The AJRR Orthopaedic Quality Resource Center:
What you need to know

November 15, 2016
Today We’ll Cover the AJRR Orthopaedic Quality Resource Center

• Defining a Qualified Clinical Data Registry (QCDR)
  • What is available in this Resource Center?
• Quality Reporting
  • PQRS – Physician Quality Reporting System
  • VBM – Value Based Modifier
  • MU – Meaningful Use
• Looking Ahead: MACRA Reform Timeline
  • 2017 Updates and Changes
• Resource Center Access
  • Overview of Resource Center Features
• Support and Contact
What is the AJRR Orthopaedic Quality Resource Center?

The American Joint Replacement Registry (AJRR), in collaboration with the American Orthopaedic Association’s (AOA) Own the Bone program, and the American Association of Hip and Knee Surgeons (AAHKS) presents the AJRR Orthopaedic Quality Resource Center, approved by the Centers for Medicare & Medicaid Services (CMS) as a Qualified Clinical Data Registry (QCDR). The QCDR provides a standard to complete Physician Quality Reporting System (PQRS) requirements based on satisfactory participation. A QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care furnished to patients.

The Resource Center provides participating providers with:

- Continuous view of results to identify opportunities to improve care
- Performance gap analysis and patient outlier identification
- Access to improvement interventions to close performance gaps including patient care management tools; targeted education; resources and other evidence-based interventions
- Comparison versus Resource Center benchmarks and peer-to-peer comparison
- Submission to CMS to satisfy PQRS requirements
Qualified Clinical Data Registry:
What Do You Need to Qualify as a QCDR?

• At least 9 measures
• Measures must cross at least 3 national quality strategy domains
  • Domains include: Communication and Care Coordination, Community/Population Health, Effective Clinical Care, Efficiency and Cost Reduction, Patient Safety, Person and Caregiver-Centered Experience and Outcomes
• A QCDR must also include at least 2 outcomes measures
  • An outcome measure, as defined within the CMS Measures Management System Blueprint v10.0, indicates the result of the performance (or nonperformance) of functions or processes. It is a measure that focuses on achieving a particular state of health
  • If less than 2 outcome measures are available to an EP, report on at least 1 outcome measure and also at least one of the following types of measures:
    • Patient Safety
    • Resource Use
    • Patient Experience of Care
    • Efficiency/Appropriate Use
• A QCDR is not limited to measures within PQRS, and may include up to 30 non-PQRS measures
• A QCDR may include additional measures that are PQRS measures, in addition to the 30 non-PQRS measures
The AJRR Orthopaedic Quality Resource Center is comprised of 38 quality measures:

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<tr>
<th>CUSTOM SPECIALTY MEASURES</th>
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**AJRR 1 - Postoperative Complications within 90 Days Following the Procedure**

Percentage of patients undergoing an elective primary total hip arthroplasty who did not have a secondary procedure on the operative hip for any of the following reasons: perioperative fracture, dislocation, mechanical failure of the implant, irrigation/debridement of deep infection or a debridement of a superficial infection or hematoma within 90 days following the procedure.

*National Quality Strategy Domain:* Patient Safety
*Type:* Outcome Measure

**AJRR 2 - Health and Functional Improvement**

Percentage of patients undergoing a hip arthroplasty who reported functional status based on the Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS, JR) AND either the NIH PROMIS-10 Global instrument OR the VR-12 during the preoperative visit within 3 months prior to the procedure and at the postoperative visit between 180 and 365 days following the procedure.

*National Quality Strategy Domain:* Person and Caregiver-Centered Experience and Outcomes
*Type:* Outcome Measure

**AJRR 3 - Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy**

Percentage of patients undergoing a hip arthroplasty with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g. NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure.

*National Quality Strategy Domain:* Communication and Care Coordination
*Type:* Process Measure

**AJRR 4 - Venous Thromboembolic and Cardiovascular Risk Evaluation**

Percentage of patients undergoing a hip arthroplasty who are evaluated for the presence or absence of cardiovascular risk factors within 30 days prior to the procedure (e.g. history of deep venous thrombosis (DVT), pulmonary embolism (PE), myocardial infarction (MI), arrhythmia, and stroke).

