



5 PHASES

**A Community of Practice Update
from Dr. Robert Flemming**

*Director, Transforming Clinical Practice
Initiative, Centers for Medicare &
Medicaid Services*

NEWSLETTER | AUGUST 2017

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Dear TCPi Community,

A letter from Dr. Flemming

Dear TCPi Community,

The emphasis that our model places on the importance of Person and Family Engagement (PFE) as a core value in everyday practice is driven by a commitment to excellence in customer service and a systematic way of redesigning our healthcare system *with* the patient and not prescriptively *for* the patient. PFE is one way to express that commitment, but there are many more. In the spirit of leading by example, the Centers for Medicare & Medicaid Services (CMS) always is receptive to ideas for improving our own customer service for you, our hard-working and dedicated enrolled providers. This month, I'd like to bring a few recent examples to your attention.

- **The new Quarterly Performance Story (QPS) reporting system.** For Practice Transformation Networks (PTNs) and Support and Alignment Network (SANs), the QPS reporting system replaces the Quarterly Narrative Reports with a color-coded Excel spreadsheet that captures key metrics across six categories. This simplified system enables PTNs to tell a coherent story by integrating quantitative information regarding their impact—such as phase transformation or cost savings—with relevant qualitative information—such as the key drivers of your success. The QPS approach requires less written

narrative and is faster to complete. Some of the required data will be populated automatically from other sources, saving time and effort for PTNs. The new approach is designed to surface effective strategies that can be developed into best practices and then be disseminated through our Community of Practice to advance transformation. We are confident that you will find the QPS system more user friendly than its predecessor.

- **CMS Leadership Office Hours.** For the first time, this open exchange format will be expanded to include clinicians. PTNs and SANs have reaped the benefits of direct back-and-forth communication with program leadership via this platform. Now, our enrolled clinicians and practices will have the same opportunity to ask questions, provide feedback, and take advantage of these Office Hours events. Keep an eye on the calendar for exact dates. In the future, I'd also like to open up Office Hours to patients and their important perspectives as well!
- **TCPi Transformation Clinician Forum.** These August 22 and 23 events open a new dialogue between CMS and primary and specialty care providers—at a time that works for you! The forums will be held 6:30–7:30 PM and 8:00–9:00 PM (EST) on a Tuesday and Wednesday night specifically to accommodate clinicians and practices that cannot attend these helpful sharing events in the middle of the work day. This is an example of CMS tailoring an offering to fit your schedule. (For more information, see Developments, Deadlines, and Reminders below.)
- **A new look for healthcarecommunities.org.** This month, look for a new homepage and quicker navigation to your communities and content on the TCPi Portal. All pages will retain their web addresses so that there will be no need to update bookmarks. (For more details, see Contractor's Corner below.)

On another subject, just as TCPi has made some new customer service commitments to you, it also has made a different kind of commitment to the nation at large via our TCPi Medication Management and Opioid Campaign Event. Opioid abuse is one of the three leading causes of emergency department visits, and we are asking our network of practices to be drivers of change in the campaign to control and defeat the opioid epidemic in this country.

Finally, as the hot, hazy days of August lead us into September, we are nearly at the halfway point of the TCPi model, believe it or not. It's been a fast and fulfilling journey so far, and I look forward to discussing this with you next month.

Best Regards,

A handwritten signature in blue ink, appearing to read "Robert Lammie". The signature is stylized and cursive.

Director, Transforming Clinical Practice Initiative



In the Spotlight

Updated MIPS Participation Data File Coming Your Way

To help PTNs and SANs provide seamless technical assistance, CMS will circulate the Merit-Based Incentive Payment System (MIPS) participation data file in the next few weeks. This file lists your organization’s clinicians who are included in MIPS and who should actively participate in the 2017 transition year. It differs from the previous version that you received in May 2017 in that it contains demographic information such as clinician names and addresses. This file should prove very useful as you target your Quality Payment Program (QPP)-related outreach and technical assistance to the MIPS eligible clinicians in your network.



For more information on upcoming events see the [TCPi Event Calendar](#), and the weekly email summary sent to the PTN/SAN listserv!



