

# MACRA Quality Improvement Program- What Spiritual Care Providers Need to Know.

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## Learning Objectives

- **Attendees will be able to discuss the basic provisions in Quality Payment Program Final Rule, with a specific focus on the Merit-Based Incentive Payment System (MIPS).**
- **Attendees will understand the relevance to and potential opportunities for spiritual and emotional care providers to increase their value added;**
- **Attendees will be able to describe specific steps that spiritual and emotional care providers should be doing now in light of the QPP.**

## Definitions

- **Chaplain**
- **Spiritual Care**
- **Chaplaincy Care**
- **Pastoral Care**
- **Assessment- Screening, History**

## Spirituality

**Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.**

# The End Game

In January 2015, the Department of Health and Human Services announced **new goals for value-based payments and APMs in Medicare**

## Medicare Fee-for-Service

**GOAL 1:** 30% 

Medicare payments are tied to quality or value through **alternative payment models** (categories 3-4) by the end of 2016, and 50% by the end of 2018

**GOAL 2:** 85% 

Medicare fee-for-service payments are tied to **quality or value** (categories 2-4) by the end of 2016, and 90% by the end of 2018



### STAKEHOLDERS:

Consumers | Businesses  
Payers | Providers  
State Partners



Set **internal goals** for HHS



Invite **private sector payers** to match or exceed HHS goals

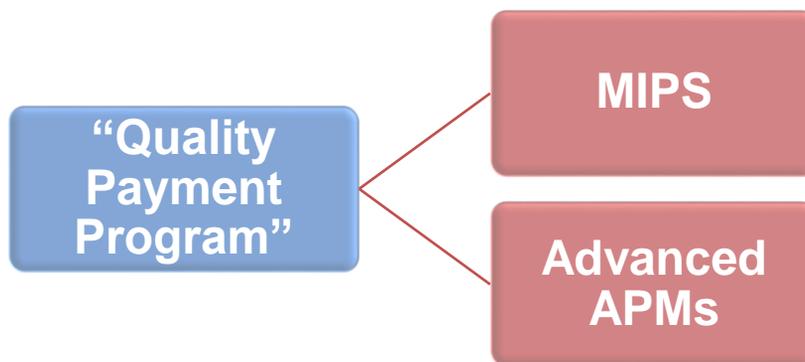
# MACRA

- **Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act (MACRA)**
- **The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)** is bipartisan federal legislation signed into law on April 16, 2015. The law does many things, but most importantly it establishes new ways to pay physicians for caring for Medicare beneficiaries.
- Now widely known as the Quality Payment Program (QPP)

# MACRA

- As outlined in MACRA, the rule consolidates three currently disparate Medicare quality programs: (1) the Physician Quality Reporting System; (2) the Value-Based Modifier Program; and, (3) the 'Meaningful Use' of electronic health records.
- There are exceptions mostly including those with small practices and low billing of Medicare B.

# Introduction to MACRA



# MIPS

- **The Merit-Based Incentive Payment System (MIPS)** is a new payment mechanism that will provide annual updates to physicians starting in 2019, based on performance in four categories: quality, resource use, clinical practice improvement activities and meaningful use of an electronic health record system.

# Components of a MIPS Score

Weights assigned to each category based on a 1 to 100 point scale

## Transition Year Weights



Note: These are default weights; the weights can be adjusted in certain circumstances.

# MIPS Quality Performance CY201

## “Pick Your Pace”

Don't Participate	Submit Something	Submit a Partial Year	Submit a Full Year
<p><b>Not participating in the Quality Payment Program:</b> If you don't send in any 2017 data, then you receive a negative 4% payment adjustment.</p>	<p><b>Test:</b> If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you can avoid a downward payment adjustment.</p>	<p><b>Partial:</b> If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.</p>	<p><b>Full:</b> If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.</p>

