



# Quality Improvement Organizations

Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## *QIO Update On Federal Initiatives*

*Right Care Initiative*

*Rotating University of Best Practices*

*Sacramento, CA*

*August 13, 2012*

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# ***QIO Scope of Work***

- **Hospitals:** reduce HAIs, reduce readmissions, support quality data reporting and VBP
- **Nursing Homes:** reduce pressure ulcers and physical restraints, improve resident centered care
- **Communities:** reduce readmissions, reduce ADEs

# *Physician Practices*

- **Use EHRs to coordinate preventive services, increase utilization rates, report data to CMS' Physician Quality Reporting System**
  - Screening mammography, colorectal screening, influenza and pneumonia immunizations
- **Reduce cardiac risk factors**
  - Hypertension, cholesterol control, smoking cessation, aspirin therapy
- **Integrate health IT into clinical practice**
  - Coordination with RECs, Beacon Communities

# *Physician Practices*

## **Improve cardiac health by:**

- Increasing **low-dose aspirin therapy** use in patients with ischemic vascular disease.
- Improving **blood pressure control** in patients with coronary artery disease or peripheral vascular disease.
- Improving **LDL-C control** in patients with ischemic vascular disease.
- Improving **tobacco cessation** intervention for patients that smoke.

# ***Multiple Incentive Programs***

- **Physician Quality Reporting System (PQRS)**
- **Meaningful Use Stage I**
- **Physician Value Based Modifier**
- **Medicare Advantage**
- **IHA**

# Measures (Million Hearts)

# Select Aligned Initiatives

Aspirin Use  
(NQF 0068)

- PQRS Measure #204
- MU Stage 1 – optional
- MU Stage 2 core (prop)
- ACO measure

Blood Pressure  
Control  
(NQF 0018)

- PQRS Measure #236
- MU Stage 1 – optional
- MU Stage 2 core (prop)
- ACO measure
- Medicare Advantage
- IHA\*

Cholesterol  
Management - IVD  
(NQF 0075)

- PQRS Measure #241
- MU Stage 1 – optional
- MU Stage 2 – optional (prop)
- ACO measure
- Medicare Advantage
- IHA

Smoking Cessation  
(NQF 0028)

- PQRS Measure #226
- MU Stage 1 – core
- MU Stage 2 core (prop)
- ACO measure

\*Diabetes patients only

# PQRS

- Eligible providers (EPs) report quality data using either claims or registry, or directly from qualified EHRs.
- EPs can simultaneously participate in PQRS and EHR incentive programs or PQRS and electronic prescription (eRX) incentive programs.
- EPs include MDs, DOs, DDSs, PAs, NPs, therapists, etc.

# **PQRS** *(cont'd)*

- On successful reporting of PQRS, receive **incentives at 0.5 percent** of allowable Medicare FFS charges 2012-2014.
- **Medicare payment reduction of 1.5 percent in 2015; 2 percent in 2016 onward for not satisfactorily reporting quality data.**
- **To avoid the 2015 payment reduction, EP must satisfactorily report in 2013.**

# ***PQRS Enrollment***

- **HSAG provides free technical assistance and training to prepare your office for submitting PQRS measures to CMS in the proper format**
- Eligible Providers include MDs, DOs, PAs, NPs that bill under their own NPI
- **HSAG currently has openings for both Cardiac and PQRS**
- Sign up by completing the PQRS EHR or Cardiac enrollment forms or by contacting Shanti Wilson, Director, HIT at [swilson@hsag.com](mailto:swilson@hsag.com)

# Meaningful Use Incentives

Incentive Program	Medicare	Medi-Cal
Maximum Incentive	\$44,000	\$63,750
Provider Eligibility	Most Medicare EP's qualify but incentives based on 75% of Medicare Part B FFS Charges	EP's must meet one: <ul style="list-style-type: none"> <li>•30% Medi-Cal patient volume</li> <li>•20% for Pediatricians</li> <li>•30% "needy individuals" patient volume for FQHCs/RHCs</li> </ul>
Penalties for non-adoption	Yes, 1 percent beginning in 2015 and increasing each year until the payment adjustment reaches 5 percent	No
Timelines	EPs must demonstrate Meaningful Use in 2012 to receive maximum incentive	EP can begin as late as 2016 to receive maximum incentive. First payment is based on AIU (Adopt, Implement, or Upgrade) of a certified EHR

# *Meaningful Use Assistance*

## HSAG Provides:

- Free technical assistance through CalHIPSO to help providers implement certified EHRs and Achieve Meaningful Use
- HSAG still has openings in the Sacramento region for this assistance.
- Contact Shanti Wilson, HIT Director, at [swilson@hsag.com](mailto:swilson@hsag.com) to enroll.

# *Medicare Advantage Star Ratings*

- CMS rates Medicare Advantage plans on a scale of one to five stars, with five stars representing the highest quality. The CMS defines the star ratings in the following manner:
  - 5 Stars Excellent performance
  - 4 Stars Above average performance
  - 3 Stars Average performance
  - 2 Stars Below average performance
  - 1 Star Poor performance
- About One-Third of Bonus Payments Are Projected to be Provided to Plans Receiving 4 or More Stars

# *Physician Value Based Modifier*

ACA requires:

- Physician payments adjusted up or down on the basis of performance on quality and cost metrics
- **First performance period in 2013; will begin affecting payment in 2015**
- Applies to some physicians and physician groups beginning Jan.1, 2015 and to all physicians beginning Jan.1, 2017
- Quality measures to be aligned with PQRS
- [http:// www.cms.gov/physicianfeedbackprogram](http://www.cms.gov/physicianfeedbackprogram)

# *Proposed 2013 Medicare Physician Fee Schedule*

- Proposed rule addresses the value of primary care and importance of improving quality and controlling costs
- Family physicians will be compensated for providing non-face-to-face care that helps patients transition back into the community after hospital and nursing home stays
- Increase payments to family physicians by **approximately 7 percent**; other practitioners providing primary services would receive between **3 and 5 percent**

# *Proposed 2013 Medicare Physician Fee Schedule*

- A **new G-code** would be established to pay primary care physicians for furnishing a range of **care-coordination services** after a patient is discharged from the hospital or other health care facility
- Care-coordination services would include:
  - Obtaining and reviewing patient's discharge summary
  - Reviewing diagnostic tests and treatments
  - Establishing a care plan
  - Communicating with other physicians and members of the health care team

# *Proposed 2013 Medicare Physician Fee Schedule*

- The post-discharge transitional care code would be payable:
  - Only once in the 30 days following a discharge, per patient per discharge
  - To a single community physician or qualified non-physician practitioner (or group practice) who assumes responsibility for the patient's post-discharge transitional care management.

# **Questions?**

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