

Development of the new MIPS reporting option: Learn more about the 2023 Emergency Medicine MVP

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BACKGROUND & METHODS

BACKGROUND

- Ongoing transition from fee-for-service towards pay-for-performance programs that promote value
- Implemented in 2017, MIPS has garnered criticism
- EM clinicians frequently report quality measures that are not of importance to their clinical practice

METHODS

ACEP-convened MVP Taskforce

EM Physicians Surveyed on Attribution, Impact, & Feasibility of 36 Quality Measures

Consensus Development Process to Group Measures into MVP Concept

Submission of MVP Concept to CMS

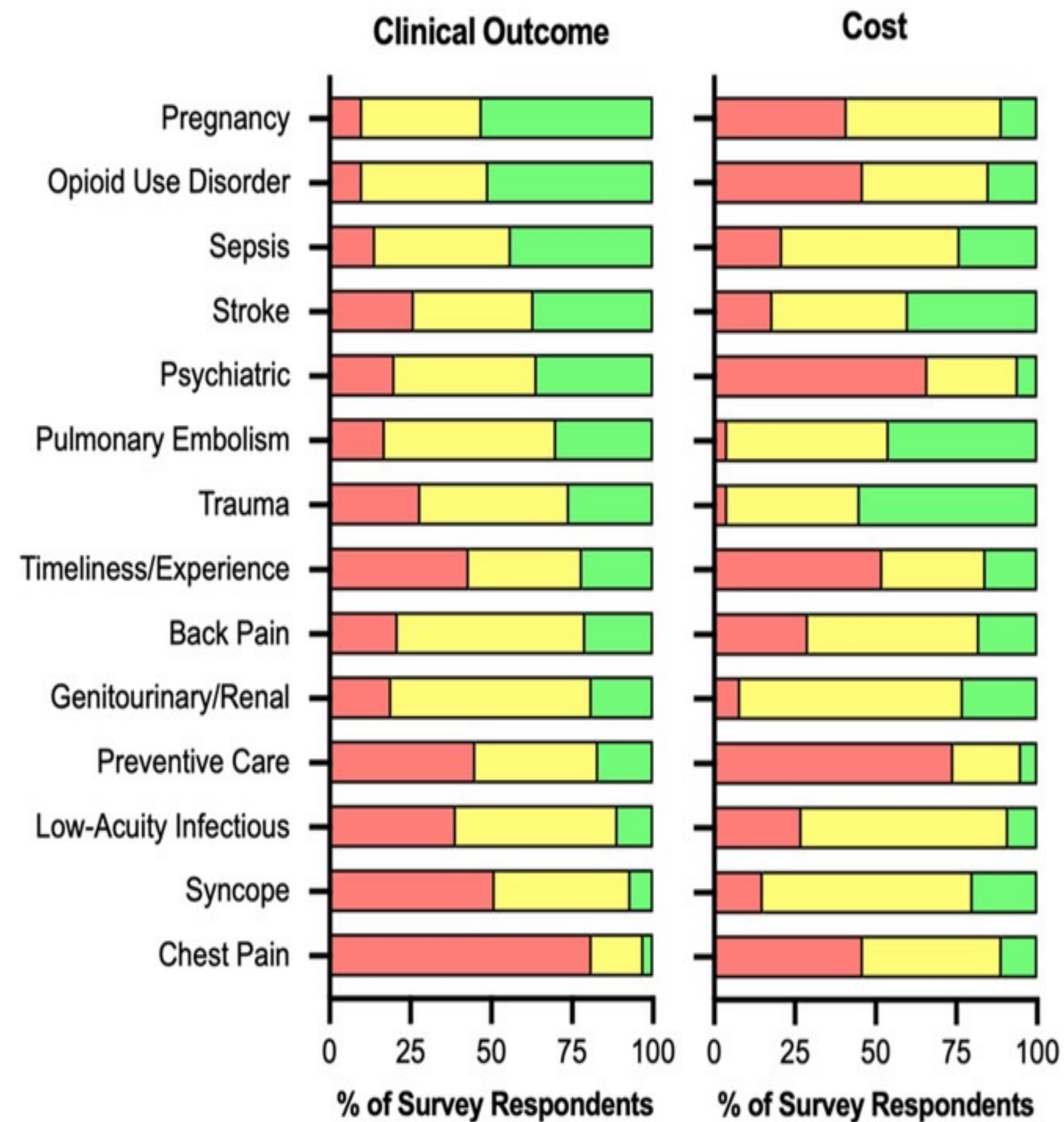
MVP GUIDING PRINCIPLES

1. MVPs should consist of limited, connected complementary sets of measures and activities.
2. MVPs should provide comparative performance data that is valuable to patients and caregivers.
3. MVPs should utilize 'Measure Measures' that encourage improvement in high-priority areas.
4. MVPs should reduce barriers to APM participation.
5. MVPs should support the transition to digital quality measures.

RESULTS

ACEP TASKFORCE MVP CONCEPT TESTING

119 EM physicians rated existing quality measure topics based on the ability for EM physicians to influence outcomes and cost.



Takeaway: Emergency clinicians will be able to report quality measures to CMS through an EM-specific MVP starting in 2023.

- The EM-specific MVP includes quality measures that assess common ED conditions with high practice variability
- CMS approved the EM-specific MVP, with initial implementation in 2023 and potential mandatory transition.

The 'Adopting Best Practices and Promoting Patient Safety within Emergency Medicine' MVP	
Intent: Improve patient outcomes and promote the transition to value-based care by allowing clinicians to focus on a set of EM-specific clinical conditions previously identified to have wide variation in healthcare utilization and cost outcomes	
MVP Reporting Requirements = 4 Quality + 1-2 Improvement Activities + CMS Cost	
Quality	Improvement Activities
QPP 116 - Avoidance of antibiotic treatment in adults with acute bronchitis	IA_BE_4: Engagement of patients through implementation of improvements in patient portal
