MACRA at Providence St. Joseph Health

Presented by
Rhonda Medows, M.D., executive vice president and chief population health officer
Providence St. Joseph Health

50 HOSPITALS
829 CLINICS
90 NON-ACUTE SERVICES
14 SUPPORTIVE HOUSING PROGRAMS
111k CAREGIVERS
38k REGISTERED NURSES
20k PHYSICIANS
HIGH SCHOOL, NURSING SCHOOLS AND UNIVERSITY
3 HEALTH PLANS
1.9m COVERED LIVES
$1.6b COMMUNITY BENEFIT

States: CA, AK, WA, MT, OR, NM, TX
Population Health Management Goals

Improve the health of more people in our communities while creating highly predictable experiences, access, quality and affordability for all.

**Improve health**
Patient-focused, quality health care
- Lifelong whole-person care
- Clinical quality
- Consumer experience
- Care coordination
- Access to care
- High-performing clinical network

**Provide value**
Value-based care and health system operations
- Value-based care performance: quality plus experience/costs
- Sustainable payment models
- Cost of care management
- Strategic payer contracting
- Effective health plan operations
- Effective use of data & analytics

**Build healthier communities**
Quantifiable improvements in population outcomes
- Medicaid population improvement
- Medicare population improvement
- Caregiver population improvement
- Community health improvement
- Reduce disparities in health
- Employer group health improvement

Better health
Better value
Better population outcomes
Work Group meets over summer to develop plans and gather feedback from the Strategy Committee

Work Group Kick Off 6/14/16

Work group reviews final implementation plans in one day session 8/8/16

Final combined plan presented to Dr. Medows for review with Executive Council

Final Rule Released with comment

Update on EC feedback to Strategy Committee

Tiered clinician support model completed

MACRA Strategy Meeting with St. Joseph and Covenant held monthly from September – December

MACRA Core team convened to for oversight on implementation and meets every other week (includes representation from St. Joseph and Covenant)

Started MACRA communication plan

MACRA proposed Rule released 4/27/16
MACRA roadshow begins

Strategy Committee Kick-off 6/22/16

Work Group presents draft implementation plans to Strategy Committee 8/3/16

Final Rule Comments Due 12/16/16

Detailed Project Plans finalized

PSJH 2016 Preparations for MACRA: Assessment & Strategic Plan
PSJH has 7,963 QPP eligible clinicians participating in:

- **MSSP Track 1**: 3,661 clinicians
- **Comprehensive Primary Care Plus (CPC+)**: 379 clinicians
- **MSSP Track 3**: 178 clinicians
- **“Regular” MIPS**: 3,745 clinicians
- **Accredited PCMH** practices provide favorable scoring
- *Independent physician community partners not included*

The Medicare Quality Payment Plan includes four performance categories that eligible clinicians will be assessed:

1. Clinical quality
2. Practice improvement activities
3. Advancing care information
4. Costs (criteria delayed for 2017)

Final score and compared against a national threshold to determine payment adjustment.

### MIPS 2017 Scoring Standard

<table>
<thead>
<tr>
<th>Category</th>
<th>Quality</th>
<th>Improvement Activities</th>
<th>Advancing Care Information</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“Regular” MIPS</strong></td>
<td>60%</td>
<td>15%</td>
<td>25%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>MIPS APM</strong></td>
<td>50%</td>
<td>20%</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>MIPS APMs</strong></td>
<td>0%</td>
<td>25%</td>
<td>75%</td>
<td>0%</td>
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</table>
PSJH 2017 MACRA Implementation Milestones

- **Quality** measure performance improvement for all programs are monitored monthly
- **Advancing Care Information** dashboards are reviewed monthly

### Jan - Mar
- Monitoring and reporting roles/accountabilities finalized for all MIPS scoring standards (regular, MSSP, and CPC+)
- Convened specialists to select MIPS measures to prepare for future reporting
- Advanced APM All Payer analysis completed
- MSSP Track 1+ evaluation finalized

### April - June
- Phase 2 of the GPA tool to include Swedish and PacMed for eligibility identification
- ACI provider scorecards updated to 2017 data
- IA data validation work begins
- EMR upgrades for Alaska and Providence
- MACRA independent clinician MSO services
- CMS notification to clinicians of MIPS status
- MACRA CPC+ workgroup convened
- SJHH MSSP data loaded into Coseva

### July - Sept
- EMR TIN level quality reporting available in June and will be shared with markets
- EMR upgrades for Kadlec, Swedish, and Facey
- Cost category review based on mid-year release of QRUR
- Begin automation of Cost category reporting based on final CMS guidance
- Specialty metrics finalized

### Oct - Dec
- TIN level quality measure and improvement activities EMR Upgrade for PacMed
- Quality reporting plan finalized for PacMed, Facey, Kadlec and hospital based providers for data load post EMR upgrade
- Final TIN-level measures selected for quality reporting for “regular” MIPS based on performance
- Final Improvement Activities selected for reporting based on requirements

Activities and planning will be updated based on the new QPP rulemaking due any day

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January – March 2018 the reporting window for MIPS and MSSP quality opens
2017 MIPS Quality Metrics

Building On Our Core

- Created a cross walk of the numerous (>400) clinical quality measures we report on for Medicare, Medicaid, Commercial, CMS and State oversight of clinical quality performance.

- For our eligible clinicians participating in “regular” MIPS, these are the 26 clinical quality metrics that we are focusing on for the 2017 performance year.

- We will select 6 metrics for reporting.

