Good afternoon my name is Olivia Henze and I will be a moderator for today's quality payment program March WEBINAR: An Introduction to the AMA Payment Model Evaluator. The Quality Innovation Network, Quality Improvement Organization works with healthcare providers, stakeholders and communities across New England on data-driven quality initiatives for patient safety, engage patients and family and improve clinical care at the community level. Thank you for joining us for today's webinar. Before we get started just a few housekeeping items. This call will be recorded for training purposes. I will provide you with details on accessing the recording at the end of the webinar. The phone lines are on mute for the duration of the presentation and we will take questions at the end of the presentation and I will provide instructions on how you can ask a question over the phone or pose a question in the chat box. Now I would like to pass it over to Jenn Gordon and she will introduce our speaker. Jenn, the floor is yours.

Thank you. Good afternoon everybody. I am taking great pleasure in introducing Chris Botts who is the Care Delivery and Payment Manager within the professional satisfaction and practice sustainability group at the American Medical Association. In his capacity he supports the AMA's multiyear journey affecting delivery elements that helps support high-quality patient care, physician satisfactory and practice sustainability. He manages the development and implementation of tools and resources that assist physicians in the adoption of new commercial and governmental payment and care delivery models. Additionally, Chris works with external partners such as coalitions, commercial payers, employers, patients, electronic healthcare vendors. Prior to joining the AMA- he worked within the District of Columbia healthcare finance, designing and implementing new innovative health information technology programs. Chris, I would like to introduce you as our speaker today and I will hand over the platform as you explain the AMA's Payment Model Evaluator.

Thank you so much, I really appreciate the introduction and appreciate being asked to give this presentation today. We are excited about the work that we have been doing being able to partner with physicians and practice managers in making sure folks are ready and prepared for the MACRA/QPP program now and moving forward. Before I do a deeper dive into the actual Payment Model Evaluator tool, I thought I would just provide some general comments about the MACRA/QPP program just to make sure everybody is starting off on the same foot. This is just a review of the AMA strategic focus areas. They are focusing on improving health outcomes, professional satisfaction and practice sustainability, as well as accelerating change in medical
education. My group falls and within the center focus area, particularly around the practice of sustainability which is what we are focusing on in today's webinar.

Some general comments around the MACRA/QPP efforts. I wanted to make sure, as folks are already aware, that this initiative is very complex in part because the healthcare system is complex, but also there were a lot of issues with the STR legislation that it is to be resolved. The focus is that the QPP program and the macro legislation is meant not just as a replacement for the legislation but getting the Medicare payment moving more in a direction of value-based care. There are a lot of new requirements that are part of this program that are revisions from some previous, more siloes systems associated with the fee-for-service program within Medicare Part B that includes value-based modifiers, the PQRS system. Part of the grow of the macro legislation and subsequently the QPP rules was to simplify the administrative processes that physicians and the practices have to go through in order to meet some of the requirements around the purposes of those programs and streamline that process moving forward. Especially with some of the recent news coming out this week and what's been happening over the past several weeks, around the repeal and replace of the ACA or Obamacare, we want to make sure people under MACRA and ACA are different, while the healthcare system is tied in but they are not tied together. The repeal and replace, while tertiary really might have some effects within the MACRA efforts, the rules moving forward are not affected with some of the conversations that are happening now and I'm sure that will be happening over the next several months.

