

| Activity | Goal | Key Questions to Answer | Specific Activities | Implementation Tips |
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| Education | Provide education at a variety of touchpoints such as departments, hospital leadership, practice plan leadership, and committees. | <p>1) Which specialties will most impact the enterprise’s results? 2) Which stakeholders, outside of the implementation team, will have the most influence on the overall success of MACRA related efforts? Consider both those individuals with formal authority and those who while lacking formal authority are highly influential among their peers.</p> | <p>1) Create a single educational PowerPoint that provides a framework for a presentations to a variety of audiences: Board, Chairs, Departments, Administrators, etc. 2) Provide access to educational resources that introduce the program’s basics and focuses on elements that have the greatest impact to the enterprise. Education should be delivered in a variety of mediums such as recorded webinars, magazine articles, MACRA executive summaries, and podcasts (e.g. http://www.himss.org/special-episode-1-ten-minute-macra-what-s-macra). 3) Develop a calendar of ongoing organizational education sessions (for both MACRA implementation team, providers, and other key stakeholders).</p> | <p>1) Use this as opportunity to educate front line physicians and APNs not only about MACRA, but also about other programs they likely know little about (VBP, HRRP, HACs). Focus on both areas of overlap and key differences. 2) Roll out education to both PCPs and specialists. Focus on who is responsible for which pieces. Focus on what they can control.</p> |
| Current State Assessment | Review current QRUR results and the past years of Value Modifier results. | <p>1) Who has been involved to date with the activities listed above and what is the status of current work? 2) Have we allocated sufficient resources to these efforts? 3) Have current efforts yielded any success stories or “early wins” that we can share with physicians and other stakeholders to help gain momentum and engagement? 4) What is the status of our historical documentation and coding efforts (both inpatient and ambulatory)? a. Is the enterprise in the high risk pool for bonus dollars based on the QRUR results? What quadrant of cost and quality are you currently in?</p> | <p>1) Perform data drill downs on key indicators such as: a. Medicare Spend Per Beneficiary to understand the opportunity on both the physician practice and hospital. b. Internal quality metrics to understand what is being done well, what needs improvement, and where the highest leveraged opportunities for improvement exist. 2) Develop a MACRA workgroup by involving a cross section of key stakeholders and leaders in the following areas: quality, finance, managed care contracting, and clinical areas. 3) Assess current market to identify how the organization compares to the competition in terms of the following: APM participation, quality measures, longitudinal cost, patient satisfaction, and physician relations. 4) Assess current performance in CMS quality programs including: PQRS/VM, Meaningful Use, and Value Based Purchasing. 5) Delineate coding issues from physician issues in the QRUR. Your approach to addressing deficiencies will vary depending on type of issue.</p> | <p>1) Identify specific quality metrics that cross multiple programs and prioritize them for benefit vs. effort and timing. 2) Look not only where you need to improve to avoid penalties, but also the money left on the table. 3) Messaging and communication is key, Pay special attention to physician leaders (both formal and informal).</p> |
| Future State Assessment | Estimate the amount of money on the table (at risk/at opportunity) for future years across all programs. | <p>1) How many overlapping metrics (e.g. HVBP and MIPS) is the enterprise exposed to and what is the organization’s total dollar opportunity/risk? 2) What are the enterprise’s plan for participating in APMs (Medicare and other purchasers) and how will that impact the thresholds to qualify?</p> | <p>1) Model each year of the Medicare programs in which you participate. 2) If you anticipate pursuing the Advanced APM Incentive, understand the patient and revenue thresholds by year for the APM lump sum bonus payment on both a Medicare only and “All Payer” basis. 3) If the enterprise is not planning on pursuing the Advanced APM incentive, understand how the MIPS penalties/bonuses will impact it. 4) Quantify organizational strategy taking into consideration the increased focus on quality/preventive care (e.g., expanding outpatient) and the crossover between quality programs.</p> | <p>1) If you have not started modeling the financial impact on the enterprise, begin now. Given the relatively short timeframe using consulting resources can accelerate the process . 2) Make the big picture understandable for physicians and others by focusing on penalties, payments, and money left on the table. 3) Physicians feel overwhelmed given all that is required of them. Mapping specific program requirements to specialties will make it easier for them to understand how they can achieve success in the system.</p> |