- Clinical Quality Measures listed by category:
  - Metrics in Green: Core measures reported to the Board
  - Metrics in Yellow: Included in MSSP and CPC+ programs
  - Metrics in Grey: Selected areas not part of MSSP/CPC+

<table>
<thead>
<tr>
<th>Metric Name</th>
<th>MACRA</th>
<th>MSSP</th>
<th>CPC+</th>
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<tbody>
<tr>
<td>1) Diabetes Hemoglobin A1C Poor Control*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>2) Preventive care: Breast Cancer screening*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>3) Preventive care: Colorectal cancer screening*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>4) Hypertension patient blood pressure control*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>5) Cervical Cancer Screening*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>6) Preventive care: Screening for Depression</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>7) Childhood Immunization Status</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>8) Preventive care: Tobacco use screening and cessation intervention*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>9) Falls Screening for future fall risk</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>10) Pneumonia vaccination for older adults*</td>
<td>Yes</td>
<td>Yes</td>
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<td>11) Preventive care: Influenza immunization*</td>
<td>Yes</td>
<td>Yes</td>
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<td>12) Documentation of current meds in EMR*</td>
<td>Yes</td>
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<td>13) Preventive care: BMI Screening and followup</td>
<td>Yes</td>
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<td>14) Heart Failure: Beta blocker for LVSD</td>
<td>Yes</td>
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<tr>
<td>15) Heart Failure: ACE or ARB for LVSD</td>
<td>Yes</td>
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<td>Yes</td>
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<td>16) Ischemic Vascular Disease: Use of aspirin</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>17) Diabetes eye exam</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>18) Advanced Care Plan</td>
<td>Yes</td>
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<td>19) Appropriate treatment for children with upper respiratory infection (URI)</td>
<td>Yes</td>
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<td>20) Diabetes: Foot Exam*</td>
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<td>21) Diabetes: Urine protein test</td>
<td>Yes</td>
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<td>22) Appropriate testing for children with Pharyngitis</td>
<td>Yes</td>
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<tr>
<td>23) Hemoglobin A1C Testing for Pediatric patients</td>
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<td>24) Chlamydia screening in women</td>
<td>Yes</td>
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<td>25) Weight assessment and nutrition counseling for children and adolescents</td>
<td>Yes</td>
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<td>26) Use of high risk medications in the elderly</td>
<td>Yes</td>
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<td>2017 MIPS Improvement Activities: Selected 11 of the 90 Clinical Practice Improvement Options</td>
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<tr>
<td>1</td>
<td><strong>Beneficiary Engagement</strong>: Access to an enhanced patient portal such as My Chart</td>
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<td>2</td>
<td><strong>Beneficiary Engagement</strong>: Assess the patient experience</td>
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<td>3</td>
<td><strong>Expanded Practice Access</strong>: 24/7 Clinician or Care Team access for urgent and emergent Care</td>
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<td>4</td>
<td><strong>Expanded Practice Access</strong>: Collect access data and develop an Improvement Plan</td>
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<td>5</td>
<td><strong>Patient Safety and Practice Assessment</strong>: Measure and improve quality at the practice and panel level</td>
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<td>6</td>
<td><strong>Patient Safety and Practice Assessment</strong>: Build analytic capability to manage total cost of care</td>
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<td>7</td>
<td><strong>Integrated Behavior Health</strong>: Depression screening and follow up planning</td>
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<td>8</td>
<td><strong>Care Coordination</strong>: Timely communication of abnormal test results with follow up</td>
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<td>9</td>
<td><strong>Population Management</strong>: Documentation of individual glycemic treatment in EMR Diabetic patients</td>
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<td>10</td>
<td><strong>Population Management</strong>: Improve health status of communities to improve a specific chronic condition</td>
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<td>11</td>
<td><strong>Population Health</strong>: Empanel the total population</td>
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A January 2017 survey by Kareo of 200 small and independent physicians noted that 84% of small and independent medical practices are uncertain what MACRA will require.

A 2017 Health Informatics survey cited that of practices with 15 physicians or fewer, 80% said they needed help with MACRA or were not prepared at all.

In collaboration with our Regional Leaders, Medical Groups & Care Team leaders, we identify independent physicians and clinicians in each community for new or stronger partnerships with PSJH.

Key areas for engagement included:
- Education
- Readiness assessments
- MIPS Category analysis and support
- Data and analytics
- Management services

In addition, we provide information and guidance ongoing rulemaking from CMS, evaluation APM opportunities, and shortly program management services.
At this time CMS does not allow us to break apart TINS and report specialists as a separate group. However, we continue to advocate for this option with CMS. While those advocacy efforts continue we feel it is important to engage with our specialty clinicians so that we can be prepared if CMS changes current guidance.

We are coordinating the specialists in our Clinical Institutes to identify appropriate specialty metrics for performance year 2018 in the event the virtual reporting option becomes available.

- MSK
- Neuro
- Oncology
- Digestive Health
- Women/Children
- Cardiovascular

Metric selection is underway for all groups with plans to finalize selection in June/July 2017.

**Virtual Reporting** would allow the grouping of eligible clinicians in a manner that more accurately reflects their practice and referral patterns, the coordination of small practices, the inclusion of independent physicians, and provide a better path for specialty grouping.
PSJH: Implementing MACRA. Delivering Value.

- Multidisciplinary governance
- Physician/clinician engagement
- Self assessment & continuous performance improvement
- Communication plan: strategy & Implementation
- Independent physician strategy & MSO support
- Population Health Informatics and financial modeling
- Quality cross walk: All payers, all regions, all populations
- Incorporating population health & community assessments
- Thought leadership & advocacy
Are there any questions?

Thank you.