



Maryland Association Medical Staff Services
Presents MAMSS Educational Series

JULY 28, 2022 • 12:00 - 1:00 PM EDT

NEW HORIZONS

Linking Healthcare Quality to Physician Competence

Presented by: Donna Goestenkers, CPMSM®, EMSP and Nicole Keller, MSHM, CPHQ, CPHIT



MEET YOUR PRESENTERS



Donna Goestenkers, CPMSM®, EMSP
Team Med Global



Nicole Keller, MSHM, CPHQ, CPHIT
Seattle Children's



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EDUCATION PARTNERS



- *Quality*
- *Education*
- *Professionalism*

Maryland Association
Medical Staff Services





OBJECTIVES

-  Identify the parallels between healthcare quality data and physician performance tracking.
-  Describe how understanding revenue implications breaks down organizational silos.
-  Explain the potential for and implications of merging healthcare quality and performance data.



PREPARE YOURSELF

... to explore the connections between credentialing and healthcare quality, along with the implications for the future of the MSP profession.



Blue Skies Ahead

WHY QUALITY DATA MATTERS?





STARTS WITH...

COMPETENCE

EXECUTIVE MSP

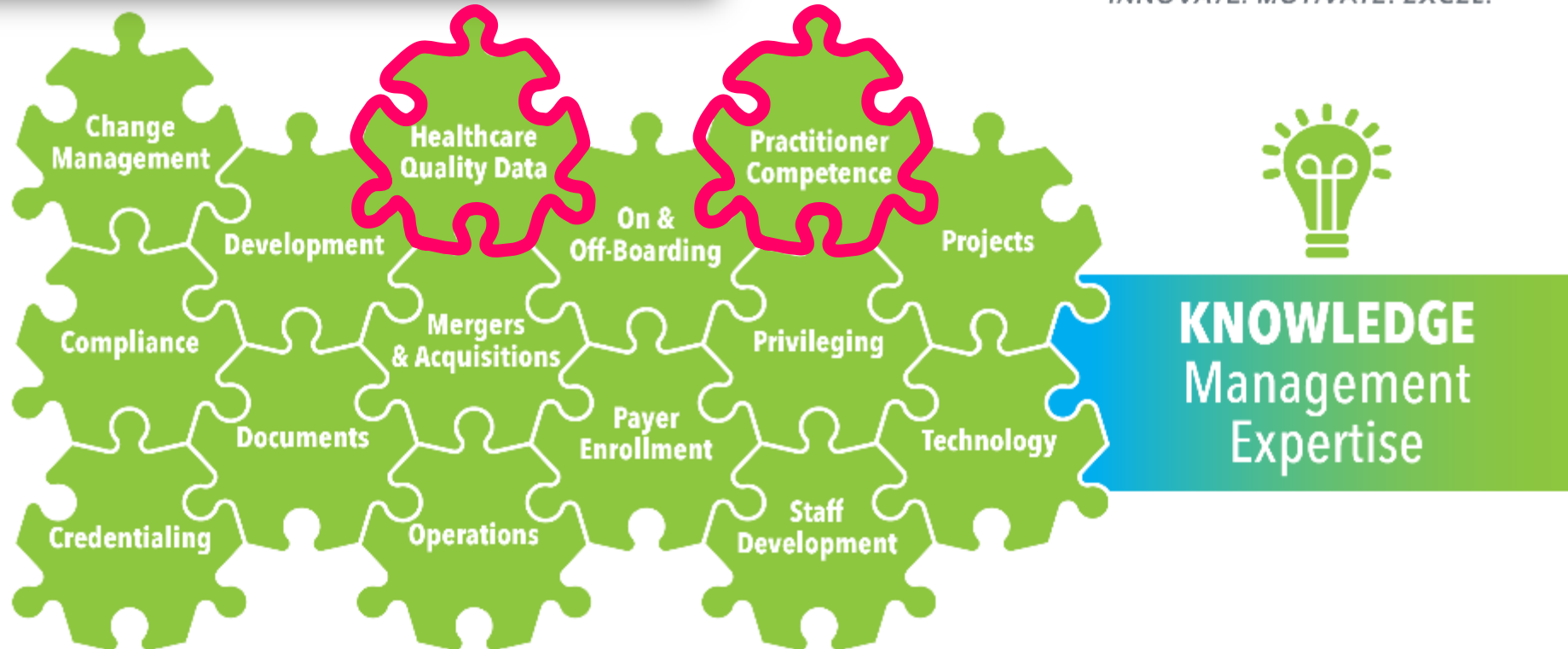
Competency Model



Knowledge + Skill + Impact = COMPETENCE

EXECUTIVE MSP

Competency Model



Knowledge + Skill + Impact = COMPETENCE



PARALLELS BETWEEN HEALTHCARE QUALITY DATA AND PHYSICIAN PERFORMANCE TRACKING

- Provide Excellent Care to Patients
- Maximize Reimbursements
- High Performing Practitioners
- Metrics
- Performance Improvement
- Community Reputation