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| Model MIPS | Model how your organization will perform in the first year of MIPS. | <p>1) Where are you performing well relative to other practices and where are there gaps that need to be addressed?</p> <p>2) Start narrowing down your metrics options for the domains where you have choice. What metrics do you want to submit and what structure do you want to submit under? As a total group or components?</p> <p>3) What timing for implementation best fits your organization?</p> <p>4) What resources need to be deployed or what barriers removed to improve low scoring measures?</p> | <p>1) Model scenarios for enterprise under MIPS, Partially Qualifying as an APM, and the Advanced APM path.</p> <p>2) Identify the best options for the enterprise considering mission, goals, culture, infrastructure, risk tolerance, negotiation windows, etc.</p> <p>3) Assess your organization’s current and future analytic capabilities to provide feedback on key metrics to determine how quickly you can understand changes in performance and communicate results/opportunities to physicians and other stakeholders.</p> <p>4) Build a dashboard using what you know now and current data to estimate performance. The dashboard should include relevant measures, targets, and timelines to monitor progress for either path selected.</p> | <p>1) Developing or purchasing tools that can provide near-real time feedback is vital.</p> <p>2) Examples of tools that can be purchased include outsourced MSPB file analysis and outsourced QRUR analysis.</p> <p>a. Some of these can be done internally, but it will take time you may not have. Outsourcing it will provide results in approximately two weeks.</p> <p>b. While outsourcing, the organization should determine what capabilities it needs to bring in house and develop a plan to build them.</p> <p>3) Utilize online calculators or make your own.</p> |
| Operationalize the Program | Determine the governing structure for the ongoing decisions of MIPS. | <p>1) Which physician leaders will have the most influence on MIPS outcomes?</p> <p>2) Are there physicians who aren't in formal leadership roles but are well respected by their peers? What influence will they bring to bear on MIPS outcomes?</p> <p>3) What IT resources will need to be engaged to provide data to physicians?</p> <p>4) Who from managed care contracting and reimbursement should be involved?</p> | <p>1) Identify who can remove barriers to implementation and include them in the governing structure.</p> <p>2) If pursuing the Advanced APM incentive, initiate an APM planning process to work toward accumulating necessary volume to meet thresholds by 2019. Involve managed care contracting and governmental reimbursement staff to understand commercial and Medicaid implications.</p> <p>3) Create a broad based structure to combine physician and hospital quality reporting for mandatory and voluntary programs. Use this platform to monitor and manage all payer enterprise across the system.</p> | <p>1) Understand your organization’s total cost of care for high volume episodes, MSPB total cost of care for episodes 30 days post discharge. Drill down on the MSPB by MDC, post acute provider and by physician.</p> <p>2) Create the understanding that not everything can be fixed – so it is important to identify the most appropriate target areas and make sure everyone is working toward the same goals.</p> <p>3) Consider purchasing information on bundles the organization is not currently participating in – it will allow for analysis of where the organization would perform if included.</p> |
| Tie to Enterprise | Tie efforts related to the enterprise’s mandatory and voluntary programs to overarching organizational strategy. | <p>1) What do we want to look like in 5 years and how does MACRA/APM participation interact/impact that goal?</p> | <p>1) Create a discernment process for inclusion in new payment models and joining others.</p> <p>2) Understand how MACRA planning fits into the organization’s strategic planning.</p> <p>3) Monitor legislation for changes as MACRA and APMs are being created in real-time.</p> <p>4) Develop an agile, cross-functional team led by a system executive to assess and respond to CMMI initiatives (both new and existing models that have been revised), commercial payer opportunities, and other quality programs.</p> | <p>1) Understand implications across the continuum of care.</p> <p>2) Incorporate MACRA implications/strategy into managed care contracting strategy focusing on rewarding the enterprise for ‘value’.</p> <p>3) When modeling APM participation decisions be sure to consider both the financial and reputational impact.</p> |