



MACRA: Technology Enablement

Lori Harrington

Vice President, Quality & Regulatory Solutions

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Technology's Role in MACRA

- Builds off of legacy Meaningful Use as the foundation for technology enablement
- Incorporates integrated technology as a component to successfully moving toward interoperability
- Prevents data blocking for vendors, clinicians, and care setting
- **REQUIRED** moving forward as a core component to being successful in MACRA
- Forcing factor for untraditional partnerships in the market to foster data sharing, interoperability, and integration to improve quality and reduce costs



MIPS – Advancing Care of Information (ACI)

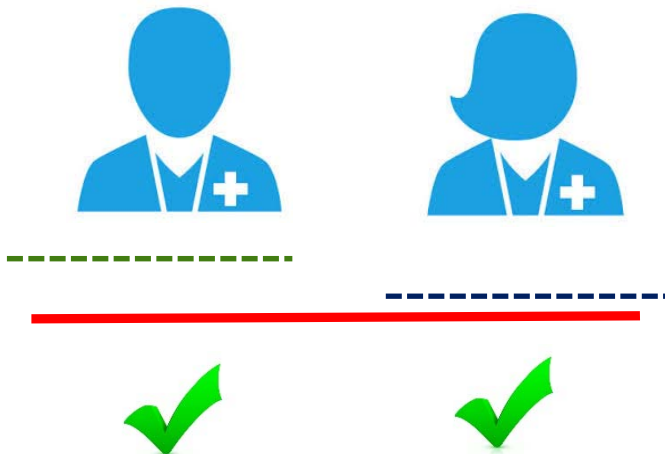
- MIPS changed the name from Meaningful Use to ACI
- MIPS ACI category focuses on:
 - Measures that support clinical effectiveness
 - Information security and patient safety
 - Patient engagement
 - Health information exchange
- Report on 5 measures (down from 18 under MU)
- Goals for ACI:
 - Closing the Health Information Referral Loop
 - Bridging the Information Gap across Care Settings
 - Incentivizes Public Health and Population Health Management
 - Streamlining Reporting and Providing Flexibility



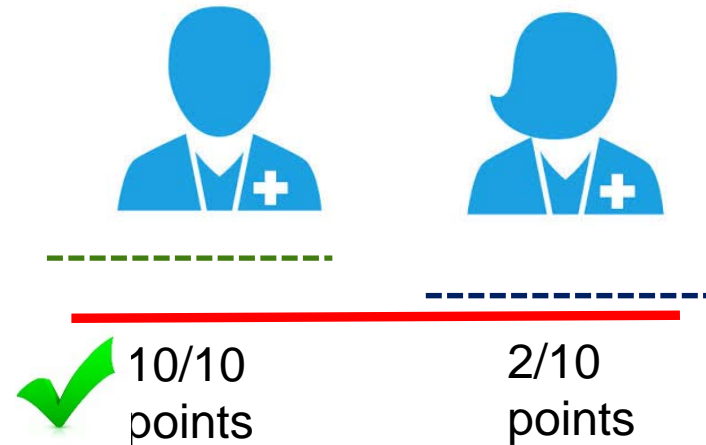
Scoring under ACI

- Changed from an all-or-nothing compliance program to a continuous scoring system where MU measure rates are compared to benchmarks in much the same way as the MIPS Quality category.
- Gotcha's:

Meaningful Use



ACI





21st Century Cures Act – Technology is a Priority

- MU incentives will be focused on activities that improve patient care and the clinical documentation process.
- MU program attestation statistics will be publicly reported by the HIT Advisory Committee
- Development of a certification program for medical specialties and sites of service for which technology is not available.
- HIT vendors must prove they foster information exchange
- National Coordinator for Health Information Technology (ONC) will create an exchange network via public-private partnerships
- EHRs must be able to transmit, receive and accept data from **registries**
- Strive to standardize electronic format for patients' records between HIE's, health plans, and clinicians



