Making the Most of Your Electronic Health Record

CMS is encouraging all clinicians to adopt 2015 edition Certified Electronic Health Record Technology (CEHRT).¹ Ideally, CEHRT will effortlessly integrate with your practice and improve care delivery – however, many clinicians, especially those working in small practices, may run into a few obstacles along the way. Whether you’re experiencing a one-time glitch or trying to manage a complex workflow, technology problems can sometimes make it more challenging to care for your patients. Recognizing this issue, Colleen Roylance of Mountain-Pacific Quality Health gave a presentation at the 2018 CMS Quality Conference in February 2018 to help providers make the most of their EHRs. Ms. Roylance identified three key factors that reduce the technology burden, including:

1. **Accurate and complete EHR use**: Ms. Roylance explained that careful data entry and use of pre-set, EHR-recommended workflows can help reduce quality reporting headaches, and improve quality outcomes for practices. She also pointed out that fully utilizing all of the EHR functions, including Clinical Decision Support, electronic exchange of information, and a patient portal, can reduce manual chart abstraction, improve performance on quality reporting, and increase patient safety and health outcomes. We suggest that you double check to see if your EHR system can create QRDA III files in the required format, as an option to automate your MIPS submission, as some systems cannot support this functionality. If you would like help communicating with your EHR vendor on this issue, contact your Technical Assistance Contractor who can serve as a liaison between you and your EHR vendor.

2. **Alignment of clinical efforts and quality reporting**: Ms. Roylance described the advantages of aligning quality improvement efforts to earn credit across multiple CMS programs, such as the Merit-based Incentive Payment System (MIPS), Patient-Centered Medical Home (PCMH) certification, and the Transforming Clinical Practice Initiative (TCPI).

3. **Strategy to maximize results**: Providers are encouraged to seek quality improvement efforts that will yield the biggest change in patient outcomes. For example, implementing Medicare Transition of Care Management (TCM) billing codes can improve patient satisfaction scores through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, which helps clinicians meet requirements for PCMH certification, and at the same time improve your MIPS score.

For more information about the 2018 CMS Quality Conference and links to copies of the conference presentations, click here: [https://cmsqualityconference.com/home-4/](https://cmsqualityconference.com/home-4/)

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¹ As a reminder, MIPS eligible clinicians and groups may qualify for a reweighting of their Advancing Care Information performance category score to 0% of the final score, and can submit a hardship exception application, for one of the following specified reasons: insufficient internet connectivity, extreme and uncontrollable circumstances, and lack of control over the availability of Certified EHR Technology (CEHRT).
Clinician Spotlight

Practice manager Michael Morse knew that his solo podiatry practice could not afford a negative payment adjustment from MIPS. Although Michael’s practice had CEHRT in place, he knew that submitting through his EHR vendor or through a registry would have been too expensive, so his practice had to report using claims. In addition, Michael had to overcome the hurdle of only having a limited number of MIPS quality measures that were relevant to podiatry. Thus, Michael had to strategize how best to meet MIPS requirements by tracking the relevant measures, and ensure that the claim forms were filled out consistently and accurately without too much administrative burden.

To achieve these goals, Michael picked out patient-level quality measures that only needed to be measured once per year per patient. This included measures such as asking patients whether they’ve received vaccinations for the flu or pneumonia, or if the patient smokes tobacco. Coding these measures into the EHR and onto the claims reports, however, proved to be challenging initially given that some measures require multiple Quality Data Codes (QDCs). For this reason, to avoid claim form errors and make it easier for both the clinician and the office staff to track these measures, Michael put together a customized clinical decision support tool checklist (see image below).

