

INTERACTIVE WORKING SESSION

Repackage Your CME Programs for MIPS Compliance

The screenshot shows the Quality Payment Program website. The header includes the logo and navigation links for MIPS (Merit-based Incentive Payment System), APMs (Alternative Payment Models), About (The Quality Payment Program), and Sign In (Manage Account and Register). The main banner features a teal background with the text: 'PERFORMANCE YEAR 2019 Exception Applications Are Available'. Below this, it states: 'For PY 2019, you can now apply for either the Promoting Interoperability Hardship Exception or the Extreme and Uncontrollable Circumstances Exception.' A 'Learn More' button with a right-pointing arrow is located at the bottom left of the banner. The background of the banner shows two women in a professional setting, one older and one younger, both smiling.

1

Faculty



Andy Rosenberg, JD
Senior Advisor
CME Coalition



Terry Glauser, MD, MPH
Medical Director
Rockpointe



Amanda Kaczerski
Senior Director,
Educational Strategy and
Design
Academy for Continued
Healthcare Learning



Thomas Sullivan
President, Rockpointe
Editor, Policy and Medicine

2

Audience Response Question 1

How familiar are you with the MIPS program and creating CME activities that would qualify as a MIPS IA?

- A. Very familiar
- B. Somewhat
- C. Not at all

3

Audience Response Question 2 (Providers Only)

Has your organization *created* any CME activities that qualify as a MIPS Improvement Activity?

- A. Yes
- B. No
- C. In process

4

Audience Response Question 3 (Supporters Only)

Has your organization *supported* any CME activities that qualify as a MIPS Improvement activity?

- A. Yes
- B. No
- C. In process

5

Audience Response Question 4 (Supporters Only)

In your grant-review committees, what has been the perception of CME activities that offer MIPS credit?

- A. Unfamiliar with MIPS
- B. Heard of MIPS, but not sure what it is
- C. Familiar with MIPS, but skeptical
- D. Want to use MIPS credit in 50% or fewer grants
- E. Want to use MIPS credit in 51% or more grants

6

MACRA QPP (MIPS) – Improvement Activities



7

Quality Payment Program

Two Payment Paths

- Alternative Payment Models (APMs)
- Differential FFS based on measured performance (MIPS)



8

MIPS Providers for 2020

Applicable Providers

- Physicians
 - MDs, DOs
 - Dentists
 - Podiatrists
 - Optometrists
 - Chiropractors
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists
- Certified Nurse Midwife
- Clinical Social Worker
- Clinical Psychologist
- Registered Dietician or Nutritionist
- Physical or Occupational Therapist
- Speech-Language Pathologist
- Audiologist

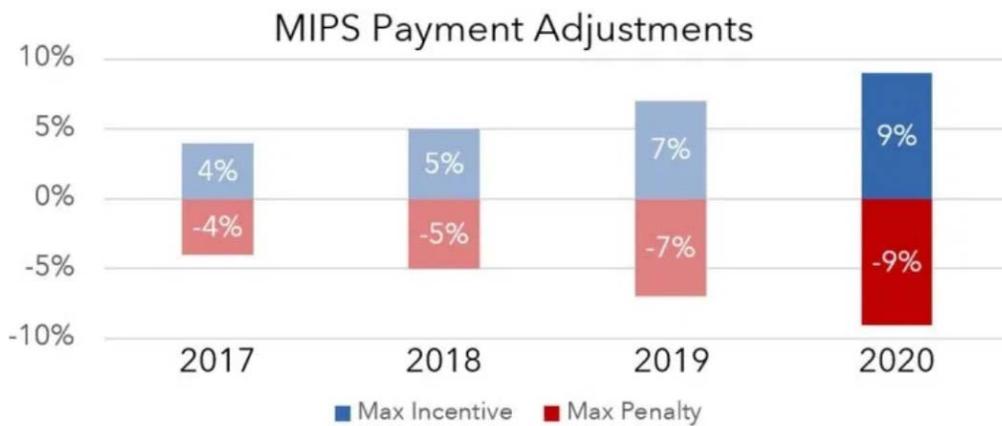
Exemptions

- Clinicians at or below the Low Volume Threshold (<\$90K Medicare Billing or 200 patients)
- Eligible Clinicians newly enrolled with Medicare
- APM Qualified Participants (QPs)
- APM Partial QPs who choose not to report

CMS, Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models, Final Rule, Released to Office of Federal Register, October 14, 2016. CMS, Medicare Program: CY 2018 Updates to the Quality Payment Program, Proposed, Federal Register, August 15, 2019.