Recommendations

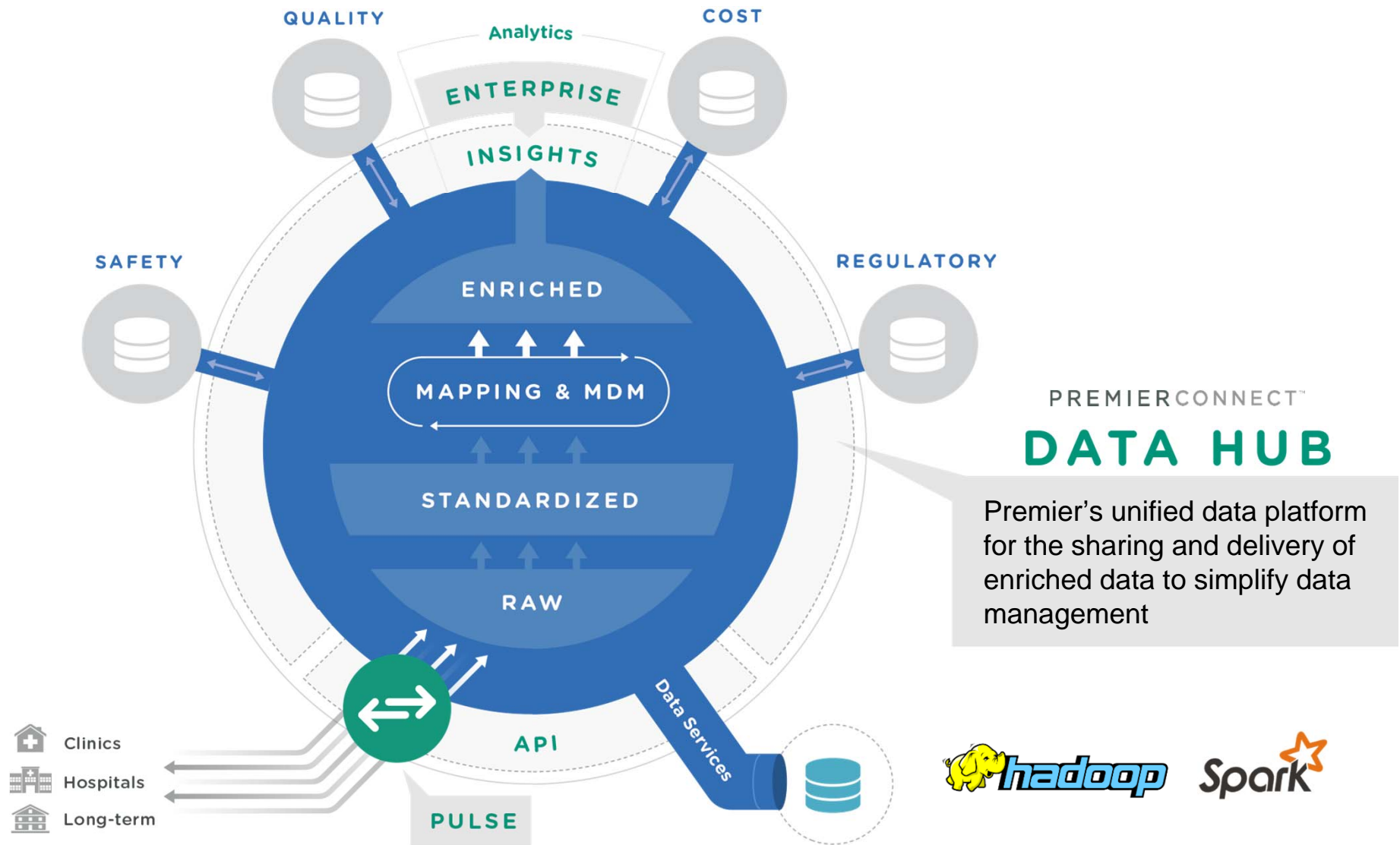
- Be certain your EHR is up to date.
- Certified Health IT must be used.
 - In 2017, EC's can use 2014 or 2015 Edition Certified EHR Technology.
 - Beginning in 2018, clinicians must use **2015** Edition Certified EHR Technology

***A providers' readiness to comply is directly linked to their EHR's certification level*

- Be certain that your IT infrastructure supports intuitive analytical capabilities with EHRs that have perfected work flows, multiple options for patient communication, follow-up, and access
- Partner with a measure vendor which deploys risk adjustment as this will greatly impact a physician's composite performance score (CPS)