The prior administration has communicated, and I'm sure the current administration will talk about it as well is making sure that folks know this legislation and the subsequent rules are starting places and not the end of the program. They will continue working and updating the roles as part of this program to make sure they are meeting the needs of physicians and their practices. So we expect to see additional clarifications and rolls coming out in the subsequent months throughout the year that will hopefully make things even better as the program continues moving forward. This slide highlights some of the elements I just talked about. Making sure to show where there is reorganization as part of the old SGR legislation as well his new opportunities within the MACRA legislation and subsequent rules. As I mentioned, it is really a combination and streamlining of the modifier programs, reducing burden, greater flexibility for physicians, also it provides an opportunity for folks to start getting involved with Alternative Payment Models and the broader transitions for more value-based healthcare. And wanting to make sure there is engagement from physicians as part of how they want to be involved with these models. There was the creation of the physician task force that is reviewing potential models so physicians can be really involved in the process of not just following them but also the creation which is important, at least from the AMA's perspective moving forward. There is
also the addition of a category called improvement activities that really involves with helping practices improve the way they provide care and have a quality interaction with their patients. Just to highlight for folks, I'm sure many of you have seen this in some capacity. This is a timeline that was laid out as part of the MACRA legislation. The key here is that there is a path that will continually evolve in subsequent years. Making sure to note that there is a fairly flat update for the fee for schedule B service which is different than what has happened in the past. Really the hope from CMS is folks will then be engaged in MIPS or the advanced Alternative Payment Models in terms of being able to have additional improvement on the payments they receive as part of their Medicare part B work. This is a highlight of some of the milestones that will be happening this year as well as subsequent years. This is subject to potential change depending on any proposed and final rules that may be coming out this year. I just wanted to make sure that folks have a general concept of how the year will go out. Making sure they have an awareness of not just what is happening here but also starting to think of what is coming down the pike years. This is where our group within the AMA is focusing. On helping physicians prepare for this program. There's a lot involved with the QPP and understand that physicians already have a lot on their plates. So AMA really wants to make sure that physicians, practice managers and anyone else involved in the practice knows we are committed to partnering with you all in this journey and developing resources and tools to alleviate some of the burdens and make sure the transition to this program is as smooth as possible and continue being partners along that journey as the program continues to evolve.

As Jenn and others have mentioned, the AMA developed the Payment Model Evaluator or PME. It allows physicians, practice managers or others to enter in data as part of their practice and start getting a better sense about where they fall in within the program and start thinking about next steps. Next steps to prepare for collecting and subsequently sending data to CMS as part of this program for the 2017 performance year. As a reminder, the performance year is 2017 with any potential payment adjustments applied in the 2019 practice year. I will go any deeper dive in terms of that tool in a few minutes. I also want to make mention of a checklist that the AMA has that provides some broad questions that physicians and their practices really need to be thinking about as they prepare for this program. Technically the program started January 1 of this year, so physicians and practices in general really need to start thinking about how they are going to fit in with this program and these are some great questions to begin thinking about as folks prepare for the program. And that is hosted on our AMA website specifically within the MACRA page. It also has developed a set of 43 - getting up to 50 modules that really help physicians and their practices think about the evolution to the practices and making sure they are ready for these transitions that are happening with the healthcare environment. There are modules on how to select an EHR vendor, ways to think about and reduce burden, and a lot of
great modules that are interactive to really be able to think about how to continue transforming the practice to better support their patient populations. I also want to know that based on the prior administration, a selected module within the STEPS Forward system will be categorized as improvement activities. Physicians and practices will receive credit for completing those modules as part of that specific portion of the MIPS categories. We are still waiting for clarification from the new administration about which specific modules will be categorized as improvement activities. We are hoping to get that clarification in the coming months, but there has been a lot going on in this space. So we are waiting for that additional clarification and we will distribute information to folks that are interested once we are able to receive that from the new administration. Lastly, as I mentioned, we have a great homepage on our AMA website that really talks to a lot of the tools and resources that are covered in addition to some educational content for those folks that are still confused in and understandably so, about what the MACRA/QPP programs are and what the requirements are for those systems. With that I'm going to dive into a live demonstration of the PME tool and hopefully folks are able to see my screen. Olivia, hopefully you can let me know if there are issues.

Chris, we can see your screen fine.

