Why Your Gastroenterology Practice’s Revenue is at Risk Under the Merit-Based Incentive Payment System (MIPS)

And How a Gastroenterology-Specific Electronic Health Records (EHR) System Can Help You Succeed
Is your gastroenterology practice prepared for the new measurements of value-based care and the subsequent reimbursement changes?

If the experiences of Arien Malec, co-chair of the federal Health IT Standards Committee, are any indication, what you think you know about the Merit-based Incentive Payment System (MIPS) and the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) may not be enough to protect your bottom line.

“The measurement year for MACRA/MIPS is 2017, and yet not a healthcare executive I’ve talked to has any clue what the implications are,” noted Malec.

A Deloitte 2016 survey found that 50 percent of physicians have never heard of MACRA, and a Medscape survey found that 59 percent of physicians in practices with fewer than 25 clinicians can expect to receive a performance penalty as high as 4 percent of their Medicare Physician Fee Schedule (MPFS) payments under MACRA in 2019.¹

So, What is MIPS?

Contrary to popular belief, Meaningful Use (MU) is not going away. Rather, it is being rolled into MIPS with a refreshed approach. Simply put, **MIPS is based on the principle that if you demonstrate higher quality and/or lower costs than your peers, you have the chance to make more money. If you perform below the threshold, you can lose money.**

If you are a gastroenterologist and bill more than $30,000 a year in Medicare Part B allowed charges or provide care for more than 100 Part B-enrolled Medicare beneficiaries, you will most likely be subject to MIPS beginning on Jan. 1, 2017.²

Payment adjustments for the 2017 MIPS reporting year will take effect in 2019. Understanding the transition, knowing how you will be evaluated and educating yourself and your gastroenterology practice now are vital to quickly getting ahead of the competition. This is one race where you really don’t want to fall behind. Utilizing the right technology in your gastroenterology practice is needed to help you excel as a physician and as a practice under MIPS.

In this paper, we will share more about MIPS, how you can start preparing and what characteristics you should look for from an electronic health records (EHR) system vendor.


Understanding MIPS

MIPS consolidates three pre-existing quality reporting programs: the Physician Quality Reporting System (PQRS), the Value-Based Payment Modifier (VBPM) and Meaningful Use (MU). MIPS also adds a new component, called Improvement Activities. The four components establish a composite performance score (0-100) used to determine an eligible clinician’s payments under the MPFS. The categories are:

- **Quality** – based on PQRS and the quality component of the VBPM
- **Cost** – based in part on the cost component of the VBPM
- **Advancing Care Information (ACI)** – based on measures from MU
- **Improvement Activities** – new component

Think of MIPS as an umbrella. Quality, Cost, Advancing Care Information and Improvement Activities all fall under that umbrella. The four categories noted above add up to 100 points for your MIPS composite performance score, which will determine whether you will receive potential upward payment adjustments or penalties.

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Pick Your Pace

There are currently four options that would allow you as a gastroenterologist to “pick your pace” when it comes to reporting for MIPS. **It is important to note that, with this flexibility, you can switch your EHR vendor as long as you report data for the time periods noted below.**

1. **Report Some Data - Test the Quality Payment Program (QPP):**
   Under this option, you would need to submit some data to CMS, such as one quality measure, to avoid negative payment adjustments. This pace allows you more time to learn how to report the measures required under MIPS, with the hope of broadening participation in 2018 and 2019 as you learn more about the program.

2. **Partial Participation - Participate for Part of the Calendar Year:**
   With this option, you may start your performance period after January 1, 2017, and still be eligible for a positive payment adjustment, albeit a smaller one than a full-year participant. You would be able to select from a list of Quality measures, Advancing Care Information measures and Improvement Activities (each described in more detail below) and report them for a performance period of at least 90 consecutive days during the 2017 calendar year.

3. **MIPS - Participate for the Full Calendar Year:**
   If your gastroenterology practice was ready to start participation in MIPS on January 1, 2017, and can report a full year of data, you will be eligible to receive a modest positive payment adjustment. Many practices that have the right technology and have been capturing structured data will be able to successfully submit a year’s worth of reporting data in 2017.

4. **Advanced APM - Participate in an Advanced APM in 2017:**
   If you receive enough Medicare payments through an Advanced APM in 2017, such as a Medicare Shared Savings Track 2 or 3 ACO, then you would potentially qualify for a 5 percent increase in MPFS payments in 2019. For a gastroenterology practice, Advanced APMS are not the best option.

What is the Timeline for MIPS?

Gastroenterologists may have started their first reporting period for MIPS as of January 1, 2017. The incentive or penalty for 2017 will be levied for or against eligible clinicians in 2019. 2016 is the last year of the MU, PQRS and VBPM programs, with the last payment adjustments for these programs levied in 2018.

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How Can I Start Preparing?

Invest in an EHR system

There are a few key tasks that should be on your ‘to do’ list to put you and your practice in the best position possible to earn the maximum reimbursements with MIPS. Here are three strategic tips to start preparing now before it’s too late.

