Maximize Your General or Specialty Practices’ Patient Outcomes and Experience and Your Healthcare Reimbursement!

Are you ready for the new payment models launched by the Centers for Medicare and Medicaid Services (CMS)?

Beginning this year, CMS payments to clinicians will be linked to quality improvement, resource use measurement, cost containment, care coordination, and patient and family engagement and satisfaction. Payment adjustments take effect in 2019 based on 2017 performance, so all clinicians should immediately begin complying with these new requirements to maximize reimbursement. This new legislation for payment reform will remain unchanged even if the Affordable Care Act (ACA) is repealed.

You can prepare for these merit-based incentives using CMS-funded consultation provided by the Virginia Cardiac Services Quality Initiative (VCSQI). The VCSQI was recently awarded a federal government contract to serve as a Support and Alignment Network (SAN) 2.0. The VCSQI SAN 2.0 provides education and consultation at no charge to practices that voluntarily enroll to receive assistance with improving outcomes, enhancing clinical experiences for their patients, and lowering costs. Consultation services are provided to clinicians in both general and specialty practices, and leverage extensive VCSQI experience in gap analysis and transformation planning.

How VCSQI Can Help You Get Started

At no charge to your practice, once you voluntarily enroll with VCSQI SAN 2.0, this is how we will help:

1. **Discuss and help you to select one of three options for participation under the 2015 Medicare Access and CHIP Reauthorization Act (MACRA) and the new CMS Medicare Quality Payment Program (QPP) regulations finalized late in 2016.** You must elect to participate in Advanced Alternative Payment Models (APMs) to avoid mandatory assignment by CMS to the Merit-based Incentive Program (MIPS), which is **not** the preferred category. Your choice has immediate practice impact.

2. **Conduct a formal assessment of your practice’s structures and processes related to measuring and improving quality, managing costs, and engaging patients in their care.** This assessment is conducted in a one-hour phone interview/discussion with your practice administrator. A CMS-developed form and criteria will serve as the basis for assessment.

3. **Identify ‘gaps’ against the assessment criteria that may serve as priority areas to address.** Through review of assessment results and discussion with VCSQI SAN 2.0 performance improvement experts, your practice leaders will select priority areas for targeted improvement.

4. **Conduct a deeper analysis of priority areas to identify interventions that target gaps.** VCSQI SAN 2.0 staff will help you to first identify specific improvement needs and then define performance improvement teams and interventions that will address these targeted areas.

5. **Assist with implementation of selected interventions.** VCSQI SAN 2.0 staff will assist your team to plan and complete implementation of structures and processes that address your priority areas. Your practice will be re-assessed every 6 months using the same tool and method described in Step 1. As gaps are closed, you will provide patients improved quality and more cost-effective care and financially benefit under the new CMS payment models, for either MIPS or APMs.

VCSQI provides educational support, webinars, use of a newly-developed clinician app to track and analyze resource utilization, and access to our website with clinical protocols based on evidence-based medicine. Quality improvement publications and patient education and shared decision-making materials are also available. For practices selected to participate in the mandatory bundled payment program, we also offer these resources and the educational support.

The VCSQI SAN 2.0’s knowledge of best practices from 20 years’ nationwide experience is provided through regular phone calls and webinars, and on-site visits when needed. Webinars are recorded and available to your staff for viewing at a convenient time. Start defining what your practice’s success looks like and how to achieve it! For more information please contact Clifford Edwin Fonner, Assistant Program Director of the VCSQI SAN 2.0, at VC SQI.org@gmail.com or 913-909-3140.

Additional Information

How Do the 3 Options Differ: APMs vs. MIPS?

Alternative Payment Models (APMs)

- Design your own program – innovation is encouraged
- Achieve value under APMs leading to higher bonus payments, lower financial risk

Advanced APMs

- Automatic 5% payment bonus
- Annual physician fee schedule updates are 3x greater than MIPS
- Your greatest opportunity to achieve financial success

Merit-Based Incentive Program (MIPS)

- You will incur a 4% penalty for opting out of the MIPS test year in 2017
- Possible 9% reduction in payments for poor performance over the next five years
- Annual fee schedule updates are minimized
- Not the preferred payment category

Why Should Your Practice Participate?

1. To improve the care to your patients
2. To avoid the financial implications and penalties
3. To NOT leave money on the table

What Mistakes Should You Avoid?

1. Waiting too long to get started with transforming your practice
2. Not having your top leadership involved
3. Starting too big (only a few steps are necessary to avoid a financial penalty for 2019)
4. Not asking for help from those who can guide you

Additional VCSQI Tools and Expertise

Analyze your resource utilization with the new clinician app. This application details resource utilization data by clinician and practice, helping to identify top performers as compared to benchmarks available from CMS data. This VCSQI tool will help your practice make data-driven decisions to decrease hospital readmissions and reduce unnecessary testing and procedures. In addition to assisting with development and implementation of evidence-based protocols for increased efficiency, the VCSQI SAN 2.0 will calculate estimated cost savings from reduced resource utilization.

The VCSQI SAN 2.0 can help redesign clinical systems to put in place to result in increased value and improved outcomes for patients, all while reducing costs and utilization for a more sustainable clinical practice. Tools and resources for care team training, patient and family engagement, medication management, as well as incorporating patient and family caregivers’ as practice advisors for their input to improve care, patient satisfaction, and achieve cost savings are also provided.