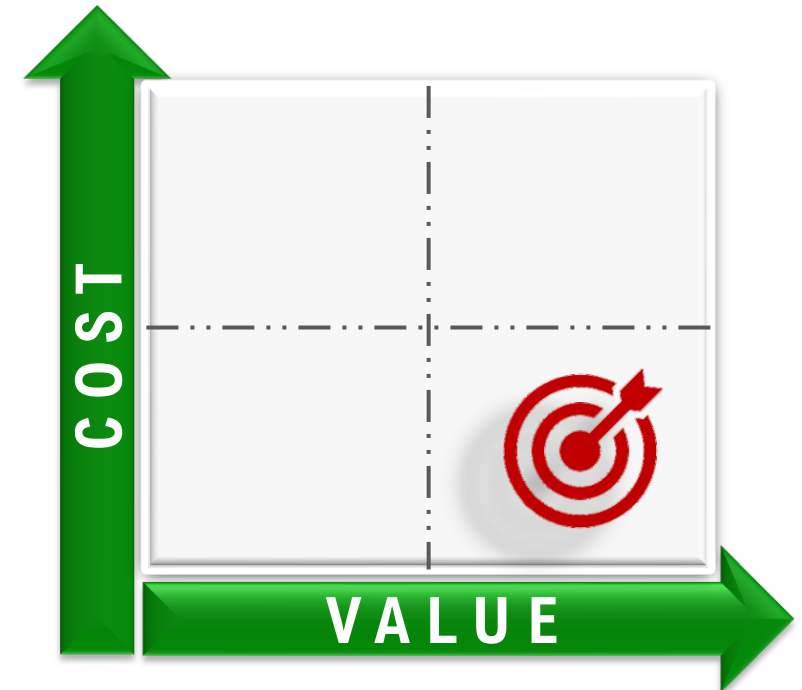
PURPOSE

QI IS A SYSTEM PRIORITY



BENEFITS OF SHARED GOALS

- Elevates Competence
- Increases Knowledge that Organizations Must Work as Systems & Processes
- Reinforces the Focus on the Patient
- Enhances the Quality of Care Provided to Patients
 - Patient Safety
 - Patient Engagement
 - Systems that Support Patient Access
 - Evidence-Based Care Provision
 - Patient-Centered Communication
- Aims Attention on the Use of Meaningful Data



ACRONYMS OVERLOAD

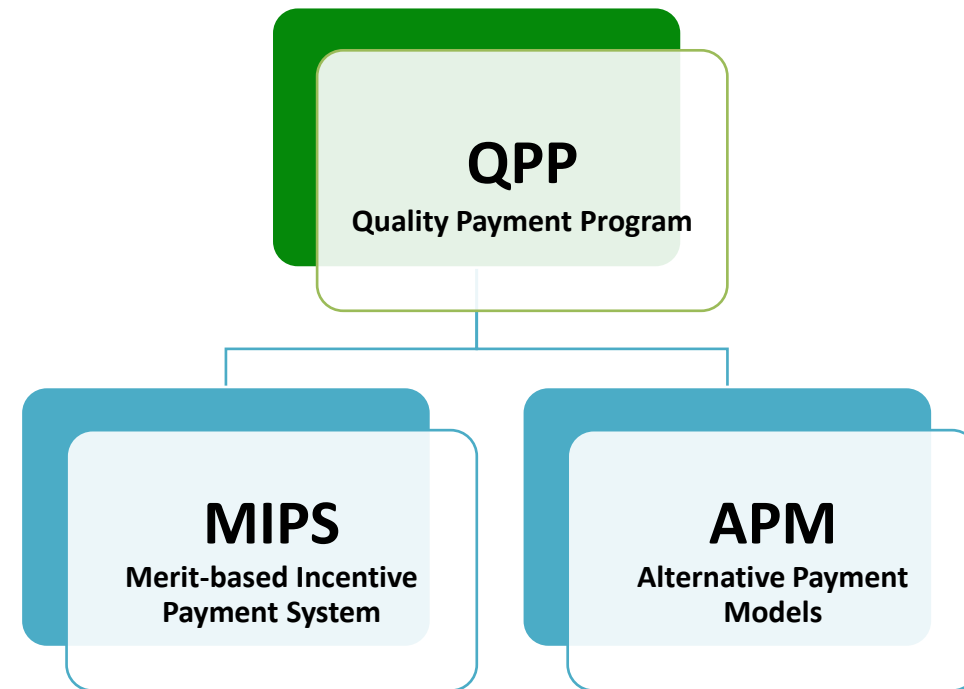
- **FFSSGR** = Sustainable growth rate = Fee-for-Services
- **QPP** = Quality Payment Program
- **MACRA** = Medicare Access & CHIP Reauthorization Act
- **MIPS** = Merit-based Incentive Payment System
- **APM** = Alternative Payment Model
- **PQRS** = The Physician Quality Reporting System
- **MU** = Meaningful Use
- **VBPM** = Value-Based Payment Modifier
- **IA** = Improvement Activities
- **PI** = Promoting Interoperability