Quality Payment Program

Quality Payment Program Resources

In 2017, most health care providers will migrate to the value-based payment options available through QPP. Please review the available resources below for guidance that will help you to make the best choices for your practice. All links are accessible through <https://qpp.cms.gov/>

<ul style="list-style-type: none"> ▪ Quality Payment Program Listserv ▪ Downloadable Fact Sheets ▪ Downloadable Measure Specification Packages ▪ Downloadable Quality Benchmarks and Measure Encounter Codes ▪ Slide Decks ▪ APMs in the Quality Payment Program for Shared Savings Program (SSP) ▪ Medicaid in the Quality Payment Program ▪ APMs in the Quality Payment Program 	<ul style="list-style-type: none"> ▪ Merit-Based Incentive Payment System (MIPS) Overview ▪ MIPS Performance Categories: Advancing Care Information & Improvement Activities ▪ MIPS Overview: Understanding Quality and Cost ▪ Getting Started with the Quality Payment Program: An Overview of MIPS for Small, Rural, and Underserved Practices
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<ul style="list-style-type: none"> Self-Paced Micro Videos 	<ul style="list-style-type: none"> Medicare Quality Programs: Transitioning From the Physician Quality Reporting System (PQRS) to MIPS Application Programming Interface (API) Developer Page
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Email QPP@cms.hhs.gov

1-866-288-8292 | TTY: 1-877-715-6222

Second Look: What Are the Seven Aims of TCPi?

<ol style="list-style-type: none"> Support more than 140,000 clinicians in their practice transformation work Build the evidence base on practice transformation so that effective solutions can be scaled Improve health outcomes for millions of Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) beneficiaries and other patients 	<ol style="list-style-type: none"> Reduce unnecessary hospitalizations for 5 million patients Sustain efficient care delivery by reducing unnecessary testing and procedures Generate \$1 to \$4 billion in savings to the federal government and commercial payers Transition 75 percent of practices completing the program to participate in Alternative Payment Models
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August

Each PTN was asked to nominate one highly engaged practice to participate in the Evaluation & Analysis (E&A) Contractor’s formative evaluation of the TCPi model. If you have not yet provided contact information about your nomination to E&A, please provide this information ASAP to Ruthie Goldstein at rgoldstein@mathematica-mrp.com

August 22 and 23—TCPi Transformation Clinician Forums, 6:30–7:30 PM and 8:00–9:00 PM ET

These events are scheduled in the evening to accommodate clinicians without interrupting their workday. The forums provide an opportunity for TCPi enrolled primary care and specialty care clinicians to share their thoughts

about practice transformation and how they are progressing regarding moving into QPP. Specifically, the August 22 and 23 calls will focus on the following:

- The resources available to clinicians to master QPP (TCPi)
- The most important changes that a practice must make to thrive in the future and practice readiness to participate in TCPi (the TCPi drivers)
- Addressing the U.S. opioid crisis and the significance of medication management. How will my practice be engaged?

Click on the dates to register:

Primary Care Clinician Events

[Tuesday, August 22, 6:30–7:30 PM ET](#)

[Tuesday, August 22, 8:00–9:00 PM ET](#)

Specialty Care Clinician Events

[Wednesday, August 23, 6:30–7:30 PM ET](#)

[Wednesday, August 23, 8:00–9:00 PM ET](#)

August 30—Data Support and Feedback (DSFR) Quarterly Data Submission Deadlines

PTN/SAN 2.0

- Enrollment
- Practice Assessment (Practice Assessment Reporting Tool/Online Practice Assessment Tool [PART/OPAT])

SAN

- Recruitment

**Quality Innovation Network-
Quality Improvement
Organization (QIN-QIO)**

- Practice Assessment (OPAT)



Four contractors are providing essential support to TCPi. **Truven Health Analytics** is the Implementation Support Contractor (ISC); **Booz Allen Hamilton** is the Data Support and Feedback Contractor (DSFR); **The Lewin Group** is responsible for Development, Management, and Improvement (DMI); and **Mathematica Policy Research** is the Evaluation and Analysis (E&A) Contractor. Below is a summary of their recent work on behalf of the TCPi Community.

ISC Development News



Truven Health continues to quickly triage QPP-related clinician inquiries that come into the TCPi mailbox that it manages. During the first week of July, for example, Truven Health handled 14 new *referrals from the QPP*

Service Center by distributing them to the appropriate PTN, in addition to addressing 43 existing QPP/TCPi clinician referrals for follow-up on technical assistance.