9

Potential Impact of MIPS



Penalty Avoidance 2019 30 MIPS Points
2020 45 MIPS Points

Bonus Eligibility 2019 75 MIPS Points
2020 80 MIPS Points

10

2017 MIPS



- 1 Million Participants
- 93% Earned Positive Payment Adjustments (Maximum 1.88%)
- 71% earned a bonus for exceptional performance
- 2% Neutral Payments
- 5% Negative Payment Adjustments (Maximum 4%)
- 100,000 APM Participant Status

Becker's Hospital Review, November 9, 2019

<https://www.beckershospitalreview.com/finance/95-of-physicians-avoid-mips-penalties-12-notes-on-gpp-year-1.html>

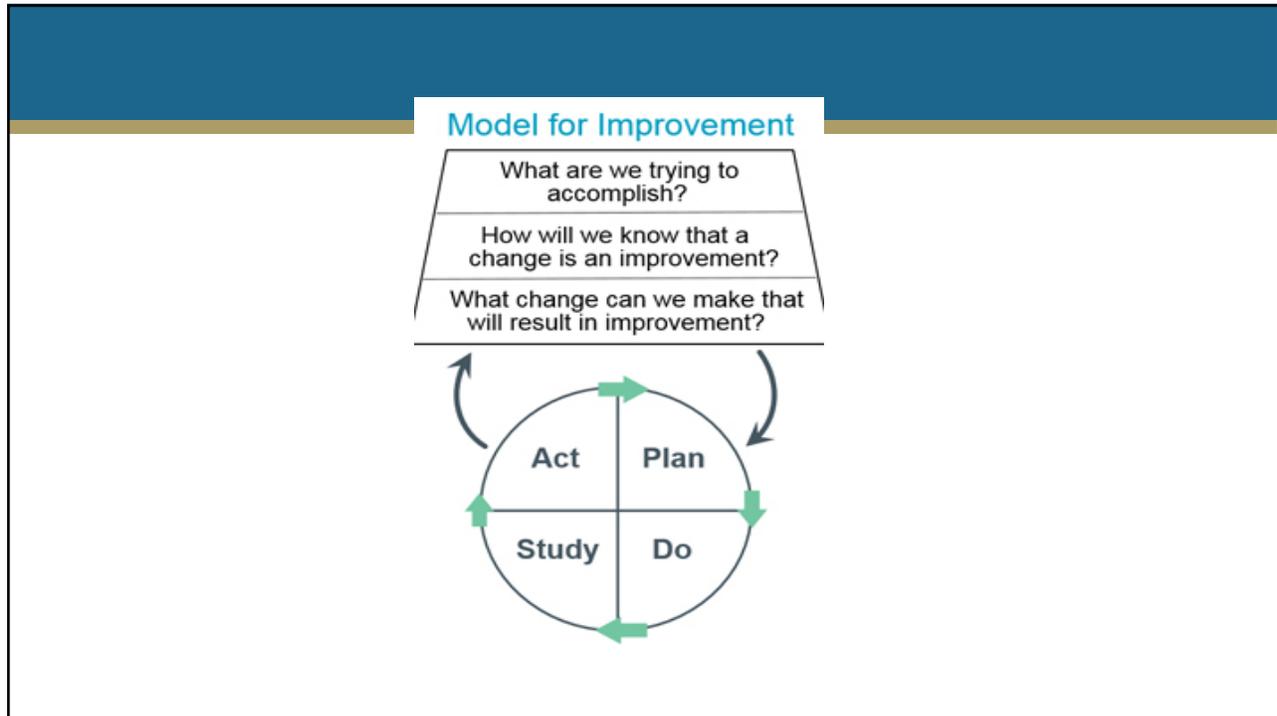
11

MIPS Composite Performance Score

Performance Year / Application Year	Quality Measures	Resource Use or Cost	Improvement Activities	Promoting Interoperability
Description	6 measures (1 outcome measure, readmissions) 450+ potential measures	Based on minimum of 20 cases	99 activities for 2020, Update to CME Activity to include FDA Opioid REMS as example	90 days of data (CEHRT 2015 10% Bonus) Exemptions (non-patient facing, hospital based, ASC based)
Reporting Methods	Claims, CSV, web interface (for group reporting), EHR, Qualified Clinical Data Registry (QCDR)	Claims	Attestation, QCDR, qualified registry, EHR vendor	Attestation, QCDR, qualified registry, EHR vendor, web interface (groups only)
2019 / 2021	45%	15%	15%	25%
2020/2022	40%	20%	15%	25%
2021/2023	35%	25%	15%	25%

Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician, and Criteria for Physician-Focused Payment Models, Final Rule, Released to Office of Federal Register, October 14, 2016. CMS, Medicare Program: CY 2019 Updates to the Quality Payment Program, Proposed Rule, Federal Register, August 15, 2019.

12



13

What Activities Qualify as Improvement Activities?

Completion of an accredited performance improvement continuing medical education (CME) program that addresses performance or quality improvement according to the following criteria:

- Must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity;
- Must have specific, measurable aim(s) for improvement;
- Must include interventions intended to result in improvement;