Perfect. That is what I like to hear. Hopefully that continues. Hopefully everybody should be seeing the MACRA page as I mentioned. It has a lot of great information and a lot of educational content. It is continually being updated as we receive clarification information from the current administration. What I want to point out is one way to get to the PME tool is through that page. It is prominently placed because we want to make sure that users have the ability to go through this assessment as they continue preparing and moving forward to implementing the 2017 performance year. What's currently on the screen now is the landing page for the PME. It provides a high-level overview of what MACRA is, as well as some links to additional educational content. I will highlight those briefly in a few minutes. As you scroll down, it continues engaging the user in terms of what they really need to be thinking about as part of the MACRA program, and how that specifically is directed to them and their practices. This is a timeline that starts from the beginning of this process to the replacement of the STR legislation and when MACRA was passed. Running through the different elements of the proposed role, the final rule. And it shows where based on today where we are in that program. And is that continues moving forward, I will note that the AMA is continually evolving these tools and looking for feedback and ways to make this timeline more specific at least to the 2017 performance year so physicians and their practices really get a better sense of what they need to be doing now to prepare for this 2017 performance year. If you were a user and you want to learn more about the educational content as part of MACRA, it...
is integrated within the PME assessment tool itself, but you can also go to the educational tools, which is what this tab is showing. It has some general language about what value-based care is. And has some 101 information about MACRA and the specific requirements associated with MACRA highlighting MIPS versus alternative APM’s etc. There are subsequent tabs that go through detailed information about MIPS and APMs as well as some things to consider as users are thinking about implementing and what the next steps are associated with that process. I will not highlight those too much at this point, but it is something for those folks interested in what MACRA is. These are great educational tools. All users that use the tool need to create an account within the AMA system. It allows us to help track what's happening with the tool but it also allows us to more directly interact with the users both in this current iteration of the PME as well as in future iterations as part of our value-based care environment. It is pretty straightforward. And asks for a username, your name, email address and password. Just a little bit of information about who you are. It shouldn't take more than 30 seconds to complete. It really is helpful as part of the management of this tool and how we envision it evolving moving forward. Once a user creates an account or signs in if they have an account, they will get into the actual PME assessment environment. What is showing on the screen currently is what the screen will look like for a user after they have completed the assessment. I wanted to show people what the end product looks like. You then have an assessment. It shows the last time you completed and you can update based on new information or changes. You have the same educational tools that I highlighted previously that are accessible through the MACRA AMA website as well. And the power of this tool is the creation of a profile specifically for your practice based on the assessment questions that have been answered. I'm going to try to run through the assessment quickly so people can get a better sense of what the type of questions are that the assessment asks. I'm going to select retake the assessment. This is for folks that would be submitting a new assessment or updating their assessment based on changes or anything else happening within their practice. This is for folks that would be submitting a new assessment or updating their assessment based on changes or anything else happening within their practice. I'm not going to go verbatim for everything that is happening in terms of the types of questions, but really it is asking the role within your practice. Is this a physician or one of the administrators that is helping create this assessment? And then it starts diving into more specifics about the specialty involved. I'm going to start selecting a few choices just to allow us to get into a response at the end of the assessment.

Now we are getting into specific details about whether I'm an individual practice or I'm answering as part of a group practice. That really gets to start gathering information on how you are considering attesting to the specific requirements for the QPP program. If you plan to do it as a group or individual and the outcome of the assessment will hopefully provide folks some additional information about how they need to be thinking about that. Again, start thinking about how the practice is set up.
Are you independent? Primary care focused, Rural Health Center, FQHC? Those are things that will help provide more specificity. This gives a better sense of your practice size and that will help create this more specific individualized profile for your specific practice needs. It’s an important question because it is one of the exemption criteria for the QPP program. If you are in your first year of participating in the Medicare program, then you are exempt from the 2017 performance year. Again, the same thing with the next question about whether you see more than 100 panic care patients a year-Medicare patients is another criteria. And if you have less than that you are exempt from the program. And lastly, the reimbursements that are associated with claims is another exemption criteria. I'm going to start filling in information as part of this profile. I'm not going to go through every single question but wanting to make sure to give people a general sense of what is asked.