Truven Health is working on revising the monthly newsletter, *5 Phases*, to ensure that its content, visual appeal, and production timeline are in optimal alignment with overall TCPi goals and aims. Truven Health continues to provide a comprehensive Twitter campaign around TCPi by creating daily Tweets that spread news and key messages among the Community of Practice, while generating numerous Retweets. Continuing to ensure that the achievements and lessons learned by PTNs and SANs are tracked and disseminated for the benefit of the Community of Practice, the Truven team has completed its review and synthesis of the PTN and SAN Quarterly Narrative Reports (reporting period 6), as well as produced an Executive Summary. The team is targeting delivery of its collaboration/duplication of effort profiles by the third week of August.

DSFR Development News

Booz | Allen | Hamilton

DSFR reminds the Community of Practice that the quarterly data submission deadline is August 30 (see above). DSFR will share an update on its activities in the September edition of the newsletter.

DMI Development News



The DMI team is significantly redesigning the HealthcareCommunities.org Portal. Initial changes were implemented in July, and additional enhancements will be introduced in September. Our goal is to enhance ease of use for users of the TCPi

Community as well as other communities on www.HealthcareCommunities.org. Updates so far include the following:

- A new look and feel, updating the site's graphics and navigation
- A new home page for www.healthcarecommunities.org
- Enhanced search functionality

Changes coming in September will include a redesign of the TCPi site to streamline navigation. Stay tuned for additional information shared here and in the TCPi weekly email summaries. You also may join informal drop-in sessions to ask questions about the site. See the [TCPi Calendar](#) to join a "Portal Training Drop-in Session."

The redesign process been driven by the feedback received from users. We thank everyone who provided feedback. There are still opportunities to shape the future TCPi Portal! If you are interested in participating, please share your contact information by clicking [here](#) or contacting Jennifer Summar at jsummar@spreadinnovation.com.

E&A Development News



The E&A Contractor is scheduling a set of 80 interviews to produce a formative evaluation of TCPi. These interviews are taking place in July and August, and each interview will last 60 minutes. Topics include (1) how TCPi aims align with practice goals, aims, and progress; (2) plans for the CMS QPP; (3) feedback on TCPi and PTN/SANs; and (4) factors that help or hinder progress with transformational change. Last month, we asked each PTN to nominate one highly

engaged practice for the interviews; the other 51 practices were chosen at random. We previously provided PTNs with the preferred size group and primary or specialty care focus of the practice you recommend. The preferences are designed to keep the overall sample diverse as intended. If you need to select a different type, just include that with your note when you provide the practice name and contact. With the contact information, please also include practice ZIP Code and confirm whether it is a primary or specialty practice. If you have not done so already, please provide this information to Ruthie Goldstein at rgoldstein@mathematica-mpr.com.



Success Snapshots

Significant cost savings are achievable by all PTNs as shown by the creative approaches highlighted this month. These examples are united by the application of at least one of the three primary drivers of the TCPI Change Package: Patient and Family Centered Care Design, Continuous, Data-Driven Quality Improvement, and Sustainable Business Operations.

The Right Tool for the Job



New York State's PTN (NYSPTN) has been able to document more than \$1.76 million in savings by greatly expanding its data gathering capabilities. NYSPTN demonstrated its cost savings by calculating reduced hospital readmissions from a large emergency department in New York City. The key is its use of the Clinical Core Plus tool to capture measures data. This tool allows users to quickly identify trends over the life of a program and increases the number of key performance indicators that can be tracked accurately, including billing for wellness visits, controlling high blood pressure, increasing billing for transition care management, and reducing unplanned hospital readmissions. Use of the tool has doubled capturable data points from 155 to more than 300 over 1 quarter. In calculating this data, NYSPTN collected baseline readmission rates and applied these going forward to quarterly denominators to establish readmissions counts that would be expected without transformation efforts. It then collected updated readmission counts each quarter and compared these to the expected readmission counts. Based on accepted estimates, it calculated a per-readmission cost and the resulting total cost savings. NYSPTN accurately noted that its improvements in data collection are in line with the quadruple aim of better care, better health, lower costs, and greater provider satisfaction!