MACRA BASICS

- MACRA permanently repealed the sustainable growth rate (SGR) and established two-track QPP
 - Move from fee-for-service to paid-for-performance
 - Tracks (MIPS & APM)



- MIPS track replaced three quality programs and adds a new performance category
- Out with the Old
 - Meaningful Use (MU)
 - Physician Quality Reporting System (PQRS)
 - Value-based Modifier (VBM)
- In with the New
 - Quality
 - Cost
 - Improvement Activity (IA)
 - Promoting Interoperability (PI)



MACRA - MIPS

- Annually scores eligible clinicians on a 100-point performance scale
- Financial adjustments two years after performance year
 - 2022 score will impact 2024 reimbursement
- Winners earn rewards at the expense of the Losers
- Providers can participate either as individuals (NPI) or groups (TIN)
 - Tax identification number
 - National Provider identifier
 - OR Virtual Group via NPI



2022 MIPS Merit-based Incentive Payment System

Quality
30%

Cost
30%

IA
15%

PI
25%

Quality of care
deliver, based on
measures

Pick 6 measures
(2 must be
outcome or high
priority measures)

Cost of care will
be calculated by
CMS based on
your Medicare
claims

Activities that
improve care
processes,
enhance patient
engagement in
care, and
increases access
to care

Combinations:
2 high-weighted
activities OR
1 high and 2
medium OR
4 medium

Each activity must
be performed >
90 days in 2019

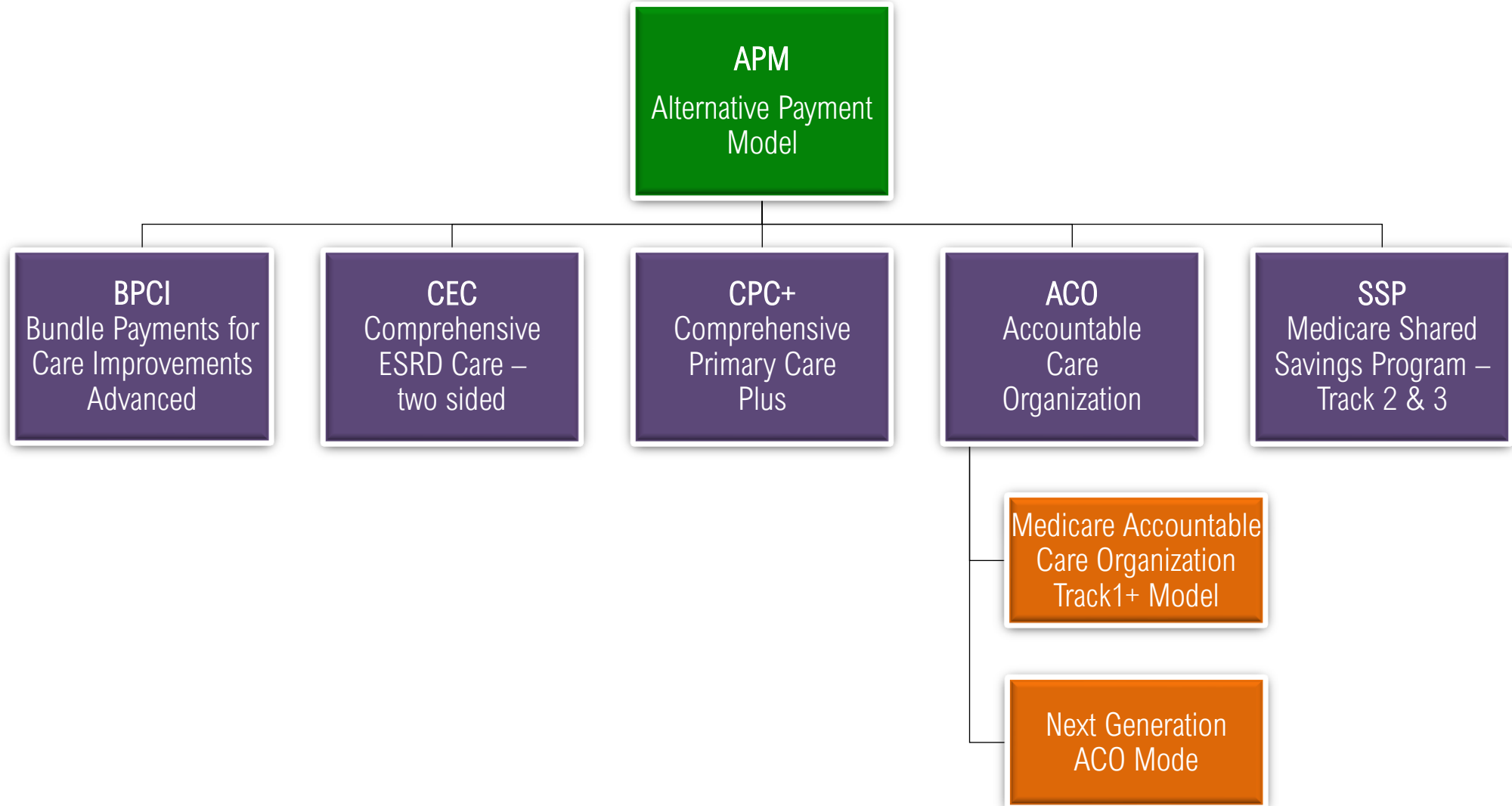
Focus on patient
engagement and
the electronic
exchange of HI
using certified
electronic health
record technology
(CEHRT)

Proactively
sharing
information with
other clinicians or
the patient in a
comprehensive
manner

- Alternative Payment Model (APM)
- Payment approach that gives added incentive payments to provide high-quality and cost-efficient care
- Types
 - APM
 - MIPS APM
 - Advanced Alternative Payment Models (AAPM) – THE GOAL



MACRA - APM



- Advanced Alternative Payment Model (AAPM)
- Criteria
 - Use of a certified EHR technology; &
 - Provides payment for covered professional services based on quality measures (comparable to MIPS quality performance category); &
 - AND Either:
 - 1) is a Medical Home Model expanded under CMS Innovation Center authority OR
 - 2) requires participants to bear a significant financial risk.