- Must include data collection and analysis of performance data to assess the impact of the interventions; and
- Must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information.

Proposed for 2020

An example of an activity that could satisfy this improvement activity is completion of an accredited continuing medical education program related to opioid analgesic risk and evaluation strategy (REMS) to address pain control (that is, acute and chronic pain).

14

accme.org/cme-for-mips

ABOUT ACCREDITATION | ACCREDITATION RULES | RESOURCES | CME COLLABORATIONS | EVENTS

CME for MIPS

IMPROVEMENT ACTIVITY

Home / CME Collaborations / CME for MIPS

RELATED

CME in Support of MOC

SHARE THIS PAGE

Accredited CME providers can support their clinician learners in several ways: you can help clinicians understand how to identify Improvement Activities, facilitate those activities, and then assist clinicians in attesting to their participation; and you can plan and present CME activities that will count as Improvement Activities.

Accredited CME providers can use ACCME's [Program and Activity Reporting System \(PARS\)](#) to indicate that a CME activity meets the requirements of a [MIPS Improvement Activity](#). Activities in PARS that are flagged as MIPS activities will then be displayed in [CME Finder](#).

- Accredited CME Improvement Activity Criteria
- Action Steps for CME Providers
- CME for MIPS Logo and Statement
- Resources

15

ACCME Guide to CME Improvement Activities

Accreditation Council for Continuing Medical Education

learn well

Step-by-Step Guide to Implementing Accredited CME Improvement Activities

Accredited CME activities that address gaps in performance or healthcare quality can simultaneously help clinicians meet professional expectations for Maintenance of Certification/Continuing Certification, the CMS Merit-based Incentive Payment System (MIPS), and Joint Commission Ongoing Professional Practice Evaluation (OPPE).

- Identify which of your existing CME activities are already Improvement Activities?

