

How Wound Care Practitioners Can Thrive Under MIPS

By Dr. Caroline Fife, AAWC Board member

There has been a huge change in Medicare payment to advanced practitioners... are you aware?

- ✓ If you are an advanced practitioner subject to MIPS and are hoping for bonus money linked to the **2017 reporting period**, you need to participate in MIPS for **at least 90 days (3 months)**.

That leaves you with about 4 months to work with your EHR vendor on quality reporting and care information, plan your practice improvement activity and sign up with a registry. You know you want to take some time off this summer, so now is the time to figure this all out.

Start by reading this article . . .

On **January 1, 2017**, Medicare Part B payments became subject to MACRA (the Medicare Access & CHIP Reauthorization Act of 2015). This legislation was passed in 2015 with bipartisan support and is **not** going to be affected by any changes that may be made to “Obamacare,” because it avoided the 21% cut in physician reimbursement that would have been required under the “sustainable growth rate” formula.

Instead, MACRA is designed to move all physicians into alternative payment models (APMs) over time, but for now, most physicians will be subject to the Merit Based Incentive Payment System (MIPS).

The **good news** is that a significant positive payment adjustment (**“bonus money”**) is possible under MIPS!

- Under two of the programs MIPS replaced, the Physician Quality Reporting System (PQRS) and Meaningful Use (MU), clinicians could only avoid penalties, whereas with MIPS bonus money is possible.

The other **good news** is that the previous programs had completely separate reporting mechanisms.

- MIPS combines all the reporting requirements into one program. So, you could say it MIPS is “simpler” because all the reporting is in one program.

The **bad news** is that MIPS it is in fact, really, really complicated.

- Because it is so complicated, if I wrote an article explaining all the details, it would be too long to read in one sitting and too boring to finish.

In this first year (2017), CMS is allowing all practitioners to “ease into” MIPS by “picking their pace” at participation.

- You can ignore it altogether and lose 4% of your Medicare Part B payments. Payment adjustments lag two years behind so you will not experience a monetary impact until 2019.
- You can “test out” with minimal participation by reporting, for example, only one quality measure. If this is the only part of this article you are going to read, pay attention to this part:

Every practitioner ought to be able to report ONE quality measure! Doing so will allow you to keep all your 2017 Medicare Part B payments.

If you would like to have a chance at ‘bonus’ money, you can get serious about MIPS participation, starting with quality reporting. So how do you do that? I am going to explain how.

Every Medicare practitioner will be given a score from 0 – 100 based on their performance in four categories. In 2017, only 3 categories will apply:

- Quality Reporting
- Clinical Practice Improvement Activities (CPIA)
- Advancing Care Information (ACI-previously known as Meaningful Use).

If you participate in MIPS fully for 90 days of the 2017 calendar year, you could get a modest bonus payment. If you participate fully for the entire 2017 year, you could get as much as a 12% bonus in your Medicare Part B payments. However, there’s some fine print about the bonus money. Congress set aside \$500 million dollars (yes, that is half a billion dollars) as an additional incentive for the “exceptional performers”. The practitioners who score the highest can get an additional 10% bonus, which is a total of 22% of their 2017 Medicare Part B payments. How is that possible?

Zero Sum Game

The reason that we even have Medicare payment reform is because the Medicare trust fund is expected to go bankrupt within the next two decades. The most out of control spending is on the outpatient side, which makes sense given that inpatient spending is capped under the “DRG” system.

Wound care is part of the reason for out-of-control outpatient spending. The Alliance of Wound Care Stakeholders performed an analysis of 5% of the Medicare claims dataset and estimated that in 2014, Medicare spent between \$35 billion and \$90 billion dollars on chronic wounds, depending on how you allocate the cost of infection. Most of this was in the post-acute setting. The day that Medicare moves to a true “bundled” payment system for an “episode of care” in the outpatient setting, we will have to ask ourselves what treatments heal wounds for the *lowest cost in the shortest time*. The Centers for Medicare and Medicaid Services (CMS) is asking that now by looking at “resource use” among our patients, although that is a topic for another day.

In an era of dwindling resources, how is it possible for CMS to give some practitioners a 22% bonus? The answer is the majority of practitioners will pay penalties, and their penalties will fund bonuses for the few practitioners who get their act together.

The Decile Game

Practitioners need to report **six measures**. However, there is some fine print about the measure scoring. You get more “credit” for certain types of measures (e.g. *patient reported measures* or *outcome measures*), and measures reported through a qualified clinical data registry (QCDR). Because 60% of your overall score will be determined by your performance in **Quality Reporting**, I am going to focus on how to get a top score on Quality.

You can't participate in quality reporting by putting data into a website form as was possible with PQRS.

- The data have to be transmitted from your electronic health record (EHR) and you must report data on all of your patients. There's a lot of fine print that I am skipping over.

The other problem is that most wound care practitioners do not get to decide what EHR they use.

- Some hospital EHR systems have not helped independent practitioners achieve success with quality reporting.

Unfortunately, many practitioners do not get to select the quality measures (QMs) that they report because they are part of large group practices that decide what measures they will report. That is very unfortunate because measure selection matters a lot. If you pick six standard PQRS measures such as *BMI screening and follow up*, or *blood pressure control*, you will be using the same measures as every internist and family practitioner in the USA. Your percent score on the measure determines your decile ranking just as it did when you took an exam that was graded on a curve in college. You can't tell from the score alone whether you passed or failed – it depends on the scores of the rest of the doctors in the USA. However, since none of the activities described in standard PQRS measures are actually the primary focus of a wound care practitioner (with the single exception, perhaps of evaluating diabetic patients for neuropathy), the likelihood you will score 100% is **low**. That means that most wound care practitioners will not be in the top decile of each measure. Their aggregate quality measure position in relation to the rest of the doctors in the USA will be low, which will result in their final physician score being affected negatively because they had patients with out-of-control blood pressure or who did not get flu shots.

Let's take a look at some examples from my own EHR, which keeps me continuously informed of how well I am doing with each of my QMs compared to the national benchmark score.

- PQRS #131 *Pain Assessment and follow up*: Currently I have a score of 93%. That sounds pretty good, doesn't it? Wrong. My current decile rank is 7.2 for that measure because apparently there are a lot of doctors in the USA who have perfect scores. If I report that measure to CMS, my QM score will be so low compared to other doctors using it that I won't have a chance at bonus money.

- PQRs #238 *Use of High Risk Medications in the elderly*: That’s an inverse measure, so a low score is better. My current score is only 1.4% that sounds fantastic. (By the way, the reason I don’t have a perfect score is that Amitriptyline is considered a “high risk” medication and I use it in low doses for pain management). That seemingly excellent score still gives me a decile rank of only 7.7.
- PQRs #130 *Documenting medications in the medical record*: I have a score of 100% and thus a decile rank of 10. The problem is that I need a decile rank of 10 in all 6 measures, and if possible some bonus points. Just how am I going to do that?

The clear and obvious lesson is that when it comes to standard PQRs measures, if you are not going to score 100% on all of the measures you report (unless it is an inverse measure, obviously), you are not going to have a chance at serious bonus money. There are too many internists and multi-specialty groups dedicated to making sure that the right data are entered in their EHR.

One of my children took Spanish in high school and was frustrated because the other students in the class were native Spanish speakers. We are going to struggle as long as we are swimming in someone else’s quality pool.

We need to be measured on activities we actually **do**, and to be measured against **our** peers. That’s why the US Wound Registry has spent three years working hard to get national benchmarks for at least a few wound care relevant quality measures.

CMS has released the 2016 Prior Year Benchmarks report (see link below). I am happy to report that the USWR has been able to get national benchmarks for several measures relevant to wound care, depicted in Table 2 below. These are measures that AAWC members were actively involved in helping to create at the outset of the QCDR process.

Table 2. USWR Measures with Benchmarks in 2016

USWR Measure Name	2016 Benchmark
Vascular assessment of patients with leg ulcers	54.91%
Adequate off-loading of diabetic foot ulcers	56.96%
Adequate compression of venous leg ulcers at each visit	88.65%
Venous Leg Ulcer healing (risk stratified by the WHI)	Overall 88%
Diabetic foot ulcer healing (risk stratified by the Wound healing index)	Overall 78%

Why is this a big deal?

It's a big deal because as a Qualified Clinical Data Registry, the USWR can be used to report your quality measure data. This means that you get a bonus point on every measure you report because you are reporting through a QCDR, even on the standard PQRS measures like PQRS #131 *Pain Assessment and follow up*.

However, if you report QCDR measures that are relevant to your practice like *vascular assessment* or *off-loading*, you are now in a contest against your vascular peers that you might be able to win. The benchmark rate is the mean or average performance score. As you can see, it's genuinely possible if you do a good job of patient care and documentation, you can beat the benchmark rate. And, you can get additional bonus points for reporting an outcome measure, and bonus points for reporting it through a qualified clinical data registry like the US Wound Registry.

Reporting wound healing rates is highly complicated business. **We can't continue to report that everyone heals as we have done for years.** At the 2016 Spring SAWC, Dr. Marissa Carter and I demonstrated the way that reporting healing rates by risk category will look in the future. I will explain this better at a later time. For now, the take home message is that if you want bonus money under MIPS- you either need a perfect score on **all six** standard PQRS measures, or, you need to **use at least a few USWR measures** with benchmarks that you think you can "beat."

How to use the USWR measures

You need to download the electronic clinical quality measure (eCQM) files (free of charge) from the USWR website, and get your vendor to install them in your EHR. That part has been a barrier for some clinicians because EHR vendors have not been supportive of quality activities. This is a topic for another day.

For now at least you understand the importance of the "decile game" in quality measure reporting, and that it **is** possible for a wound care practitioner to thrive under MIPS if they learn to play it!

For information on how you can work with the USWR to thrive under MIPS, call (281) 771-DOCS (3627)

Available Monday - Friday, 7:30AM to 5:30PM Central Standard Time, or go to:

<https://www.uswoundregistry.com/Contact>

Resources

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Downloads/PY2016-Prior-Year-Benchmarks.pdf>

<https://uswoundregistry.com/QualityMeasures>