We are now starting to get specifics about if your practice is involved with any specific type of APMs which will affect which category you might fall into with regards to your practice. I'm going to select this practice as part of the current MS SP program. If you select any of those you will get the subsequent questions that ask more specific information about them. Again trying to create a more individualized profile. I'm going to enter in some information. It is asking me about revenue and how much of our practice revenue is driven by this specific APM versus general revenue through other work streams. I'm going to start adding in information so we can get the end product. Again it shows the completion. We are almost done. Really does not take a lot of time to complete. We really wanted to make sure this was streamlined and easy to follow for users so we can make sure we are gathering relevant information for folks as we are trying to implement the program. I'm going to start clicking through some of this information. We want to get to the end. Are you meeting the 2013 edition of the certification criteria? And also if you are meeting the meaningful use stage 2 requirements? Also you may not know that at the time of completing this assessment, you can always click I don't know and come back and update it as necessary. This gives you a better sense of whether you are doing PQRS currently and whether you are using Q CDR as part of your perdition does participation. I went through and filled out questions. It only took me a few minutes to complete. You can review the questions here just to make sure you remind yourself about what you responded with and the power really is getting to the profile. What, based on those responses, where do I sit in the program? Based on my responses it is you are less than the $30,000 so it says I'm exempt from the program. I want to go back a moment to the assessment so I can try to get it to show more specific information so you can see what it might look like if you had a higher revenue stream as part of Medicare. Let me do this real quick. I apologize but I want to make sure you can see the different levels that the profile can show you and how
specific they are. One more minute. We are going to go into the profile and you can see based on my responses, it changed from being exempt to now being part of the MIPS alternative payment model which is different from the advanced APMs. Now you can get into more specifics about your program. There's more information about what is required for a CI, improvement activities and cost. It gives more information about the financial impact of the responses you provided. I will provide a caveat that these financial impact reports are based on approaches that CMS released publicly. These are not specifically driven analytics by AMA, but it allows practices to start gathering that information and really thinking about what the potential financial impact is of the QPP program as well as the advantages you can have in terms of your participation. You can see based on the percentage where you might be able to get rewarded or potentially being that's part of that program. Some of the burden criteria involved there with being involved with a system, and from here you can think about what the implementation criteria would be and the things you need to be thinking about as part of the next steps. I'm going to stop there. I know I went a little bit over but I want to make sure there is an opportunity for folks to ask Westerns and I apologize if I went quickly. Hopefully everybody has an idea of how they can participate in the MACRA/QPP system.

Thanks, Chris. This is Olivia. That's a fantastic overview. We will take some questions at this time. If you would like to ask a question over the phone you can press #6 to unmute your lines. Go ahead and ask your questions.

While we are waiting for those questions to come in, I wanted to remind everybody that you can also access the PME on our New England QIN-QIO website. We have permission from AMA to host the PME. Additionally I'm excited to hear that the step forward modules will be approved and I encourage practices to use it. That is really great news. We were excited about that as well and I'm looking forward to getting some of the clarification information from CMS to make sure we are emphasizing that was the previous administration. And what we know right now we are thinking that will continue moving forward but we are still waiting for clarification from the new administration in terms of how that will work and whether those modules will be confirmed as being part of the improvement activities category. Just to make sure folks have clarity there.

And it is free and extremely helpful and engaging, and really I emphasize folks taking a look at those modules.

Olivia, do we have any questions at this time?
I appreciate the presentation. It was excellent. I have a two-sided question about the budget neutrality portion of the whole system, which I still find egregious and a bit insulting. And it seems 50% will be dinged or given a negative impact. I guess the two-sided question is, is there any discussion about that aspect? I understand the budget neutral part but why go after potentially really good doctors? Number two, I see that your calculator seems to help - the black box is how do you measure the quality of a given physician to determine are they high-quality or low-quality. It looks like the tool helps us to get there. Could you maybe just highlight what are the more critical measures that are being used to evaluate our quality?