If the CMS/Board expectation ¹ is that the accredited activity meet:	Look for approaches like these in your activities
a. address a quality or safety gap that is supported by a needs assessment or problem analysis, or support the completion of such a needs assessment as part of the activity? ²	We've identified an area for improvement based on: <ul style="list-style-type: none"> Self-identified needs of individuals or groups Organizational priorities and strategic plan Clinical data, performance measures, sentinel or near-miss events, quality dashboard, DSI, claims data, registry data, chart audit Risk factor analysis Patient satisfaction/HCAPIS
b. have specific, measurable aim(s) for improvement.	Our objective(s) for this activity/series will: <ul style="list-style-type: none"> address performance of a skill or procedure improve teamwork, care coordination, interprofessional collaborative practice improve a process or outcome of care improve patient/population health
c. include data collection and analysis of performance data to assess the impact of the interventions, and	We'll measure our impact by: <ul style="list-style-type: none"> asking participants to evaluate if they've changed or improved, or if there been less observing if providers have changed evaluating the reduction or elimination of the gap measuring improved individual, team or system performance
d. define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information.	To provide the most value, we will: <ul style="list-style-type: none"> help learners understand how their participation in the activity will support their improvement provide incentives for full engagement in the activity (e.g., credit, MOC points) use a sign-in sheet, an iPad, or an electronic survey to keep track of who participated
- Choose among the professional requirements that apply to your clinician learners. Accredited CME Improvement Activities automatically meet the expectations for all of these professional activities.
 - Maintenance of Certification/Continuing Certification for the following medical specialties:**
 - Internists (and internal medicine subspecialties)- Medical Knowledge points, Practice Assessment points, and Patient Safety Credit for the American Board of Internal Medicine
 - Anesthesiologists – MOCA 2.0 for the American Board of Anesthesiology
 - Ophthalmologists and Otolaryngologists – Coming soon
 - Pathologists – Lifelong Learning (Part II), Improvement in Medical Practice (Part IV) and Self-Assessment Modules for the American Board of Pathology
 - Pediatricians – Lifelong Learning and Self-Assessment (MOG Part 2 Credit) and for the American Board of Pediatrics
 - Merit-Based Incentive Payment System (MIPS) Clinical Practice Improvement Activities**
Accredited CME Improvement Activities are approved as, "Completion of An Accredited Safety or Quality Improvement Program" (Activity ID IA_RSQA_28) under the Patient Safety and Practice Assessment category on the QPP website for the 2018 Performance Year
 - Focused or Ongoing Professional Practice Evaluation (OPPE/OPFE) to meet the Medical Staff Standards of the Joint Commission**
 - Institutional or Organizational Quality and Safety Goals**
- Help your clinicians report their participation.
 - Both activity registration and physician participation in Maintenance of Certification/Continuing Certification can be reported directly via ACCME's Program and Activity Reporting System (PARS) for the certifying boards described above. Here's a [tutorial](#) to get started.
 - For MIPS Improvement Activities, the [Quality Payment Program \(QPP\) website](#) will be providing guidance shortly on how clinicians can attest to their participation for the Performance Year 2018.

¹ These are the CMS requirements of "Completion of An Accredited Safety or Quality Improvement Program" (Activity ID IA_RSQA_28) under the Patient Safety and Practice Assessment category.
² This expectation is synonymous with ACCME's criterion 2—but anchored to a quality or patient safety gap.

© 2018 by the Accreditation Council for Continuing Medical Education (ACCME®); all rights reserved.
 777_20180018
 601 N. Michigan Ave., Suite 1850 | Chicago, IL 60611 | Phone: 312.527.4200 | www.accme.org

Step-by-Step Guide to Implementing Accredited CME Improvement Activities
 © 2018 by the ACCME®
 Page 2 of 2
 777_20180018

16

Quality Improvement Worksheet



Quality Payment Program (QPP) CME Improvement Activity Worksheet

Date: _____

Activity Title: _____

Prepared By: _____

CME/CE Provider: _____

Questions	Description	Yes	No
Activity Addresses a Quality or Safety Gap (list as many as applicable)			
Is the Gap(s) above supported by a Needs Assessment or problem analysis or must support the completion of such a needs assessment as part of the activity			
Activity has specific, measurable aim(s) for improvement (list as many as possible)			
Activity includes interventions intended to result in improvement (specify how)			
Activity include data collection and analysis of performance data to assess the impact of the interventions			
CME/CE Provider defined meaningful clinician participation in their activity (explain how)			
CME/CE Provider described the mechanism for identifying clinicians who meet the requirements (define how)			
CME/CE Provider provided participant completion information (describe how)			
Meet the QPP Criteria	(Yes or No) Answer		

Draft Form Prepared by Rockpointe 4/15/18 Page 1

QPP CME Improvement Activity Credit Worksheet cont.