The checklist helped the practice attest that it conducted the necessary discussion of risks and counseling, and it concisely noted all of the relevant codes associated with each measure. This meant that the clinician could consistently check on these measures with patients, and the other office staff could accurately input the necessary coding into the EHR. Now, with his measures all picked out and a checklist in place, Michael is confident that his practice is ready to succeed in MIPS for 2018.
**Data Spotlight**

**Check your Preliminary MIPS Score**

If you are an eligible clinician, your final MIPS score will be coming to you from CMS this summer. In the meantime, you can check your preliminary MIPS score by logging in to [https://qpp.cms.gov/](https://qpp.cms.gov/) with your Enterprise ID Management (EIDM) credentials. Final scores will be adjusted to account for small practice status and special circumstances such as limited availability and applicability of measures for your specialty.


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**Monthly Observance: Men’s Health Month**

June is Men’s Health Month, which offers an opportunity for clinicians to ensure that male patients are getting the preventive care they need to live long, healthy lives. According to the Centers for Disease Control and Prevention (CDC), men are 1.5 times more likely than women to die from cancer, heart disease, and respiratory diseases.

MIPS offers several measures and improvement activities that are relevant to men’s health, including measures of appropriate follow-up care for prostate cancer and heart disease, as well as mental health screenings. Choosing to report on these measures can help you to improve the health care and support you provide to your male patients. You can find links to all 2018 MIPS quality measures here: [https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html](https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html)

Below are a few examples of the MIPS measures and improvement activities focused on improving men’s health for the 2018 performance period. Choosing to report on these measures can help you to improve the health care and support you provide to your male patients. For the latest information on men’s health, see the CDC’s National Center for Health Statistics here: [https://www.cdc.gov/nchs/fastats/mens-health.htm](https://www.cdc.gov/nchs/fastats/mens-health.htm). You can find links to all 2018 MIPS quality measures here: [https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html](https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html)

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Monthly Observance: Men’s Health Month

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<tr>
<th>What Clinicians Can Do</th>
<th>Corresponding MIPS Measures</th>
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| **Perform recommended preventive screenings** | **Quality Measure 439**: Age Appropriate Screening Colonoscopy  
*Description*: The percentage of patients greater than 85 years of age who received a screening colonoscopy from January 1 to December 31 |
| **Offer appropriate follow-up care for cancer and heart disease** | **Quality Measure 104**: Prostate Cancer: Combination Androgen Deprivation Therapy for High Risk or Very High Risk Prostate Cancer  
*Description*: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed adjuvant hormonal therapy (GnRH [gonadotropin-releasing hormone] agonist or antagonist)  
**Quality Measure 243**: Cardiac Rehabilitation Patient Referral from an Outpatient Setting  
*Description*: Percentage of patients evaluated in an outpatient setting who within the previous 12 months have experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program |
| **Discuss mental health and suicide prevention** | **Quality Measure 107**: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment  
*Description*: Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified |
| **Coordinate with primary care providers after an injury** | **Quality Measure 024**: Communication with the Physician or Other Clinician Managing On-going Care Post-Fracture for Men and Women Aged 50 Years and Older  
*Description*: Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is reported by the physician who treats the fracture and who therefore is held accountable for the communication |
New QPP Resources from CMS

The Centers for Medicare & Medicaid Services (CMS) recently posted new resources to the Quality Payment Program website that may be of interest to eligible clinicians and small practices.

Updated Fact Sheets: 2018 MIPS Performance Categories

In May, 2018, CMS posted updated fact sheets on three MIPS performance categories: Quality Measures, Improvement Activities, and Promoting Interoperability (formerly Advancing Care Information). You can access them here:


2018 Approved Qualified Registries and Qualified Clinical Data Registries (QCDRs)

One of the options for submitting data is to work through a Qualified Registry or Qualified Clinical Data Registry (QCDR). Qualified Registries and QCDRs are both able to submit MIPS data to CMS on your behalf. The difference between the two is that CMS also authorizes QCDRs to offer additional measures relevant to your specialty, which you can report on in addition to or instead of the standard MIPS measures. Click the links below for a list of qualified registries, QCDRs, and measures available through QCDRs.