I will take the last one first and then I will see how I can respond to the first one. The quality measures are really specific to how physicians are practicing. It is the goal from CMS to provide as many possibilities to a number of different specialty practices to have them specific to the way they practice medicine. There are six criteria or quality measures that physicians need to complete as part of that category. They do have a tool on their website that starts allowing physicians to start combing through those measures and seeing what applies best to them. The AMA is also looking at engaging those types of tools and the evolution of this product to start getting folks to think about not just what quality measures apply to them, but how that then affects their scoring and how that allows them to CMS as part of the process that physicians and practices have to go through this performance year. It's hard to say which specific measures are best for your specific practice. But the intent in general is to provide a list of measures and I can't remember off the top of my head how many measures there are currently. The goal is to allow physicians to have the flexibility. The AMA is looking to evolve that process moving forward to engage physicians in terms of that..

I understand the quality measures and you have to have at least one outcome measure. I have been working very diligently and with difficulty finding appropriate measures. I guess that was the heart of the question. Is right now a lot of our grading based on how we perform on our six measures?

Are there other features or aspects?

As part of another deck we have, the quality for the 2017 year is 60% of your total MIPS score if that is the track you are on within the 2017 performance year. There are three different options within the performance year in terms of pick your pay an entrance that you don't have to submit all six measures if that is something that your practice chooses. It is something that you should be submitting something within this year to not get dinged in terms of the negative payments for 2019. The assessment really is gathering information about your practice and seeing if there is opportunity to gain more than just the one measure, the pick your pace option, which is the bare
minimum or are there opportunities that the practices can really improve on the payments they are receiving through CMS by submitting more than just that minimum criteria.

If I may jump in – I wanted to ask the Dr., are you familiar with the specialty measures?

I'm totally familiar. I have looked at the site. Unfortunately for the outcomes I believe it was suggested post-op surgical site infections and I think it was thanks to you guys through our Connecticut State Medical Society contact discovered that is not quite so simple as picking an outcome measure but there are levels you can attain. Unfortunately was a very low qualifier. I think three was the maximum. That's why I'm hunting and looking for other parameters that I'm familiar with what you just discussed.

Okay. I would like to thank you for your question. If possible, we will have someone contact you and reach out to you to offer additional support if you are interested. Are there any other questions at this time?

Yes, there are a couple questions in the chat. The first question is from Suzanne. At this point do certified nurse midwives need to plan to participate or assume they don't need to report until 2019?

I do not believe that they fall into the categories of folks that fall into the category for 2017 performance year.

Okay, thank you. Another question is there are a number of methods of reporting, can a practice report via multiple methods to achieve complete reporting? If so, how does that get counted by CMS?

Sure. I think it's a tough question. I know this is part of the thought process that providers need to go through and something we are continuing to think about. I would refer folks who are website to provide additional information with regards to that specific information.

I can speak to that question a little bit more, Chris, if I may. You are able to report different methods but just not within the categories. For example, if you are choosing six quality measures those measures need to be reported with one method. For example, through your EHR. If you are interested in testing for Advancing Care Information which is your former meaningful use category, you can attest through the CMS when that is available. I hope that clarifies it.
I will say also that if you are choosing to attest as a group, you need to do it for all, not as an individual. And then a group for increment activities it has to be consistent across the board.

I would just like to thank you again for having us. It's really important to engage the physician community and as I mentioned during my presentation, the AMA is continuing to create new resources or involving our resources and tools to better supply physicians and their practices with how to prepare for this 2017 performance year and what they need to do. And always we would love feedback from folks about how it functions currently and anything that physicians would like to see that they don't currently have. Anything to help them with their decision processes. I look forward to engaging with folks as we continue evolving these tools moving forward. We appreciate partnering to disseminate this information.

I have a few last-minute announcements before we end today. We are now on social media so please connect with us on Facebook and LinkedIn for other offerings from the New England QIN-QIO. When you close out and evaluation will pop up on your computer. If you could please fill that out, we would greatly appreciate it. If you don't have time right now or you are sharing a computer, you will receive an email tomorrow with a link to the evaluation and the link to the presentation page. The PowerPoint is on the website and was in the email. A recording in a transcript will also be added in the next few days. Thanks again for attending. Thank you very much to Chris and Jenn and I hope everyone has a great day. [Event Concluded]