A Track Record of Smart Savings



The University of Washington PTN (WWAMI) has achieved \$460,146 in direct cost savings over the first 3 months of 2017, all of it through care pathway and care management initiatives. These include plans that focus on efficiency, operational process, and length of stay, as well as one lab provider standardization and utilization project. Care pathways and care management initiatives achieve cost savings by re-engineering care delivery to increase effectiveness and high-value care. Savings on the operations side result from departmental changes such as reduction of rental expense and standardizing where patients are bedded to improve internal efficiency. Since the

beginning of its award from CMS, the University of Washington PTN has been able to realize approximately \$6.5 million in direct cost savings.

Two Keys to Significant Cost Savings

vizient™ Decreases in hospital readmissions and unnecessary emergency department (ED) visits are proven cost savers, as borne out by the experience of Vizient PTN over 2 quarters in 2016. Vizient achieved a total cost savings of \$12.307 million during that time. Vizient used the AMA SAN Steps Forward program to identify a lack in patient-centered communication methods and PFE elements. By using a “teach back” methodology, clinicians determined if their patients understood their conditions and why follow-up was important. Vizient also identified a lack of access to social services support, particularly in transportation to outpatient services. \$8 million plus in savings was realized from reduced ED visits, and another \$4 million in savings resulted from reduced readmissions. Vizient calculated that on average, every patient who avoided a hospital readmission saved \$14,394. The decrease in readmissions and ED visits correlates with some positive trends, such as the percentage of new patients with access to primary care visits within 7 days, fewer cancellations, and fewer no shows.



Helpful Resources

[The TCPi Reference Guide](#)

This comprehensive slide deck lays out standardized definitions, core concepts, and commonly used terms to enhance understanding of TCPi among all parties. This deck is updated as necessary and may be viewed as an information portal for centralized, comprehensive, program-wide information.

[New, Accredited, Self-paced Overview Course on the QPP and MIPS is Now Available](#)

Through the MLN Learning Management System, learn more about:

- The Improvement Activities performance category requirements, and how they fit into the larger Quality Payment Program
- The steps you need to take to report Improvement Activities data to CMS
- The basics of scoring in the Improvement Activities performance category

Once registered, learners will be able to access additional courses without having to re-register. For information on how to login or find training, please visit our [MLN Learning Management System FAQ sheet](#). The Centers for Medicare & Medicaid Services designates this material for a maximum of 0.5 AMA PRA Category 1 Credits™.

[TCPi on Twitter](#)

Keep up with the latest TCPi news and developments via social media! The following five resources and many more can be found on the [TCPi Interactive Change Package!](#)

- [ACP Population Health Tips From the Field \(1.3\)](#)
In partnership with the Vizient PTN, the American College of Physicians (ACP) hosted this 56-minute

webinar on managing population health. Lawrence Ward, MD, FACP, leads the discussion, focusing on strategies such as practice workflow standardization, clarifying the roles of the medical assistant and licensed practical nurse (LPN), interaction with specialty practices, depression screening, and implementing coordinated leadership in a large academic medical center.

- [ACP The Core Tenets of Leadership \(2.1\)](#)

The ACP Leadership Academy presents this 66-minute webinar on practical and personal leadership tips. Drs. Beachy and Moyer discuss the importance of time management; work life integration; conflict resolution; negotiation skills; mentors, sponsors, and coaches; and sustaining leadership. Numerous resources are shared throughout the webinar.

- [ACP Quality Improvement Creating Change \(2.2.2\)](#)

This 57-minute video is the second in ACP's three-part, free webinar series, "Improving Patient Outcomes through Quality Improvement." The webinar explains some of the key concepts in quality improvement, including Plan-Do-Study Act (PDSA) tools, process mapping, and lean processes.

- [SNMHI Clinical Standards for Empanelment \(1.3.2\)](#)

This brief Safety Net Medical Home Initiative (SNMHI) empanelment reference guide defines the specific tasks and roles necessary for successful patient empanelment and panel management.

- [AHRQ Team Check Up Tool \(2.2.1\)](#)

This tool, from the Agency for Healthcare Research and Quality (AHRQ) Comprehensive Unit-based Safety Program (CUSP) toolkit, helps assess strengths and opportunities for improving unit processes and upgrading unit safety culture for health care providers.

A Thought to Run On



Why does TCPi matter so much as the best available technical assistance track for entry into QPP? Consider this: According to a recent joint study of 1,000 practicing physicians from KPMG Consulting and the American Medical Association, only 8 percent felt that they were “deeply knowledgeable” about QPP and its requirements. Nearly 60 percent reported a “slight” understanding of the financial ramifications of the program.



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