Date: _____

Activity Title: _____

Prepared By: _____

CME/CE Provider: _____

Credits	Description	Yes	No
Type of CME/CE Credit (ACCME, AAFP, ADA, AANP, AAPA, etc.)			
Does this program address QPP Quality Measures? https://www.cms.gov/mips/quality-measures			
Do participants in this program utilize Electronic Medical Records or Clinical Data Registry Reporting? https://qpp.cms.gov/mips/advancing-care-innovation			
Does participation in this program potentially qualify for other improvement activities? https://www.cms.gov/mips/improvement-activities			
Does participation in the program qualify for MOC Part I Credit (include the board name in description) http://www.abms.org/membership/quality-improvement-certification/			
Does participation in this activity meet the criteria for MOC Part IV (include board name in description) http://www.abms.org/membership/quality-improvement-certification/			

Draft Form Prepared by Rockpointe 4/15/18 Page 2

17

Selecting Measures



- Don't necessarily have to use CMS, HEDIS, AHRQ, QPP, or any other society quality measure. Any measure that will, if enacted, improve patient care is acceptable.
 - This includes a change of attitude by participants
- We have decided that, for each program, there will be three (3) measures to report on that relate to the program content.
 - Participants can select which of the three they want to report.
 - Once selected, they cannot change to another measure. They must report on one measure all the way through the program.

18

Example for Gathering MIPS Data



- Initial MIPS questions are included in the program evaluation
- They are phrased as “how often do you currently... OR how many patients do you currently do this for...”
- MIPS questions are clearly marked as MIPS questions
- There is a statement included that they will receive two follow-up surveys on these questions and need to show improvement in order to claim MIPS credit
- Answers should be multiple choice and have a range (e.g. 10%-20%, 21%-30%; OR “rarely,” “frequently,” “always”) so that we can show changes
- Emails for follow-up surveys remind participants of the need to answer the survey for MIPS credit in the subject line

19

Improvement Activity Step-by-Step



- Clinician participates in entire activity and is notified that this activity qualifies as a MIPS improvement activity if all requirements are met.
- Clinician completes pre-test, post-test, and evaluation. Evaluation has MIPS questions which will be used during follow-up survey.
 - They are phrased as “how often do you currently...” OR “how many patients do you currently do this for...”
 - MIPS questions are clearly marked as MIPS questions
- Clinician receives CME certificate.
- Clinician is challenged to change their practice over the next 30 days based on one of the listed MIPS criteria.

20

Improvement Activity Step-by-Step



- Clinician is informed that, for the activity to qualify for MIPS, we need to analyze their responses to follow-up surveys, which they will receive in approximately 30 days and again in approximately 90 days.
- Clinician completes the 30- and 90-day follow-up surveys, attests to how they have changed their practice as a result of participating in CME activity, and receives a certificate of completion with MACRA/MIPS logo.

21

Improvement Activity Step-by-Step



It is the clinician's responsibility to report the improvement activity to CMS

- Clinician reports the improvement activity to CMS via their reporting pathway [i.e. visits CMS QPP Website and attests to participating in an activity that meets CMS requirements of an Accredited Safety or Quality Improvement Program (Activity ID IA_PSPA_28)].

22

Informing Participants About MIPS



- Include the ACCME MIPS accreditation statement on each slide set
 - Completion of this accredited CME activity meets the expectations of an Accredited Safety or Quality Improvement Program (IA_PSPA_28) for the Merit-based Incentive Payment Program (MIPS).
- Develop slides that are shown at the end of the lecture to provide additional information about MIPS
 - How to apply for MIPS credit
 - What are the requirements to get MIPS credit
- Provide MIPS handouts
 - What it is
 - What type of MIPS credit the program offers
 - How to receive credit
 - A link to CMS resources on improvement activities
 - How a participant can check their MIPS status

23

MIPS Credit – Sample Slide Content for What to Do [Live Activity]



Slide 1

1. Follow instructions, *How to Apply*, provided on the handout in your syllabus
2. Incorporate at least one of the following required measures into your practice:
 - Insert the measures from your Evaluation Form Here

Slide 2

An informational handout has been provided in your syllabus. In order to receive MIPS Credit you must:

