Clinical Quality Measures
The Future is Here

What are Clinical Quality Measures?
- CMS is the driver now, Medicare and Private Insurance coming soon
- Meaningful Use of EHR Incentive Program
- Physician Quality Reporting System - PQRS

Next Steps
- EMR implementation to occur in Q2 2012
- CMS requirement in Q4 2012
- PQRS reporting in Q1 2013

Value Added Action Plan
- BH needs to bridge out of its silo and learn how to stay in this game
- Get the benefits
- Generate the revenue
- See the management
- Improve Health Access and Care

CMS Quality Initiatives
- CMS is the largest purchaser of health
- Value to the US
- Ties to the best to their scoreboards
- CMS quality in a position to evaluate
- Serves as a way to increase reimbursement

Financial Implementations
- Beginning in 2011, incentive payments adjusted at -1.25% for those EMR who did not report in 2011
- 2012 and beyond, -2.0%
- Adjustments to be applied
- Value Based Measures will apply at -4.0% by 2015, at -6.0%

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Clinical Quality Measures
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What are Clinical Quality Measures?

- CMS is the driver now, Medicaid and Private Insurance coming soon
- Meaningful Use or EHR Incentive Program
- Physician Quality Reporting System - PQRS

CMS Quality Initiatives

- CMS is the largest purchaser of health care in the US
- Taking the lead to "transform itself from a passive payer into a purchaser of higher quality, affordable care"
- 26 separate quality programs
- Aligns with 3 aims: Better Care, Health People/Health Communities and Affordable Care
Improve Behavioral Health Access and Care

- Better use of MH and SA screens to identify, refer, and treat individuals with a BH condition
- Increased use of EHRs by BH
- Services received within 30 days of screening/identification
- Better availability of evidenced-based practices
- Reduced admission to IP facilities or EDs
- National Council identifies 33 measures related to BH

Meaningful Use eCQM

Align with PQRS in 2015
Reported from your EHR

Incentives
- AIU-funds per Eligible Professional (EP)
  - Stage 1: 90 day reporting
  - Stage 1: 365 day reporting
  - Stage 2: 365 day reporting
  - Stage 3: surprises coming

Requirements for 2014 Stage 1
- EPs must meet:
  - 9 required core measures
  - 5 specific measures from a list of 5
  - Total of 16 objectives
- Eligible hospitals and EHRs must meet:
  - 11 required core objectives
  - 5 menu objectives from a list of 10
  - Total of 16 objectives

Incentives
- AIU-funds per Eligible Professional (EP)
  - Stage 1: 90 day reporting
  - Stage 1: 365 day reporting
  - Stage 2: 365 day reporting
  - Stage 3: surprises coming

Requirements for 2014 Stage 1

EPs must meet:
- 13 required core measures
- 5 menu objectives from a list of 9
- Total of 18 objectives

Eligible Hospitals and CAH’s must meet:
- 11 required core objectives
- 5 menu objectives from a list of 10
- Total of 16 objectives

MU Incentives/ Penalties

- 100 EPs = $6.375M over program duration
- Every $1M in Medicare billed = $40K per year in penalty avoidance under MU and PQRS (2% per year/program)
- Medicare penalties escalate up to 5% + 2% under PQRS or $70K per $1M

Physician Quality Reporting System - PQRS

Similar quality measures
Can be reported from claims, directly from your Electronic Health Record, EHR Data Submission vendor, Qualified Clinical Data Registry


Individual Reporting
- Different measures
- Report 1 measure from 3 domains
- Data analyzed by the IEP

Group Reporting
- Simple TIN
- 2 or more eligible EPs
- Data analyzed at the TIN level
- Value Based Payment Modifier available scores

How to Report
- Individual or Group Reporting
- Directly through EHR
- Submission provider, QEX, CCM
PQRS Rules

- Must report on 9 measures from 3 NQS domains
- 1 Cross Cutting measure if one Medicare beneficiary seen
- Measure Validation

How to Report

- Individual or Group Reporting
- Directly from your EHR, Submission provider, QCDR, Claims

Group Reporting

- Single TIN
- 2 or more Eligible EPs
- Data analyzed at the TIN level
- Value-based Payment Modifier available sooner
Individual Reporting

- Different measures
- Report 9 measures from 3 domains
- Data analyzed on the EP

Financial Implementations

- Beginning in 2015, downward payment adjustment of -1.5% for those EPs who did not report in 2013
- 2015 and beyond, a -2.0% adjustment is applied
- Value Based Modifiers will apply to all EPs by 2017; another -2%

QCDR

Qualified Registries will work with you and your data for efficient PQRS reporting

- Behavioral Health focus
- Aligned with MU, PQRS and non-PQRS quality measures
- Dashboard features for real-time monitoring
- Files submitted on behalf of the EP or Group
Next Steps
- Will you participate as a group or an individual?
- Which measures to report?
  - Clinical conditions treated
  - Types of care provided
  - Settings where care is delivered
  - Quality Improvement goals for 2015
  - Meaningful Use measures
- Reporting Vehicle
- Develop Internal Plan
- Analyze Data and Implement Rapid Cycle Improvements

Value Added Action Plan
BH needs to bridge out of its silo and learn how to play in this arena
- Leverage the benefits
- Reap the incentives and avoid the penalties
- Disease Management/Population Health opportunities

Questions?