American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Hello Rural ACEP section members,

As the U.S. healthcare system moves towards value-based payment reform, hospitals and physicians are working to prepare themselves for the increased emphasis on linking payment to quality measures. This is uniquely challenging for rural hospitals and rural emergency departments who operate in low-resource settings.

I am writing on behalf of the **ACEP Emergency Quality Network (EQUAL)** to **recruit rural & small ED's** to participate in our initiative to help guide emergency physicians in our transition to the new world of value-based payment. **We are looking for rural ED's who are interested in partnering with us as rural Academic Centers of Excellence (ACEs)**.

ACEs would partner with EQUAL in providing rural-specific guidance on:

1) Reducing low-value imaging
2) Improving value for low-risk chest pain

You've heard of MACRA and the resulting alphabet soup of value-based healthcare reform.

MACRA – the Medicare Access and CHIP Reauthorization Act of 2015

- It is the legislation that created the Quality Payment Program (QPP)

QPP – the federal program defines value-based care

- It **links of payment to quality** & is broken into two tracks:
  - Alternative Payment Models (APMs) and the **Merit-based Incentive Payment Systems (MIPS).**

Almost all physicians working in EDs will enter into the MIPS track. This will be especially true for **rural ED providers** who are for patients that are older, sicker and public insurance dominates the pay-mix – all of which makes participating in an APM challenging.

MIPS - replaces the three previous physician payment programs into one program

- Ties bonus or penalty to yearly physician performance based on FOUR areas:
  - Quality, Cost, Efficiency and Clinical Practice Improvements (called CIPAs)
  - For ED physicians – only measured on Quality & CIPA --> **EQUAL can help you succeed in both of these performance areas**

Do rural ED's have to participate in MIPS?

There are exemptions for small, rural and health professional shortage areas:

- Low-volume: <$30,000 in Medicare B chargers or <100 Medicare patients
- Reduced requirements for CIPA category: only have to report 1-2 or activities

Otherwise, it's mandatory – and it raises the stakes. You will **gain or lose 1-2%** of your Medicare payments initially – and **up to a gain/loss of 9% by 2022**.There is a lot to lose - especially for rural EDs and rural hospitals that already operate on very thin margins.

We can help you transition!

In alliance with ACEP, the **Emergency Quality Network (E-QUAL)** was formed through support from the Center of Medicare and Medicaid Innovation. **E-QUAL will help you transition to MIPS** and importantly - **we are rolling out a rural-ED specific initiative.** We will help your rural ED meet the quality requirements

E·QUAL EMERGENCY QUALITY NETWORK

of MIPS and allow you to improve your Medicare payments. We've already started with Sepsis QI - and **here is an overview webinar of these topics.**

Next steps:

Partner with us!

- We are looking for rural EDs who are already acing rural quality improvement and want to partner with us as **rural Academic Centers of Excellence (ACEs)** in providing rural-specific guidance on:
  - Reducing low-value imaging
  - Improving value for low-risk chest pain.
- We've already started in on Sepsis QI, and all these webinars are accessible on the EQUAL website.

We will have rural-specific sepsis QI webinars will be rolled out this Spring.

Join E-QUAL!

- Complete E-QUAL Quality Improvement Readiness Assessment Survey - 10 minutes
- Submit provider NPIs and group Tax ID Number (TIN) to ensure registration in TCPI program with CMS.
- Participate in one or more of the learning collaborates.

Additionally - if you know of physicians and APP's not on this list serve but who would be interested in being involved, please feel free contact me with their information or forward this email along.

Looking forward to hearing from you!

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