*National Quality Strategy Domain:* Patient Safety
*Type:* Process Measure
Physician Quality Reporting System (PQRS)
What is the Physician Quality Reporting System (PQRS)?

- CMS pay for reporting program
- Performance scores assigned to participants based on quality measure information reported
- Intended to help health care professionals and group practices measure the care they give their patients and provide patients with the right care at the right time
- Public Reporting - some of the quality measure performance scores are available on Physician Compare profile pages
- Failure to meet PQRS reporting requirements will lead to a PQRS payment adjustment (penalty)
PQRS Reporting with The AJRR Orthopaedic Quality Resource Center

The AJRR Orthopaedic Quality Resource Center includes 38 approved PQRS and custom measures.

NEW - GPRO (Group Practice Reporting Option) for PQRS

- New for 2016, group practices of 2 or more EPs participating via GPRO have the option to report quality measures via a QCDR. A PQRS group practice under 2016 PQRS is defined as a single Tax Identification Number (TIN) with 2 or more individual EPs who have reassigned their billing rights to the TIN. PQRS group practices are analyzed at the TIN level; therefore, all EPs (NPIs) under the group’s TIN will be taken into account for the 2016 PQRS analysis
  - However, GPRO Self-Nomination time period for 2016: April 1 – June 30, 2016

How to Qualify for PQRS?

- Select at least 9 measures for PQRS Reporting and;
  - Report on at least 50% of your applicable patients
  - Ensure that at least 3 NQS Domains are covered
  - Ensure that at least 2 Outcome Measures are selected
    - If less than 2 outcome measures are available to an EP, report on at least 1 outcome measure and also at least one of the following types of measures:
      - Patient Safety
      - Resource Use
      - Patient Experience of Care
      - Efficiency/Appropriate Use
  - Complete Attestation Module for submission to CMS
Who is Eligible for PQRS?

**Medicare physicians**
- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Doctor of Optometry
- Doctor of Oral Surgery
- Doctor of Dental Medicine
- Doctor of Chiropractic

**Therapists**
- Physical Therapist
- Occupational Therapist
- Qualified Speech-Language Therapist

**Practitioners**
- Physician Assistant
- Nurse Practitioner*
- Clinical Nurse Specialist*
- Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)
- Certified Nurse Midwife*
- Clinical Social Worker
- Clinical Psychologist
- Registered Dietician
- Nutrition Professional
- Audiologists
*Includes Advanced Practice Registered Nurse (APRN)

Value Based Modifier (VBM)
What is the Value Based Modifier (VBM)?

• CMS Pay for Performance program
• Adjusts Medicare Physician Fee Schedule (PFS) payments based on quality and cost performance attributed to a physician or group of physicians
• Failure to meet PQRS reporting requirements will lead to an additional VBM payment adjustment (penalty)
• VBM score determines payment adjustment to all TIN’s future claims: upward, downward, and neutral
PQRS Reporting: Individual and GPRO

Individual EP Reporting

- Claims
- Registry
- QCDR
- EHR

GPRO Reporting

- QCDR
- Registry
- EHR
- CMS Web Interface

Report 50% of eligible patients across measures per NPI/TIN by February 28, 2017

2016 PQRS Reporting

Report 50% of eligible patients across measures per GPRO Self-Nominated TIN by February 28, 2017
2016 PQRS: GPRO Self-Nomination

GPRO Self-Nomination

• The timeframe for 2016 CMS Registration/Self-Nomination was April 1, 2015- June 30, 2016

• Information regarding PQRS GPRO is available at:

  https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html

• Please refer to the 2016 PQRS GPRO Registration Guide for important information including registration, the self-nomination process, and other requirements on the CMS website
## Summary of Financial Risk: PQRS & VBM together