1. Attend the CME program for the full duration and apply for CME credit
2. Check the box at the bottom of the evaluation to indicate you are interested in the MIPS credit
3. Provide a valid email address to receive follow-up surveys
4. Incorporate at least one of the required measures into your practice
5. Complete two brief follow-up surveys sent at 30 and 90 days after the program
 - a. Certificate of completion will be sent following the completion of the 90-day survey
6. Attest to completing the Improvement Activity in the CMS system

24

MIPS Credit – Sample Slide Content for What to Do [Enduring Activity]



Slide 1

- Incorporate at least one of the following required measures into your practice
 - Insert the measures from your Evaluation Form Here

Slide 2

In order to receive MIPS Credit you must:

1. View the CME program for the full duration and apply for CME credit
2. Check the box at the bottom of the evaluation to indicate you are interested in the MIPS credit
3. Provide a valid email address to receive follow-up surveys
4. Incorporate at least one of the required measures into your practice
5. Complete two brief follow-up surveys sent at 30- and 90-days after the program
 - a. Certificate of completion will be sent following the completion of the 90-day survey
6. Attest to completing the Improvement Activity in the CMS system

25

What We Do After the Activity



- Identify participants who checked the MIPS box on the evaluation
- Make sure we have emails for those who want to participate in MIPS
- At 30- and 90-days post program, send out the survey email
 - The 30-day email reminds participants that there will be a 90-day email
- When all three evaluation surveys are complete, participants get a certificate of completion
- We (or accreditor) generates a report that goes into PARS

26

Resources



- Quality Payment Program (MIPS) <https://qpp.cms.gov>
- CMS Resource Library <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html>
- ACCME <http://www.accme.org/news-publications/accme-report-enewsletter/cme-providers-can-help-clinicians-earn-cms-performance>
- CME Coalition: <http://www.cmecoalition.org/macra.html>
- Policy and Medicine: <http://www.policymed.com/macra>
- 2019 Quality Measures <https://mdinteractive.com/2019-MIPS-Quality-Measures>
- 2019 Improvement Activities <https://mdinteractive.com/2019-Improvement-Activities>

27

A graphic featuring the text "Future of MIPS" in a white, sans-serif font, centered within a dark, irregular, ink-splattered shape on a white background.

Future of MIPS

28

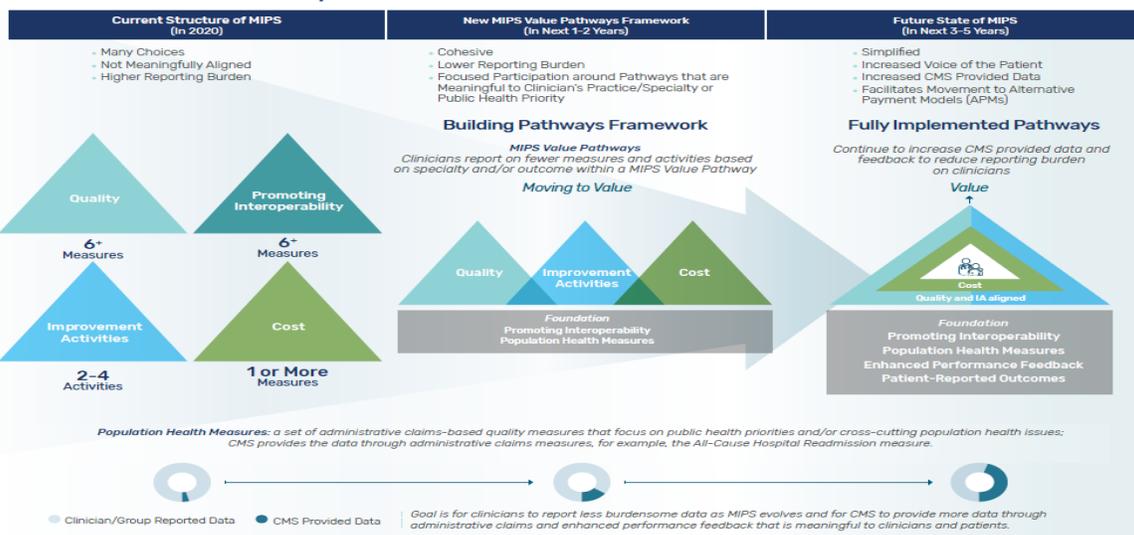
Feedback CMS Received on MIPS

- The overall MIPS performance requirements are still confusing
- There is too much choice and complexity when it comes to selecting and reporting on MIPS measures
- The MIPS performance categories should be more aligned
- There is a need for better performance comparability across all clinicians
- It is important to include the patient experience