Data Integration → Data Lake to Enriched





One-Stop-Shop Solution for Technology Enablement

PREMIER CONNECT | PROVIDER PERFORMANCE William Alencar

PremierConnect > Provider Performance > Premier Heart Specialist

Premier Heart Specialist
Network: Premier Health System

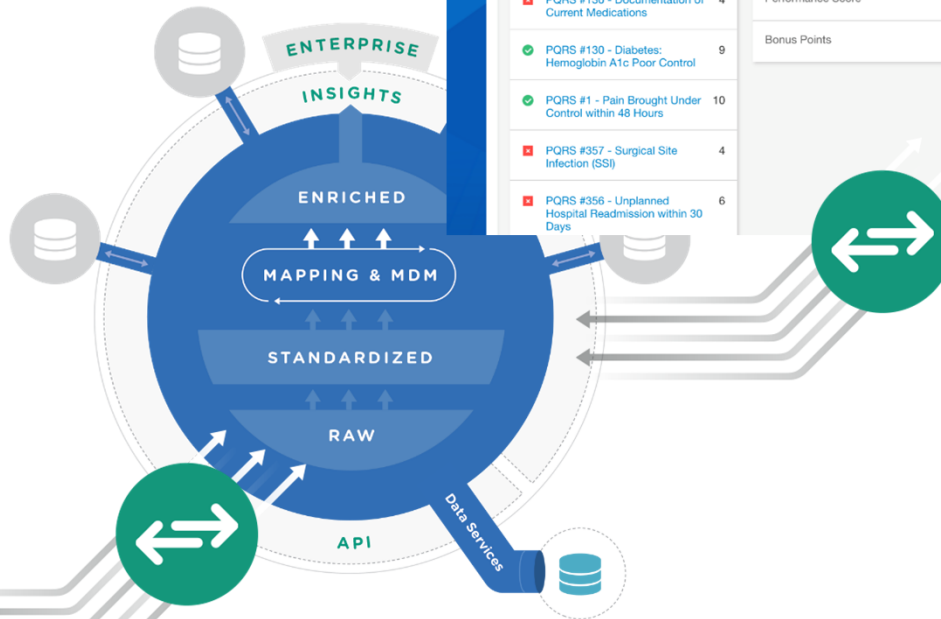
Program: Overall | From: January 2015 | To: June 2015

● Composite Performance Score **76 of 100** points
● Med Rec Delinquency **1** (target: 1)
■ Tobacco Use Screening **81%** (target: 90%)
■ CME Completion/CI Ed **71%** (target: 82%)
● Influenza Immunization **97%** (target: 95%)
■ Readmissions **9.2%** (target: 8.6%)

Specialties | Programs | Measures | Productivity | Efficiency | **MIPS Tracker**

MIPS Measure Summary ■ 4 below threshold ● 0 at-risk ● 5 above threshold

Quality			Care Information (ACI) (MU)			Practice Improvement Activities (CPIA)			Resource Use		
Weight	Raw Score	CPS Points	Weight	Raw Score	CPS Points	Weight	Raw Score	CPS Points	Weight	Raw Score	CPS Points
50%	60 of 90	33	25%	96 of 100	24	15%	43 of 60	11	10%	15 of 20	8
2017 PQRS:			Base Score			# of Mid-weight Activities			2016 MSPB Value		
■ PQRS #130 - Documentation of Current Medications 4			Performance Score 45			# of High-weight Activities 1			2017 Composite Score 7		
● PQRS #130 - Diabetes: Hemoglobin A1c Poor Control 9			Bonus Points 1			Sub-total Points 40					
● PQRS #1 - Pain Brought Under Control within 48 Hours 10						# of Non-Patient Facing Clinicians 0					
■ PQRS #357 - Surgical Site Infection (SSI) 4						# of Rural Area Clinicians 0					
■ PQRS #356 - Unplanned Hospital Readmission within 30 Days 6						# Clinicians in APM 0					
						# Clinicians in PCMH 0					



- Clinics
- Hospitals
- Long-term