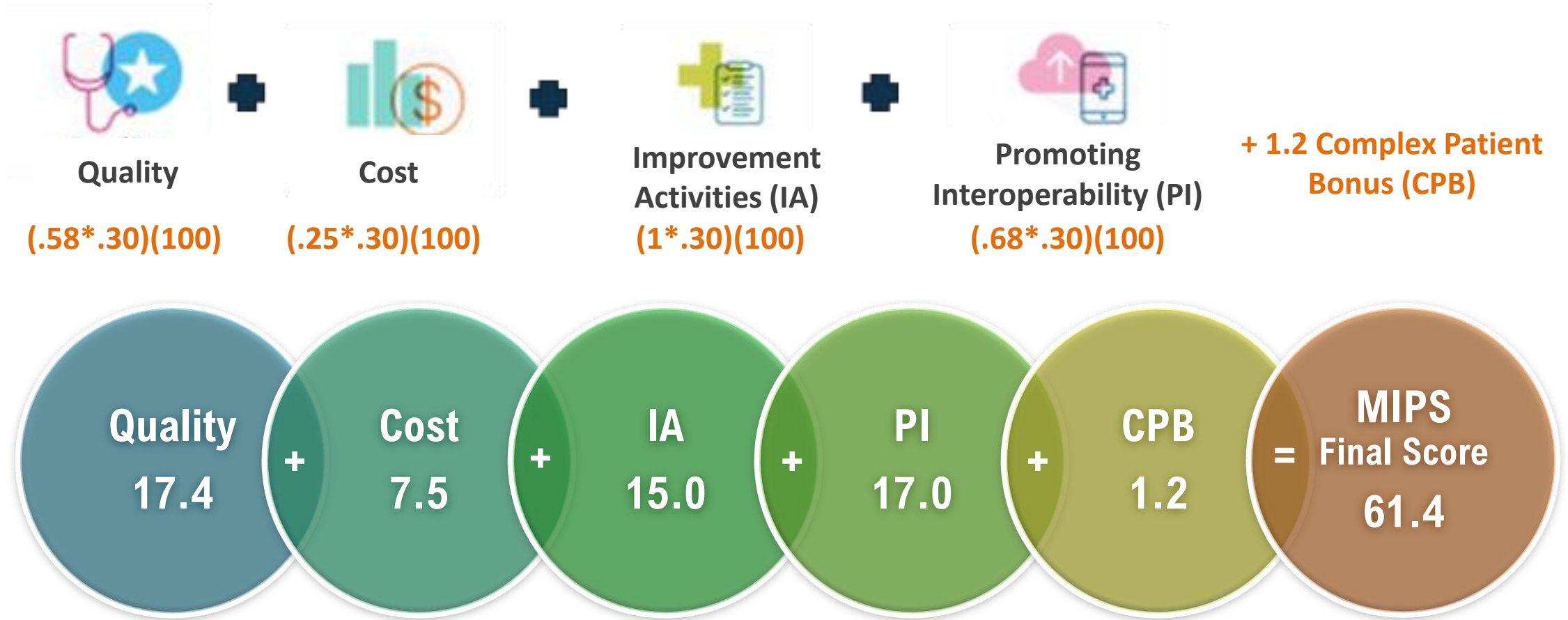




LET'S GIVE IT A GO

- Dr. Joanna Gaines operates an independent family medicine practice in Waco, Tx. She has decided to participate in MIPS for the 2022 performance year.
- Dr. Gaines submits data for the quality, improvement activities, and PI MIPS categories for 2022 using a qualified clinical data registry (QCDR).
- Her quality category score is 58%, improvement activities category score is 100%, PI category score is 68%, and cost category score is 25%. Additionally, because she is a solo practitioner, she meets the criteria for receiving the small practice bonus for the quality category (6 points that have been included in the 58% score), and she receives a 1.2 complex patient bonus.

LET'S GIVE IT A GO



LET'S GIVE IT A GO - UPDATE

Dr. Gains score of 61.4 would impact her Medicare Part B payment.

\$90,000 =
-\$571.54

OR

\$9,000,000 =
-\$57,153.60

LET'S GIVE IT A GO - UPDATE

Larger monetary penalties or bonus do exist depending on score. Below represents Dr. Joanna Gaines Max Penalty and Bonus.

Medicare Part B
Payment = \$90,000

Medicare Part B
Payment = \$9,000,000

Max Penalty =
-\$8,100.00

Max Bonus =
\$2,063.28

Max Penalty =
-\$810,000.00

Max Bonus =
\$206,328.00



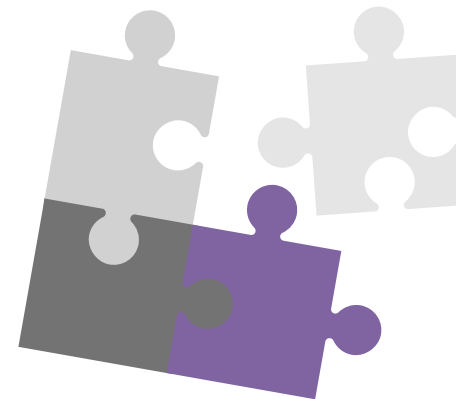
- MIPS final score for 2022 will impact 2024 reimbursements;
- Eligible for the complex patient bonus (capped at 10 points)
- Thresholds for avoiding penalties and earning bonuses are higher than 2021 (18.76 score to avoid the maximum 9% penalty)
- 89-point threshold for performance bonus (up from 85) – Last performance bonus year... increase will be showed in 2024 reimbursements.



LINK BETWEEN PRACTITIONER'S QUALITY OF CARE AND AN ORGANIZATION'S PERFORMANCE RANKING

WHY DOES THIS MATTER?