2018 CAHPS for MIPS Conditionally Approved Survey Vendor List

CMS published the list of conditionally-approved survey vendors eligible to perform the Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS survey for 2018. Practices that choose to administer this survey can count it as one of their quality and/or improvement activity measures. It is important to note that this is not an option for individual clinicians; it is only an option for groups of two (2) or more clinicians.

New QPP Resources from CMS

Continued from Page 5

This vendor list is expected to be finalized in the summer of 2018 after vendors complete CMS training and submit a Quality Assurance Plan. If your practice is interested in reporting on this QPP quality measure, you will need to contract with a vendor from this pre-approved list. Please note that the deadline to register to participate in the 2018 CAHPS for MIPS survey is **June 30, 2018**.


### 2018 MIPS Group Participation Guide

CMS published a MIPS group participation guide in April 2018. Eligible providers have the option to have their performance assessed as individuals (i.e., at the NPI level) or as groups (i.e., at the TIN level). This resource allows providers to understand what the requirements are for group participation and how groups will be scored.


### ONC Health IT Playbook

The [ONC Health IT Playbook](https://www.healthit.gov/playbook/) is a dynamic, web-based resource for administrators, physician practice owners, clinicians and practitioners and practice staff, that includes key “plays” that combines practical, technical, and workflow assistance through a variety of tools and resources designed to leverage Health IT for better health and health care. The Playbook covers a range of topics including Electronic Health Records, Certified Health IT, Privacy and Security and Quality and Patient Safety. The **Playbook** also includes a Patient Engagement Playbook with tips and tools for leveraging patient portals to better engage patients in their health and care.

For more information, check out the toolkit here: [https://www.healthit.gov/playbook/](https://www.healthit.gov/playbook/)

### CMS Renames MIPS “Advancing Care Information” Performance Category to the “Promoting Interoperability” Performance Category

On April 24, 2018, CMS announced a [Proposed Rule](https://www.cms.gov/Medicare/MIPS/MIPSRegulations/ProposedRules.html) that renames the Advancing Care Information performance category of the Merit-based Incentive Payment Systems (MIPS), to the **Promoting Interoperability** performance category. This name change is part of CMS’ commitment to promote and prioritize interoperability of health care data. Under the proposed rule, CMS also rebranded the familiar EHR Incentive Programs, commonly known as meaningful use, to Promoting Interoperability, to maintain alignment across both programs.
CMS Renames MIPS “Advancing Care Information” Performance Category to the “Promoting Interoperability” Performance Category

This change comes in an effort to implement the government-wide MyHealthEData initiative and strengthen interoperability and sharing of health care data between providers. The overall goals of the initiative are to:

- Make programs more flexible and less burdensome,
- Emphasize measures that require the exchange of health information between providers and patients, and
- Incentivize providers to make it easier for patients to obtain their medical records electronically.

In addition, the Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) proposed rule reiterates the requirement for providers participating in the Quality Payment Program (QPP) to use the 2015 Edition of Certified Electronic Health Record Technology (CEHRT) beginning in 2019. Currently, providers have the option of using either 2014 or 2015 CEHRT. This updated technology includes the use of application programming interfaces (APIs), which have the potential to improve the flow of information between providers and patients. The intent is for patients to be able to collect their health information from multiple providers and potentially incorporate all of their health information into a single portal, application, or other software. This can support a patient's ability to share their information with another member of their care team or with a new doctor, which can reduce duplication and provide continuity of care.

Upcoming Events

Information regarding upcoming events, along with registration information, can be found below:

July 2018 LAN Webinar: Understanding MIPS for Specialists: Advice for Solo and Small Group Practices

**Tuesday, July 17, 2018** at 11:00 am ET, Register here:

https://qppsurs.adobeconnect.com/ekh7jw0f3lro/event/event_info.html

**Thursday, July 19, 2018** at 3:30 pm ET, Register here:

https://qppsurs.adobeconnect.com/em0jc5ke8aoe/event/event_info.html

Past Events

Past QPP SURS events are listed here: https://qppsurs.wordpress.com/resources/

Upcoming and past CMS events related to MACRA, MIPS, and APMS are listed here: