PQRS & MIPS in Real Life

Three Behavioral Health Organizations Share their Experiences

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Speakers

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- Project Manager of PQRS Initiative (FL, IL, IN & TN)
Outline

• MIPS Survival Guide webinar survey results
• Review of current quality measures & reporting requirements
• Case studies
  – Centerstone (FL, IL, IN & TN)
  – Mosaic Community Services, Inc. (MD)
  – South Shore Mental Health (MA)
• How to Prepare for MIPS
• Q&A
MIPS Survival Guide: Survey Results

- 66% of participants found the webinar “very useful”
- Quality is the category that causes the most concern (58%)
  - Resource Use (40%)
  - Advancing Care Information (37%)
- Majority (71%) prefer written forms of technical assistance
Written Materials

www.TheNationalCouncil.org/MACRA

- MIPS Resource Guide
- MACRA Fact Sheet
- MACRA 101 slides
- MIPS Survival Guide slides
- MACRA FAQs (in progress)
- CMS Resources
CMS developed a list of Clinical Quality Measures (CQMs)

Eligible professionals (EPs) must report at least 9 CQMs covering at least 3 National Quality Strategy domains in 2016.

EPs must also report one “cross-cutting” measure if they have at least one Medicare patient with a face-to-face encounter.

Six NQS Domains

1. Patient and family engagement
2. Patient safety
3. Care coordination
4. Population/public health
5. Efficient use of healthcare resources
6. Clinical process/effectiveness
PQRS 2016 Specialty Behavioral Health Quality Measure Set

- #134: Screening for Clinical Depression & Follow-up
- #181: Elder Maltreatment Screen and Follow-up
- #226: Tobacco Use: Screening and Cessation Intervention
- #325: Adult major depressive disorder: coordination of care of patients with specific comorbid conditions
- #383: Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- #391: Follow-Up After Hospitalization for Mental Illness (FUH) at 7 days and 30 days
- #402: Tobacco Use and Help with Quitting Among Adolescents
- #431: Unhealthy Alcohol Use: Screening & Brief Counseling
Sample 2016 Cross-cutting Measures

• #110: Preventive Care and Screening: Influenza Immunization
• #128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
• #134: Screening for Clinical Depression & Follow-up
• #226: Tobacco Use: Screening and Cessation Intervention
• #402: Tobacco Use and Help with Quitting Among Adolescents
• #431: Unhealthy Alcohol Use: Screening & Brief Counseling
PQRS Reporting Mechanisms

**Individual EPs** may choose to report using the following mechanisms:

1. Medicare Part B claims
2. Qualified PQRS registry
3. Direct electronic health record (EHR) using certified EHR technology (CEHRT)
4. CEHRT via data submission vendor
5. Qualified clinical data registry (QCDR)

**Group Practices** may choose to report using the following mechanisms:

1. Qualified PQRS registry
2. Web Interface (for groups of 25+ only)
3. Direct EHR using CEHRT
4. CEHRT via data submission vendor
5. CAHPS for PQRS via CMS-certified survey vendor (group practices of 2+) to supplement PQRS

MIPS: Quality Performance (50%)

• Requires providers to report six quality measures on an annual basis
• No National Quality Strategy domain requirement!
• One measure must be an outcome or other “high priority” measure
  – Appropriate use
  – Care coordination
  – Patient experience
• One must be a “cross-cutting” measure
  – Unhealthy Alcohol Use: Screening & Brief Counseling
  – Tobacco Use and Help with Quitting Among Adolescents
Quality = 50% 2017 MIPS Score

- Quality: 50%
- Advancing Care Information: 25%
- Clinical Practice Improvement Activities: 15%
- Resource Use: 10%

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES
Christina VanRegenmorton, MSW, PMP
Centerstone
• VP for Clinical Excellence (FL, IL, IN, KY, & TN)
• Project Manager of PQRS Initiative (FL, IL, IN & TN)
• Over 142,000 people served
• Over 1,800,000 services provided
• 4,500 full time clinical and administrative staff and a national network of over 700 contract therapists
Reporting PQRS

• 2016 is Centerstone’s 3rd year reporting PQRS (2 full reports & 1 MAV for 2015)
• Internally, we apply PQRS-related metrics to ALL clients (regardless of payer) to improve integrated care quality
• Why Report?
  • $1M not lost due to decreased rates
  • Better prepared for rapid Medicaid HEDIS changes than our competitors
  • Better integrated care for our patients
  • Our MCOs love it
Challenges

• In 2014 & 2015, CMS dropped BH quality metrics we’d already built into our systems
• Our five BH EHRs don’t have CPT-II coding capacity
• **FIVE** EHRs
• Work process re-designs needed for most impactful measures
• No access to pharmacy fill data in 4 of 5 states
#128: BMI Screen & Follow Up

<table>
<thead>
<tr>
<th>Who</th>
<th>All clients age 18+</th>
</tr>
</thead>
<tbody>
<tr>
<td>When</td>
<td>Intake + every 6 months</td>
</tr>
</tbody>
</table>
| What      | Weight + height + PCP referral within 6 months  
            *(if outside normal ranges: under 65: 18.5 – 25;  
            over 65: 23 – 30)* |
| Results   | % of eligible patients who qualify |
| Why Miss  | No follow-up referral to PC  
            No height and/or weight |

2013 CMS Mean performance = 55%  
Below Average (penalty) = under 28%  
Above Average (bonus) = over 76%
<table>
<thead>
<tr>
<th>#134: Depression Screen &amp; Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who</strong></td>
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<tr>
<td><strong>When</strong></td>
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<td><strong>What</strong></td>
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<tr>
<td><strong>Results</strong></td>
</tr>
<tr>
<td><strong>Why Providers Miss</strong></td>
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</tbody>
</table>

**2013 CMS Mean performance** = 46%
**Below Average (penalty)** = under 22%
**Above Average (bonus)** = over 88%
#134: Blood Pressure Screen & Follow Up

<table>
<thead>
<tr>
<th>Who</th>
<th>All clients age 18+</th>
</tr>
</thead>
<tbody>
<tr>
<td>When</td>
<td>Intake + at least once a year</td>
</tr>
<tr>
<td>What</td>
<td>• BP reading and PCP referral on same date (if above normal reading: 120 over 80)</td>
</tr>
<tr>
<td>Results</td>
<td>23.5% of eligible patients qualify</td>
</tr>
<tr>
<td>Why</td>
<td>1) No follow-up referral to PCP, or</td>
</tr>
<tr>
<td>Providers</td>
<td>2) No BP reading</td>
</tr>
<tr>
<td>Miss</td>
<td></td>
</tr>
</tbody>
</table>

2013 CMS Mean performance = 62%

Below Average (penalty) = under 30%

Above Average (bonus) = over 90%
Lessons Learned

• Use the CMS QualityNet HelpDesk. Email your question to: qnetsupport@sdps.org
  – Yes, you can get permission to use different screens to meet the measure!
  – They are PROMPT & awesome

• Sign up for a CMS Practice Transformation Network!
  – Free coaching to help you succeed at PQRS/MIPS and prepare for value-based payment arrangements

• Don’t see it as a purely “Medicare” project

• Data sent is PUBLIC. If your data looks bad, is it worth potential negative publicity?
Preparing for MIPS

• We’re educating our team
  – Provided face-to-face & online PQRS trainings for prescribers & clinic managers
  – All senior leaders received MIPS webinar

• PQRS root cause analyses & action plans complete

• Using a PTN for free coaching!

• Already blocked off analytics & IT development time Nov 1-Jan 30
Mosaic Community Services, Inc.

Spencer L. Gear, ACSW, LCSW-C
Chief Systems Officer,
Mosaic Community Services, Inc.
Towson, MD
“It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness...”

--Charles Dickens
Mosaic Community Services

- Fully owned subsidiary of Sheppard Pratt Foundation
- Recent merger takes us to about $70 million revenue
- Multi-service agency
- 7 Clinics
  - 21 prescribers (Psychiatrists/CRNP-PMH)
  - 38 therapists
  - About 8,000 clients
  - All funds and most salaries through fee-for-service payments based on CPT
- Netsmart EVOLV E.H.R.
- Healthmonix PQRS-PRO registry
Meaningful Use & PQRS

- **Meaningful Use**
  - Elected Medicaid Version
  - Most prescribers now have Adoption/Implementation/Use payment.
  - Held off on attesting for MU Stage 2 Modified

- **PQRS**
  - Attested individually in 2014
  - Attested as a registry group in 2015
Challenges

• Data not in the system
  – “We don’t do that”
  – “We’re not a primary care practice”
  – “We would have to change our work flows!”

• Bad data in the system
  – Missing diagnoses; failure to comply properly

• Data checks in, but doesn’t check out
  – “It’s in a text box.” Whoopee, more work for my team!
Immunization Measures

# 110 = Preventive Care and Screening: Influenza Immunization
# 111 = Pneumonia Vaccination Status for Older Adults

• Distributed a paper questionnaire at time of service towards the end of the calendar, which asked relevant questions about the two covered periods for flu and if patients had ever had pneumococcal vaccine.
• Interns entered data into EHR to add to existing records (We LOVE interns!)
• Reports ran out of EHR onto spreadsheets, and uploaded to registry
#130: Documentation of Current Medications in the Medical Record

- “Should be easy” - of course we have this data in our EHR
- “Oh %@#$! – they want ALL meds”
- “OK, we can get that info from Primary Care” (Mounting hostility…)
- “Who is going to get it and enter it?” (Workflow blues…)
- “Wait, it says here that we have to record dosages, etc. of ‘ALL prescriptions, over-the-counters, herbals and vitamin/mineral dietary (nutritional) supplements AND must contain the medications’ name, dosages, frequency and route of administration.’” (Committee members receive urgent texts…)
- [This year we are going to use patient report – “all immediate resources on the date of the encounter”]
#383 Adherence to Antipsychotic Medications for Individuals with Schizophrenia

• “This should be easy!” (Hint: they always look easy when you start)
• Lots of nice filters, i.e. diagnosis, have to have at least two visits
• Oh wait – have to have two prescriptions filled and 0.8 proportion of days covered.
• How do we find out what was filled?
• We used psychiatric rehab and health home data to verify this, but it was dicey.
Lessons Learned

• Choose measures that require a count once in a measurement period!
  – EG: # 111 Pneumonia Immunization

• If there is an additional filter on the measure, it makes your life easier.
  – EG: # 111 Pneumonia Imm. or 181 Elder Maltreatment patients over 65.