Collect Key Data
Since three parts of a MIPS score include measures from MU, PQRS and VBPM, it is critical to understand the measures and available methods for calculating and reporting them. A large portion of your MIPS score will be accounted for by using tools that have led to success in these three programs. Utilizing an EHR system that has a structured data foundation, enables the automation of MIPS and measures reporting in near real time is essential to success. Investing the time and effort now is better than being two years too late, when the financial penalties will have already kicked in.

Do Your Research
Another item on the checklist is to start spending time researching EHR systems. Not all systems are created equal, so make sure your system is prepared for the upcoming changes. Do your homework, speak with peers, ask for references, know the right questions to ask and put time aside to set up demos and do your due diligence. Find a vendor with a structured data foundation and one that can automatically produce reports and show you how you compare to your peers in real time.

Start the Conversation & Educate Your Practice
And finally, designate someone on your team to monitor updates and changes to the MIPS program as they unfold. There should be an open dialogue surrounding this topic.

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How to Select the Right EHR System for the Future of Your Practice

Increase the Reimbursement Pie & Plan Ahead

Selecting or switching your EHR system is an investment of time, money and training. How is your practice’s current EHR system going to best prepare you for success? Working with a company that has the ability to capture structured data and automate patient and regulatory compliance documentation with real-time analytics is crucial.

How to Prepare for MIPS

Characteristics of Your EHR

Outlined below is a checklist of capabilities your EHR system should have in place to put you and your practice on the right path when it comes to the new rules of value-based care.

1. Real Patient Engagement Tools
   Patient portals, mobile functionalities, patient-reported outcomes and wearables are some of the tools that focus on increasing patient engagement, which can help increase your MIPS score and have the potential to improve patient outcomes.

2. Automated Quality Data
   Implementing a system that currently automates for PQRS and MU reporting should put you in good position to adjust to MIPS. As a clinician, you should not lose productivity on data entry or have to hire more people to work on reporting such measures. Your EHR system should not increase the staff you need to hire, but rather make your current team more efficient. It is important to note that gastroenterologists may switch EHR systems in the middle of a MIPS reporting period.

3. Innovative Analytical Tools
   Look for analytics tools that will:
   1) document real-time comparative benchmarking of quality and cost to peers, and
   2) illustrate financial visibility to improve your bottom line and operations.

   Your analytics platform should allow you to:
   - Unlock in-depth clinical data, billing and financial reports
   - Compare outcomes and performance with other providers nationwide in real time
   - Manage population health by finding patients lost to follow-up for high-risk diagnoses
   - View charges, payments and adjustments by payer groups
   - Identify trends in reimbursement patterns before they affect cash flow
   - Track outbound referrals to identify specialized services worth bringing in-house
Specialized Registries
Having access and the ability to report to disease-specific registries are key for participating in Improvement Activities. Examples of clinical data registries gastroenterologists may actively engage with to receive bonus points under MIPS include:
- Modernizing Medicine Irritable Bowel Treatment Registry
- Modernizing Medicine Gastroesophageal Treatment Registry

Paving the Way to Interoperability
Working with a company that is a Contributor member of CommonWell Health Alliance* will help eligible clinicians distinguish themselves from their peers by helping them offer enhanced care coordination with providers at different facilities. Data sharing is the future.

Professional Support
Having access to an educated and responsive support team is another factor to consider. A company that provides advisory and coaching services that will personally alert you if there is something your practice can do to improve in real time is invaluable. Ask EHR vendors if you can speak to current clients to learn more about the vendor’s services and the client support provided.

Future Forward
Do I Need to Make a Switch?

MIPS has created a switchers’ market when it comes to EHR systems.
You will need to seek the right EHR system and a complete suite of products and services to help navigate the murky waters of MIPS and put you on the path for successful participation.

We have entered the age of the advanced EHR system. Practices seek EHR systems that will improve their efficiency and make them more profitable. They look for the EHR systems of the future that ensure interoperability, provide real-time and automated data analytics and increase patient engagement.

If you are considering a switch from either paper records or a current EHR system, work with a company that has success in converting gastroenterology practices from one EHR system to another. Ask questions. Share concerns. Talk with current clients. Make sure discrete data will be moved over seamlessly. You want as few barriers as possible. In the long run, making the switch to an EHR system that can keep up with the changing payment landscape and is already prepared for MIPS is crucial to success.

*CommonWell Health Alliance is a not-for-profit trade association of health IT companies working together to create universal access to health data nationwide.
Healthcare & technology are constantly evolving. Your practice is a business, and you want to reap the benefits of your hard work while providing value-based medicine to patients. Having the team, the knowledge, the plan and the technology in place will help you keep your practice on the path to financial prosperity. Investing in your resources now will improve your practice’s bottom line and lead to long-term success.

For more information on how gMed™, a Modernizing Medicine company, can help your practice succeed under value-based care, visit gmed.com or call 888.577.8801