

Assessing Transformation Readiness Under MACRA/MIPS: Barriers to Data Collection

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Objectives

1. Describe MACRA/MIPS through the quality lens
2. Explain Transformation Readiness Assessment process
3. Share insights and findings
4. Set the stage for data needs and opportunities

Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971, working at the intersection of research, policy, and practice
- Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities

Stratis Health Initiatives

A diverse portfolio of initiatives, funded by federal and state agencies, foundations, and health plans, including:

- **Serving as one of 14 regional QIN-QIOs**
 - Stratis Health leads the Lake Superior Quality Innovation Network serving Michigan, Minnesota, and Wisconsin under the CMS Medicare Quality Improvement Organization Program.
 - Quality, safety, prevention, value-based care
- **Improving Health Equity**
 - Health literacy, cultural competence, race/ethnicity/language data
- **Rural Health**
 - Palliative care, patient safety, rural-relevant measures, value
- **Health Information Technology**
 - Regional Extension Center HIT, HIT toolkits, consulting toward health transformation

Stratis Health Perspective on MACRA/MIPS

- Focus and priority are on improving quality and safety in a value-based care environment, and we view incentives and value-based purchasing programs as tools and levers for improvement
- We are a knowledgeable and trusted source of value-based purchasing policy and program interpretation, at both federal and state levels
- We uniquely hold a comprehensive view across settings and into the community and are committed to integration

Four Pillars of Transformation Readiness of Health Care Organizations

- Leadership
- Organizational Change and Quality Improvement
- Evidence Based Practice
- Establishing and Enabling IT Platforms

Transformation Readiness Assessment Process

Current & Future state

- Clinician
- Eligibility
- Quality reporting
- Technology: MU, PQRS

Impacts

- Provider
- Organization
- Patients
- Payments

Data analytics

- Population risk management
- Quality Measures and outcomes
- Cost: patient and organizational
- Utilization: within and outside settings

Assessment Categories: Value Based Care Tool

Rural Health Value: Value Based Care Assessment Tool

*Collaborative efforts of Office of Rural Health Policy, the RUPRI Center for Rural Health Policy Analysis (RUPRI Center), and Stratis Health
<http://cph.uiowa.edu/ruralhealthvalue/TnR/vbc/vbctool.php>

Categories

1. Leadership/Governance/Change
2. Quality Improvement /Best Practice
3. Information Systems (EHR, HIE, portals)
4. Patient/Family Engagement
5. Care Management (access, HCH, etc.)
6. Care Coordination Across Settings
7. Population and Community Health
8. Financial Risk Management: Readiness for APM

Transformation Readiness Assessment Tools

1. **Value-Based Care Readiness Assessment Tool**
2. Provider Eligibility, Quality Reporting, Technology Tool
3. Meaningful Use Assessment Tool (2016 and Medicaid)
4. MIPS Scoring
 1. ACI Score
 2. CPIA score
 3. Quality: cross-walked measures, no scoring tool
 4. Value scores: no scoring tool

Rural Health Value: Value Based Care Assessment Tool <http://cph.uiowa.edu/ruralhealthvalue/TnR/vbc/vbctool.php>

Insights and Findings: Strengths

Strengths:

- High Adoption and Use of EHRs
- Robust Quality Improvement processes
- Collaboration of Minnesota Stakeholders
 - Statewide strength, working on organizational and regional collaborations for HIE and VBC

Insights and Findings: Opportunities

Opportunities:

- Align quality measures across payers
- Improve data consistency
- Present real-time actionable data
- Improve care coordination across settings
- Develop patient-centered metrics
- Support/promote accountability
- Identify and manage population health
- Promote cultural change

Barriers to Data Use and Collection

- **Technology**
 - Ease of Use
 - Capacity
 - Interoperability
- **Limited Resources**
 - Staff time and expertise
 - Provider burden
 - Processes: Workflow, change management
- **Data Analytics**
 - Limited access to utilization data
 - Population health, predictive analytics
 - Lack of alignment of quality measures

Alignment of Quality Measures

What do we hear most consistently from health care organization and stakeholders? Alignment!

- Federal and state
- Third party payers
- Professional organizations
- Clinical best practices
- New: patient reported outcomes

QIN-QIO Role

- The network of Medicare QIN-QIOs across the country are now offering education and support for practices to participate in the new CMS Quality Payment Program
- Contact your regional QIN-QIO to coordinate your efforts:
<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774346757>

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