

## Emergency Department Efforts to Improve Quality and Value of SEPSIS care

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. For ED physicians and providers, this means transitioning into the new CMS payment system called MIPS.

**This transition will be uniquely challenging for rural hospitals and rural emergency departments – as we operate under thinner margins and with fewer resources than large, urban hospitals. As we move into the modern era of payment reform - we are committed to providing the highest possible quality care and meeting CMS requirements.**

To this end, we have joined **the Emergency quality Network (E-QUAL)**, which - through the support of the Center of Medicare and Medicaid - has been developed to help support hospital leaders both inside and outside the C-suite address this challenge of improving quality and ensuring compliance with quality measurement under MIPS.

### **What is E-QUAL's mission?**

E-QUAL's efforts are directed at improving outcomes for patients with sepsis, reducing avoidable imaging in low risk patients, and improving value of ED chest pain evaluation. They will assist us in aligning our quality improvement activities to meet the CMS/MIPS metrics – and bring us strategies for quality improvement.

### **What is MIPS?**

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

- Ties bonus or penalty to yearly physician performance based on FOUR areas:
  - o Quality, Cost, Efficiency and Clinical Practice Improvements (called CIPAs)
  - o For ED physicians – only measured on **Quality & CIPA**

### **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 for our hospital. We will **gain/lose 1-2%** of our Medicare payments initially depending on whether or not we meet the data reporting and quality metrics – and can **gain/lose 9% by 2022**. This is a lot to lose - especially for rural EDs and rural hospitals that already operate on very thin margins.

### **How is EQUAL helping rural EDs?**

EQUAL helps in several important ways – assistance in quality improvement, assistance with data reporting, and helping us align our quality improvement activities to MIPS requirements for Quality and CIPA.

Further, E-QUAL is rolling out a rural ED-specific series - providing us with rural-specific tools to implement quality improvement projects to meet CMS requirements. This will help us achieve the triple aim of better health outcomes, more effective health care and lower cost. We can benchmark our performance with other small, rural hospitals on these national measures – while networking with rural hospital leaders and ensure compliance with CMS MIPS requirements, as well as The Joint Commission standards related to ongoing professional practice evaluation. Further, our providers will get CME and MOC credit. It is a win-win for everyone – and will help us transition into MIPS successfully.