QPP254 - Ultrasound determination of pregnancy location for pregnant patients with abdominal pain	IA_BE_6: Regularly assess patient experience of care and follow up on findings
QPP321 - CAPHS for MIPS clinician/group survey	IA_CC_2: Implementation of improvements that contribute to more timely communication of test results
QPP331 - Adult sinusitis: Antibiotic prescribed for acute viral sinusitis (overuse)	IA_CC_14: Practice improvements that engage community resources to support patient health goals
QPP415 - ED utilization of CT for minor blunt head trauma for patients aged 18 years and older	IA_PSPA_1: Participation in an AHRQ-listed patient safety organization
ACEP21 - Coagulation studies in patients presenting with chest pain with no coagulopathy or bleeding	IA_PSPA_6: Consultation of the Prescription Drug Monitoring Program
ACEP50 - ED median time from ED arrival to ED departure for all adult patients	IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements
ACEP52 - Appropriate ED utilization of lumbar spine imaging for atraumatic low back pain	IA_PSPA_15: Implementation of Antimicrobial Stewardship Program (ASP)
ECPR46 - Avoidance of opiates for low back pain or migraines	IA_PSPA_19: Implementation of formal quality improvement methods, practice changes or other practice improvement processes
	IA_PSPA_20: Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes
Cost	Promoting Interoperability
<ul style="list-style-type: none"> • Medicare Spending Per Beneficiary (MSPB) - CMS suggests temporary inclusion of the standard cost measure used to assess the costs associated with care immediately prior to, during, and following the beneficiary's hospital stay. • The Cost category will undergo a maintenance process when additional episode-based cost measures are developed and available for broader use. 	<ul style="list-style-type: none"> • Emergency clinicians are generally exempt from the Promoting Interoperability category as they are deemed 'hospital-based' and do not have control over the use of health information technology systems. • Score weighting associated with the Promoting Interoperability category is anticipated to be reweighted across other categories.

