

AmerisourceBergen



Merit-based Incentive Payment System

Large practice

Case Study



A complex MIPS submission process: multiple clinicians, locations and EHRs

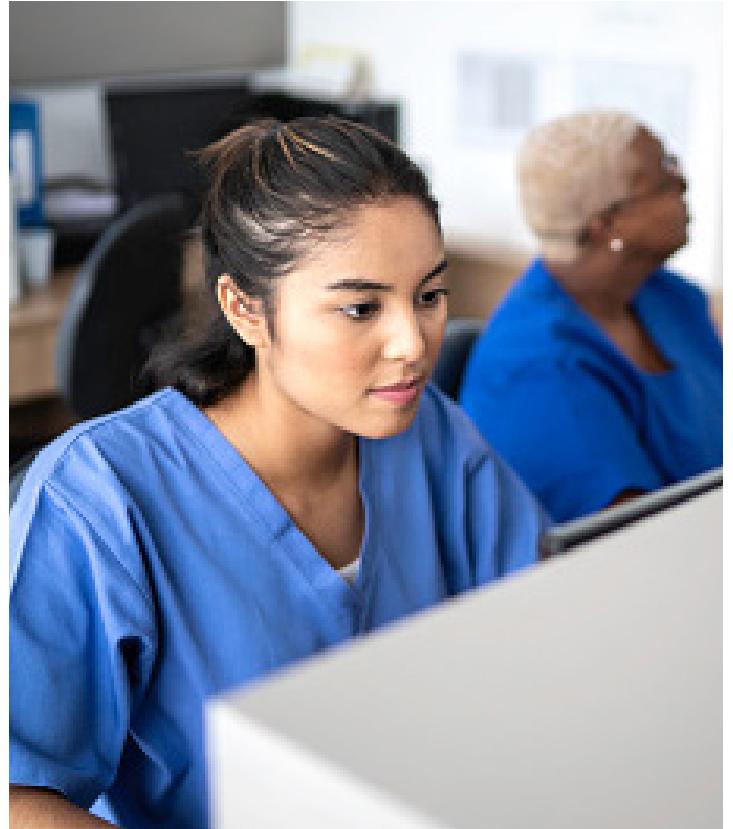
Selecting measures, ensuring the data being collected is accurate, and submitting performance data for the Merit-based Incentive Payment System (MIPS) can be complicated. The burden on a practice costs valuable resources, especially if the practice does not have a dedicated resource who continually keeps up with the everchanging regulations. For a very large practice, collecting the data, consistently monitoring for improvement opportunities, and submitting the final performance numbers can be involved. What can make the task more complex is dealing with locations that do not use the same electronic health record (EHR) vendors.

A specialty practice in the Southeast knew that a positive adjustment in their reimbursements from the Centers for Medicare and Medicaid Services (CMS) would mean a significant amount of money for the practice. A negative adjustment could place them at financial risk.

The challenge

A large specialty practice located in the Southeast with approximately 40 locations across the state established an active quality committee that met monthly to ensure they were on track in this transformed healthcare environment. When it came to submitting performance data for the MIPS performance year, the practice administrator knew they would need assistance.

The practice, with more than 75 physicians and 13 mid-level providers, had a daunting task in front of them. With acquisitions across the state that would strengthen their practice, the group was using three different EHRs and their vendors to document patient data. With that came data fields that were transcribing inconsistently across the practice, providing a combined practice data record that was inaccurate and sometimes confusing.



The solution

The administrator at this specialty practice understood that they as a practice could not do this on their own. The amount of time collating and analyzing the data from three different EHRs, as well as understanding the data from providers who had been trained in different recording methods, would be overwhelming. They decided to contract with AmerisourceBergen's Quality Reporting Engagement Group.

"Our providers would readily admit that working to a common data collection system (even when using the three different EHRs) would not be their favorite task, and they did not want to compromise their commitment to quality," noted the practice administrator. The active quality committee would meet monthly and take their findings back to their local offices. An example of one of their issues using diverse health information formats was the way a patient's BMI was reported. With three different systems, they had three distinct ways the information was reported.

Consultants from the Quality Reporting Engagement Group worked extensively, pulling data from the three EHRs and analyzing the data to find the incongruities between the

offices. One consultant gained access to each set of EHRs to compare and contrast how data was recorded and eventually conveyed, "Every EHR calculates things differently," noted one of the consultants.

"The team helped us with video conferences and demos to illustrate our data, measure by measure. The consultant also worked directly with the vendors to understand how the data was pulled from the system," said the practice administrator.

It was putting the data into a proprietary spreadsheet that allowed the Quality Reporting Engagement Group to understand where changes needed to be made and how data should be reviewed in each field. The consultants worked diligently with the practice to also help identify the responsible party who should be collecting the data. Some information could be recorded during an intake process, freeing up the provider to focus on the patient's immediate need. The Quality Reporting Engagement Group, as a part of their consulting process, could assist the practice in identifying opportunities to optimize workflow processes.

The results

After the Quality Reporting Engagement Group synchronizes the data, they send the chief medical officer, chief executive officer, and practice administrator monthly reports to review with the quality committee. Often included are screen shots of the measures, shown with current updates. With the reports and the measures in an easily understood format across the three EHRs, the quality committee has the information available to take back to their teams.

The process was not an easy task initially, but as the consultant working on the MIPS performance data explored the information across the EHRs and took it back to a form that was functional, the quality committee was able to help providers stay ahead of any issues and tackle a continual integration process.

“There are still challenges working with three EHRs and we continue to improve on certain measures but having the expertise and support of a team made a difference,” said the practice administrator.

The practice was pleased to receive a positive adjustment in their CMS reimbursements under the Quality Payment Program. With the number of eligible clinicians reporting, a negative adjustment might have placed them at financial risk.

“There are still challenges working with three EHRs and we continue to improve on certain measures but having the expertise and support of a team made a difference.”

Practice Administrator





Large specialty practice in the Southeast with approximately 40 locations, with about 85 eligible clinicians needing to report under the MIPS payment model.



With recent acquisitions to strengthen the practice, providers were using three different EHRs to record patient information.



This specialty practice is committed to improvements within the practice with an active quality committee that meets monthly and conveys opportunities for improvements to their local offices.

Benefits of using the Quality Reporting Engagement Group

- Practices work with a professional team of consultants who have more than three decades of experience working on government reporting like attestations and submissions for Meaningful Use, Physician Quality Reporting System, and MIPS.
- In addition, the practice receives a Book of Evidence with all the data and submission records, in case they are audited. The Quality Reporting Engagement Group also assists in the completion of an audit if one is conducted by CMS.
- The Quality Reporting Engagement Group continually monitors changes in the reporting regulations considered by CMS and prepares practices to meet those measures.
- In 2018, 99.8 percent of the eligible clinicians helped by the team were "exceptional performers."

Our Quality Reporting Engagement Group can assist your practice with your reporting requirements and value-based care needs.

For more information, email us at sales@intrinsiq.com or call 877.570.8721, x2.

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