- Reputation Impact
- CMS publishes an array of clinician-identifiable performance measures through Physician Compare Website for free (<https://www.medicare.gov/physiciancompare/>)
- Consumer's ability to see providers rated against national peers on a scale of 0 to 100
 - 2018 QPP outcomes will be linked to a five-star rating scale for performance measure
 - 65% of consumers are aware of online physician rating sites and that 35% had used a rating site at least once



WHY DOES THIS MATTER?

- The Score Follows the Provider
 - Financial and reputational impacts stemming from score are attached to a provider
 - If a provider moves to another organization in 2019, the new organization will inherit their 2018 score thus their payment adjustment applied in 2020.
 - Will impact how organization will credential and contract providers
 - May impact the organizations' ability to attract the best and brightest providers if group scores are not competitive.
 - Historical score is a permanent part of their public reported record released and maintained by CMS



WHY DOES THIS MATTER?

- Smart Health Communities – Increase Quality Care While Decreasing Cost
 - Appropriate treatments → appropriate time → appropriate place → for the appropriate patient
 - Use technology to increase accurate diagnose, treat illness, and deliver care
 - All care delivery stakeholders across the ecosystem effectively and efficiently communicate and use information
 - The correct individuals do the correct work (e.g., nurses handle patient care, not administrative tasks)
 - Patients are informed and actively involved in their treatment plan
 - New, cost-effective delivery models bring health care to places and people that don't have it
 - Efficiency improves; waste declines



VIDEO CLIP



- YouTube



ROLE OF THE MSP IN TRACKING AND REPORTING ON PRACTITIONER PERFORMANCE

- Increase Participation in QPP Models
 - Requiring greater transparency and greater focus on providers performance management
- Steps Organizations Need to Take
 - Define what changes need to be made at both an organizational and network level
 - Ensure the data sources, data, reports and insights are needed to align with needed change
- Continued Assessment of Strategy to Ensure Alignment - (current and future)
 - Driving higher margins
 - Optimizing patient outcomes
 - Enhancing patient and provider satisfaction
 - Strengthening negotiating positions with payers



NEXT STEPS

- 3 ways to improve health outcomes
 - To build trust, ensure that data is clinically meaningful and timely
- Don't make the mistake of starting with whatever measures and data currently available
- Build reports on the following –
 - What are the organizations objectives?
 - What insights will enable those objectives?
 - What reports will inform those insights?
 - What data is needed to create those reports?
 - What are the sources of that data?
- Ensure reports are transparent, timely, and clinically meaningful
 - Active participation from providers in metric development will yield TRUST
 - Open communication with providers about what defines quality
- Align providers; performance with financial incentives and peer comparison
 - Increases providers motivation
 - Providers pushing each other to be change agents
 - WARNING: This only works in a culture grounded in continuous improvement and learning.



- Research
- Ask Questions
- Improve Competence (Healthcare Quality/Performance Improvement)
- Meet with Stakeholders
- Influence the Medical Staff/Practitioners
- Generate Meaningful Performance Reports
- Coordinate Educational Meetings





POWER THOUGHT

“Data really powers everything that we do.”

- Jeff Weiner



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Presents MAMSS Educational Series

AUGUST 25, 2022 • 12:00 - 1:00 PM EDT

MAKING CONNECTIONS

Telemedicine & Credentialing by Proxy

Telemedicine providers may never set foot in a facility, yet they're held to some of the same standards as onsite physicians. Join Team Med Global's Donna Goestenkers, CPMSM®, EMSP, and Rachelle Silva, BS, CPCS®, CPMSM®, to up your knowledge of Medicare CoPs and other telemedicine accreditation standards, and how to onramp telemedicine credentialing and privileging into existing processes.



YOU WIN!

Complimentary On-Demand Winner

LET'S STAY CONNECTED

#Independence





TMG UNIVERSITY PRESENTS
AUGUST 9, 2022 - 12 - 1 PM CDT

**IT'S
FREE!**



CAREER CATAPULT

Certifications Pave the Way for Advancement

Whether you're actively seeking to advance in your career or are simply contemplating your options for the future, you won't want to miss TMG University's complimentary webinar on the path to obtaining the Executive Medical Services Professional and Executive Payer Enrollment Professional credential. Join Team Med Global's Donna Goesteniors, CPMSM[®], EMSP, and Maggie Wilkerson, CPC[®], CPMSM[®], as they discuss the value of the EMSP and EPEP credentials and the options available to achieve them.



We hoped you enjoyed learning about
New Horizons:
Linking Healthcare Quality to
Physician Competence

Ready to learn more?

Enroll in TMG University's Individual
Professional Development Program

Email TMGU@teammedglobal.com
for a complimentary professional
development consultation.

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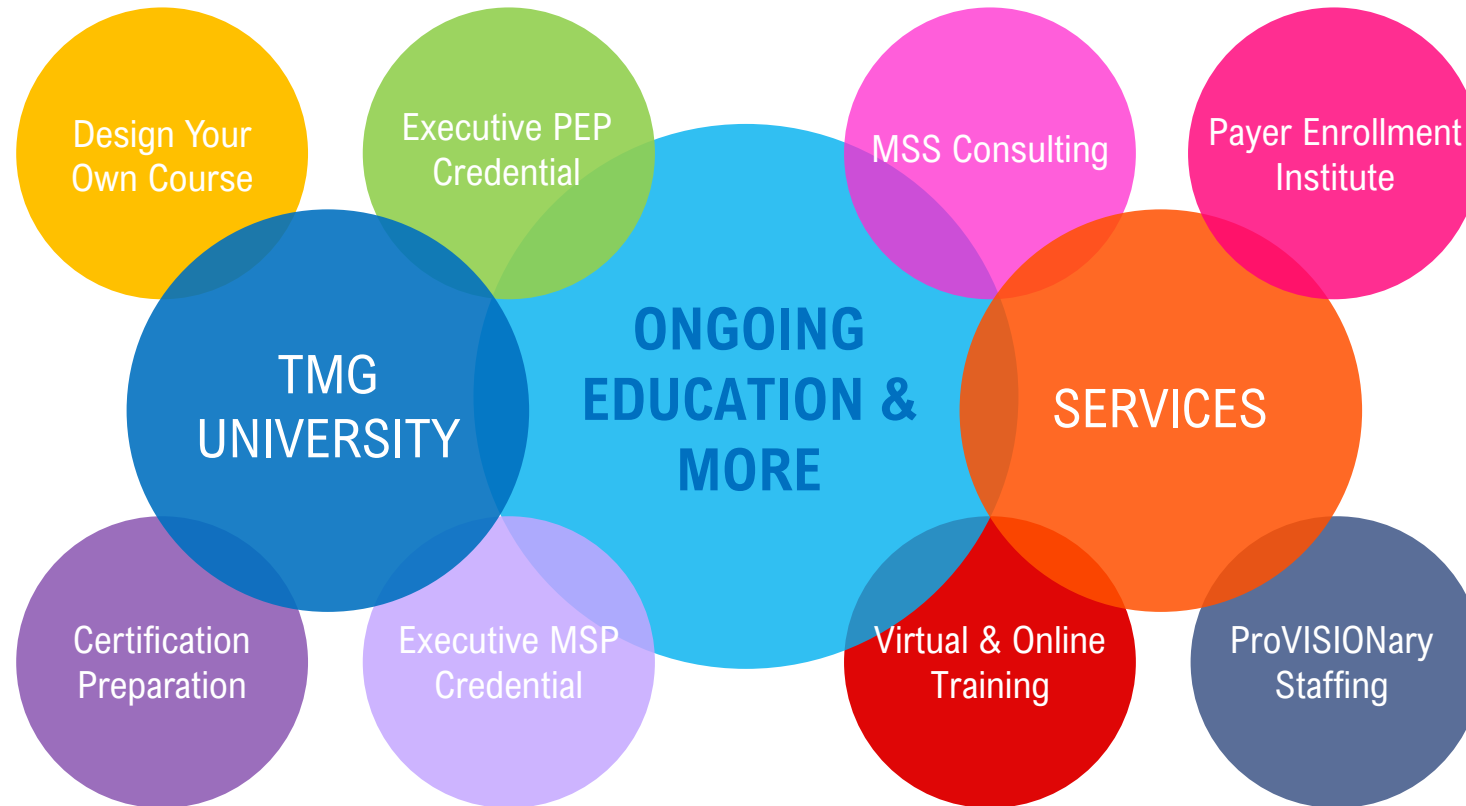
Donna Goestenkers, CPMSM[®], EMSP
President - Team Med Global
(618) 830-0057 | donna@teammedglobal.com

Nicole Keller, MSHM, CPHQ, CPHIT
Seattle Children's
(360) 927-5291 | nicole.keller@seattlechildrens.org



MORE RESOURCES

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Thank You