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11

# MIPS – Quality Measures

- Oncology Specialty Measure Set (Total of 19 measures)**
  - #384 – Percentage of patient visits on chemo or radiation in which pain intensity quantified (O)
  - #0210 – Proportion receiving chemotherapy in the last 14 days of life
  - #2011 – Proportion w/ >1 ED visit in last 30 days of life (O)
  - #0213 – Proportion admitted to ICU in last 30 days of life (O)
  - #0215 – Proportion not admitted to hospice
  - #0216 – Proportion admitted to hospice for <3 days (O)

(O) = Outcome measure
- Carryover PQRS Measures**
  - #046 – Medication reconciliation
  - #047 – Advance care plan
  - #130 – Documentation of current meds
  - #131 – Pain assessment and follow-up
  - #134 – Depression screening follow-up
  - #143 – Oncology: Pain intensity quantified
  - #144 – Oncology: Plan of care for pain
  - #154 – Falls: Risk assessment
  - #155 – Falls: Plan of care
  - #282 – Dementia: Functional status assessment
  - #283 – Dementia: Neuro/psych assessment
  - #288 – Dementia: Caregiver education and support
  - #318 – Falls: Screening for fall risk
  - #321 – CAHPS
  - #342 – Pain brought under control within 48 hours (O)

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12

## Palliative Care and the MACRA/MIPS Connection

Domain	MIPS Category
Structure and Processes of Care	Quality (CAHPS), Improvement Activity, Advancing Care Information, Cost
Physical Aspects of Care	Quality
Psychological and Psychiatric Aspects of Care	Quality, Cost
Social Aspects of Care	Quality, Cost
Spiritual, Religious and Existential Aspects of Care	Quality
Cultural Aspects of Care	Quality
Care of the Imminently Dying	Quality, Improvement Activity, Cost
Ethical and Legal Aspects of Care	Quality, Improvement Activity, Advancing Care Information

## Alternate Payment Models

- ✓ Hold providers **accountable** for both **quality and cost** of care
- ✓ Are **incentivized by MACRA**, but development is **led by providers**
- ✓ Include **CMS Innovation Center Models, MSSPs**, and certain **Demonstrations** either in development or required by federal law

## Alternative Payment Models

- **Assumption of accountability for both quality and some percentage of cost**
- **May be more attractive to many than MIPS**
- **Pre approved by Physician Focused Payment Models Technical Advisory Comm**
- **Exempts provider from MIPS reporting**
- **CTAC and AAHPM are proposing models**
- **Goal is to close gap care- so could include payment for palliative care on the assumption that it will save money overall.**

## Opportunities for Psychosocial-Spiritual Care

- **New Payment Models Reward Value = Quality/Cost (Resource Use)**
- **Payment is Based on Outcome of Provider or Group Not Just on the Service Provided by An Individual**
- **Social Work & Chaplaincy Can Make Contributions to both Quality and Resource Use**

## The Other Side of the Coin

- **If spiritual care is to be included in any model, it must**
  - Describe Scope of Work
  - Take Accountability for a Scope of Work
  - Document Delivery of Scope of Work
  - Describe Cost

## Next Steps

- **Find the table- and there is a table**
- **Educate yourself about institution's plans**
- **Educate yourself about Quality & Value**
- **Value= Quality/Cost**
- **How do we demonstrate Quality?**
- **Related to Outcomes- prove it**
- **Be ready to reallocate resources WHNDITW**

## Next Steps

- **Understand how (and if) your institution is participating in the Quality Payment Program, starting Jan 1, 2017**
- **Who is paying your institution and for what?**
- **Medicare Part B- hospital**
- **What do the contracts say in terms of accountability?**
- **Ex- Blue Shield of CA is all ACOs and requires palliative care**
- **Also more APMs**
- **What are the metrics that are being followed?**
- **If you do nothing this year, you will get a cut**

## What Should You Be Doing Now?

- **Review (and align, where possible) your quality measurement & improvement strategy with your practice/group leadership**
- **Can everyone agree on a measure to be accountable for?**
- **Identify opportunities for your program to add value to QPP performance**
  - What would your service be willing to be accountable for?
  - To which service or provider?
  - What would be the cost of that service?
  - How would you measure outcomes & cost?

**Thank You**  
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