• Look VERY carefully at the instructions and then ask all your friends what they think is needed!
  – EG: # 134 Depression screening –”on the date of the encounter”; “standardized”; “follow up”
Things we’re still learning about

- We like the idea of outcomes. We think…psychiatric?
- It can be really difficult to change to include medical screenings
- Some folks can resent this—like doctors, therapists, administrative staff, consumers…did I miss anyone?
- Your EHR may not be capable of reporting multiple diagnoses or CPT II codes
- You may not be able to find out about outside treatment
- We believe we have to overcome these challenges
South Shore Mental Health

Martha Ryan, Manager of Meaningful Use at South Shore Mental Health in Quincy, Massachusetts.
- Outpatient Counseling
- Psychiatric Testing
- Psychiatry
- Residential
- Home Based Services
- Psychiatric Emergency/Crisis Services
- Day Treatment
- Case Management
- Early Childhood Intervention
- Respite Services
- Jail Diversion
- Dialectical Behavior Therapy
- Intensive Family Intervention
- Supported Employment
- Trauma Services

★ = Outpatient Clinic
Culture Shift

• A strong focus on quality services through client-centered treatment, responding to individual needs, comprehensive staff training and supervision. High quality reflected in consumer satisfaction surveys.

• PQRS shifts to the quantification of quality. We now measure quality by choosing measures, which staff may or may not feel represent “quality.”

• Over time, intrinsic value is increasing as they are incorporated into workflows.
Developing a Strong Process

• In 2012 we convened a Meaningful Use Group
• There was a lot of resistance to adding work to an already stressed workforce. (“There’s no time to do that!”)
• Over time, the group became more efficient at implementing new workflows (technical, training, outreach and feedback)
• 2014 added PQRS reporting to the group’s scope of work
Finding Help to Participate in PQRS

- Do we report as individuals or a group?
- We have a certified EHR…can we use direct electronic health record reporting?
- Should we report through claims submission?
- What is CAHPS and does it apply to us?
- Different measures are available depending on what reporting option you choose. Will we be successful with the measures we’ve chosen?
- What is a cross-cutting measure?
- We can’t report all those measures-should we report at all?
- Consultation and reporting support through choosing a Qualified Registry as our reporting method.
- Registering as a Group (GPRO)
Measure-Applicability Validation Process (MAV)

- Process varies depending on reporting method
- Applies if it is not appropriate or possible to report 9 PQRS measures across 3 National Quality Strategy domains
- Measures must apply to your practice
- If one measure in a “cluster” of clinically related measures related to a particular clinical topic or individual EP or group practice service is applicable to an individual EP’s or group’s practice, then other measures in that same cluster would also be applicable
- Must report a “cross-cutting” measure
- Analytically complex process…may prevent a payment adjustment
We chose this because it was part of our standardized assessments already.

First year (2014) we did manual audits of hybrid paper-electronic records.

Second year (2015) we implemented stand-alone assessments to meet this measure in the EHR.

We built reports and processes to provide completion rates to programs and improve performance.

In 2016 the measure was dropped; we modified existing processes to meet requirements for #431 Unhealthy Alcohol Use: Screening & Brief Counseling
#226 Tobacco Use: Screening and Cessation Intervention

- Second year (2015) this measure was combined into the assessment with the alcohol screening
- Evaluate how to capture “cessation intervention” as discrete data
- Training for what meets this standard
- Implemented to minimize added burden; however, clinical staff spending increased time on this
Challenges

- Maturity of EHR
- Technical difficulties
- Administrative burden
- Modifying workflow
- Measure choice (CMS and within EHR)
- Changing requirements
- Continuation of Medicaid EHR incentive program
Lessons Learned

Executive Level Support

- Start ASAP
- Consultation
- Measure Choice
- Strong Process
How to Prepare for MIPS

• Start now!
• Choose a reporting method—individual or group
• Technical inventory
• Evaluate overlapping measures (Meaningful Use, PQRS, MIPS)
• Choose measures that reflect what you do with an eye toward integrated health
Next Steps
Next Steps

 ✓ Determine MIPS eligibility
 ✓ Educate your team
 ✓ Review MIPS quality measures
 ✓ Review clinical practice improvement activities
 ✓ If prior PQRS participant, review QRUR
 ✓ Make sure your EHR is certified
 ✓ Check out the Transforming Clinical Practice Initiative’s Practice Transformation Networks
 ✓ Stay Up to Date with the National Council’s Capitol Connector and website
Questions
Thank you!

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