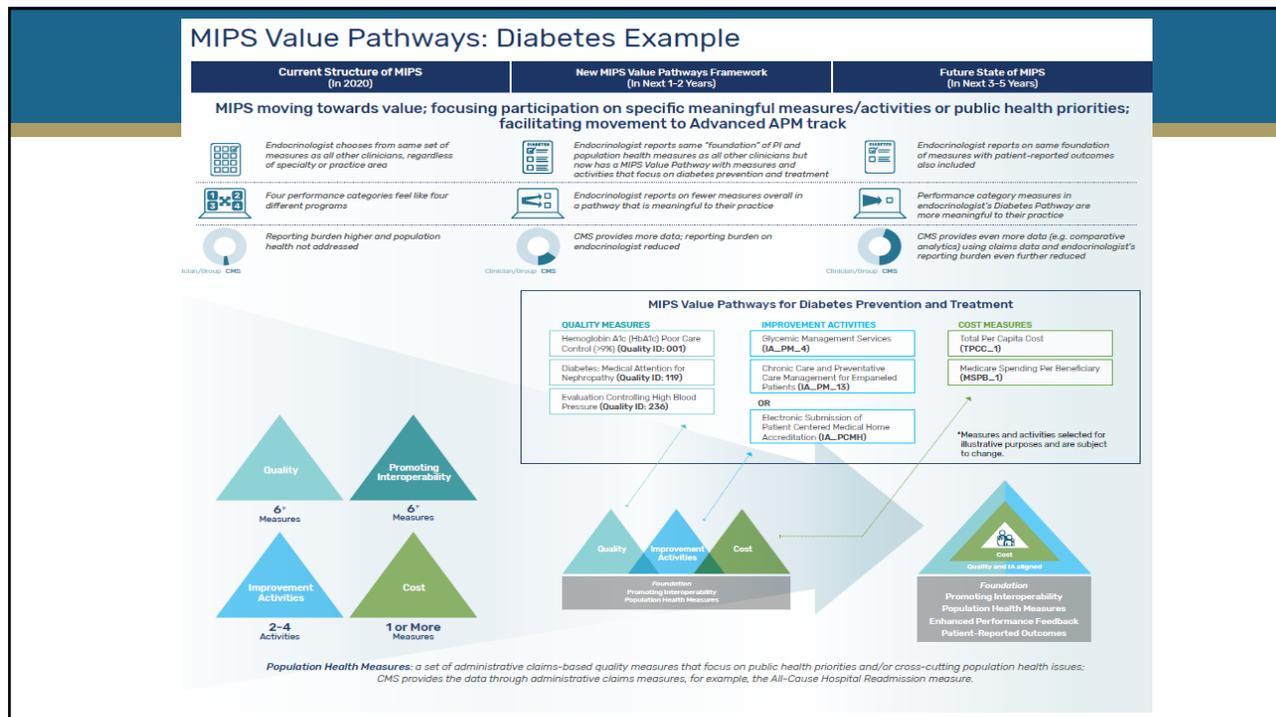
29

MIPS 2.0 Coming in 2021 and Beyond

MIPS Value Pathways



30



31

Audience Response Question 5 (Providers Only)

Having heard the discussions today, how likely are you to offer MIPS CME Improvement Activities with your CME activities?

- A. Very likely
- B. Somewhat likely
- C. Not at all

32

Audience Response Question 6 (Supporters Only)

Having heard the discussions today, how likely are you to support MIPS Improvement Activities with your CME activities?

- A. Very likely
- B. Somewhat likely
- C. Not at all

33

Audience Response Question 7

After these discussions, do you see value in including MIPS IA requirements in CME programs?

- A. Yes
- B. Somewhat
- C. No

34

Questions and Answers

