shukla, MD
Adam Johnson, MD, MPH	Eleftherios Xenos, MD

QPMC & QIC: complementary work

- The QPMC is working hard to develop measures that support high-quality value-based care
  - *QPMC helps SVS members know what they need to do to demonstrate quality care to CMS*

VALUE BASED CARE

- The QIC helps guide surgeons on how to execute quality improvement projects
  - *QIC helps SVS members figure out how to achieve a desired level of quality*

Current state

- Payment adjustment range: **-9% to +2.34%**

- Several different quality measures and improvement activities are reported across the specialty
- *Some common ones were identified*

CMS Quality Measure #438

Quality ID #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

2023 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:

- All patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR
- Patients aged ≥ 20 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR
- Patients aged 40-75 years with a diagnosis of diabetes.

CMS Quality Measure #438

Quality ID #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

2023 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

So, let's say we want to report on this measure.
How would we go about maximizing this percent?

hypercholesterolemia, OR

- Patients aged 40-75 years with a diagnosis of diabetes.

Quality Improvement for CMS Measure 438

- Define the Problem
- Build a Team
- Define the change
- Implement the change
- Evaluate impact

Define the Problem

Problem: Improve Statin prescribing for target population (i.e. vascular surgery patients)

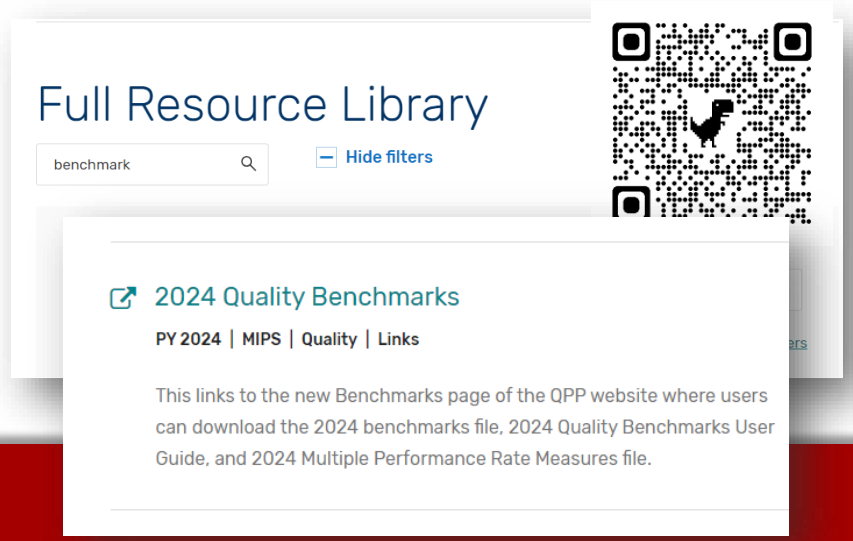
Deeper dive into the measure

Is the data reliable?

- How is data extracted?
- Audit accuracy

What should be the goal?

https://qpp.cms.gov/resources/resource-library



What is the process?

- Who prescribes statins?
- Barriers to prescribing?

Build a Team

Keys to Success

Champion

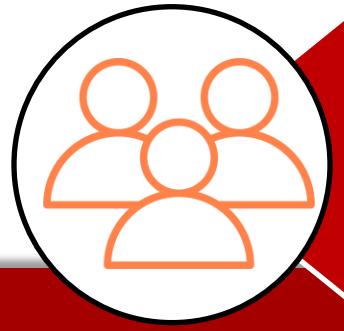
- Subject matter expertise

- Motivated
- Credibility with team

Project Manager

- QI or PI expertise is helpful

- Availability
- System knowledge



Team Members

- Front line: data extraction, prescribers
- Executive sponsor: hospital, clinic leadership

- Involved in the process
- Help get things done

Define the Change

Problem → Smart Aim: Improve Statin prescribing for vascular surgery patients to >90% within 1 year

- Areas for improvement:
  - Physicians uncomfortable with dosing
  - Physicians forget to documentation of prescribing or if contraindicated
  - Surgeons don't want to follow-up lipid panel
- Utilize existing workflows → EMR
  - Orderset for dosing and labwork
  - Templated note (documents prescribing and contraindications)
  - Templated letter to PCP

Implement the Change

- Create a timeline:
  - Go live date
  - When and how to reassess (ex. 3 month intervals)
- Prepare your team for change
  - Review proposed changes in advance
  - Assess proposed barriers
  - Develop a communication plan

- Identify roles and responsibilities of team members for:
  - reviewing and communicating data
  - Assessing when to change/ammend interventions

Assess the Impact

Success → Statin prescribing for vascular surgery patients to >90% within 1 year of go live

- Confirm change is happening
  - *Assess orderset and template use*
- Revision of goal and definition of success frequently need to be revisited (repeat the process)
- Communicate, communicate, communicate

Making Change Stick

- Communicate and celebrate
- Set team expectations
- Be kind, change is hard
- Embrace the chaos

"Planned change in such a [health] system is difficult because it is dynamic: nothing stands still while we intervene."

- Riley et al. Systems thinking and dissemination and implementation research

Resources

- 2021 CMS QPP Experience Report
  - MACRA, QPP Resources | Society for Vascular Surgery
- SVSQuality@vascularsociety.org

How Medicare Quality Requirements Will Impact Reimbursement, and Practical Tips to Successfully Meet Them

Thank You For Your Participation!