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<tr>
<td>Physicians, PAs, NPs, CNSs, &amp; CRNAs in groups with 2-9 EPs and solo providers</td>
<td>2016</td>
<td>2018</td>
<td>-4% (Includes PQRS and VBM penalties)</td>
<td>No Penalty</td>
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<td>Negative (up to -2%), Neutral (0%) or Upward (up to 2%)</td>
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<tr>
<td>Physicians, PAs, NPs, CNSs, &amp; CRNAs in groups with 10+</td>
<td>2016</td>
<td>2018</td>
<td>-6% (Includes PQRS and VBM penalties)</td>
<td>No Penalty</td>
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<td>Negative (up to -4%), Neutral (0%) or Upward (up to 4%)</td>
</tr>
<tr>
<td>Groups &amp; Solo Providers (All Non-Physician EPs)</td>
<td>2016</td>
<td>2018</td>
<td>-2% (Includes PQRS and VBM penalties)</td>
<td>No Penalty</td>
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<td>Neutral (0%) to Upward (up to 2%)</td>
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Meaningful Use: Specialized Registry Reporting
Meaningful Use: Specialized Registry Reporting

AJRR’s Orthopaedic Quality Resource Center in collaboration with CECity, is currently accepting data from Eligible Professional (EPs), to fulfill the Meaningful Use EHR Incentive Programs Public Health Objective, Measure 3, submission of data for specialized registry reporting. To meet this objective EPs are requested to electronically submit data from Certified Electronic Health Record Technology (CEHRT) to AJRR’s Orthopaedic Quality Resource Center.

If you are interested in submitting data to AJRR’s Orthopaedic Quality Resource Center, complete and submit a request form to CECity through the https://www.medconcert.com/AJRR webpage

Automated submission is available for users of EHRs such as:

- Athenahealth
- Allscripts
- Aprima
- NextGen
- Greenway
- STI / ChartMarker®
- Quest Diagnostics / CareMark®
Looking Ahead: MACRA Reform Timeline
Medicare Access and CHIP Reauthorization Act of 2015

Created in 1997, the SGR capped Medicare physician spending per beneficiary at the growth in GDP

The formula does not incentivize high-quality, high-value care

Since 2003, Congress has passed 17 laws to override SGR cuts

SGR creates uncertainty and disruption for physicians and other providers

Most of $170B in ‘patches’ financed by health systems

On 3/26/15, the House passed H.R. 2 by 392-37 vote.

On 4/14/15, the Senate passed the House bill by a vote of 92-8, and the President signed the bill.
MACRA reform timeline
(Medicare Access and CHIP Reauthorization Act of 2015)

- **Permanent repeal of SGR**
- **Updates in physician payments**
  - 2015: 0.5% (7/2015-2019)
  - 2016: 0% (2020-2025)

**PQRS pay for reporting**
- 2015: -1.5%
- 2016 & beyond: -2.0%

**Meaningful Use Penalty (up to %)**
- 2015: -1.0%
- 2016: -2.0%
- 2017: -3.0%
- 2018: -3.0%

**Value-based Payment Modifier**
- 2015: ± 1.0%
- 2016: ± 2.0%
- 2017: +2/±4.0%
- 2018: +2/±4.0%

**Merit-Based Incentive Payment System (MIPS) adjustments**
- 2019: +/-4%
- 2020: +/-5%
- 2021: +/-7%
- 2022 & beyond: +/-9%

- **MIPS exceptional performance adjustment; ≤ 10% Medicare payment (2019-2024)**
- **0.25% update**

- **Advanced APM participating providers exempt from MIPS; receive annual 5% bonus (2019-2024)**
- **0.75% update**
Quality — PQRS Measures, PQIs (Acute & Chronic), Readmissions

Cost — MSPB (Medicare Spending Per Beneficiary), Total Per Capita Cost, Episode Payment

Advancing care information (ACI)— Modified Meaningful Use Objectives & Measures

Improvement activities — Expanded access, population management, care coordination, beneficiary engagement, patient safety, social and community involvement, health equity, emergency preparedness, behavioral and mental health integration and Alternative payment models.

• Sets performance targets in advance, when feasible
• Sets performance threshold at 3; median or mean in later years.
• Improvement scores in later years

Merit-Based Incentive Payment System (MIPS) adjustments

<table>
<thead>
<tr>
<th>Measurement period</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</th>
<th>2026</th>
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<tbody>
<tr>
<td></td>
<td>+/-4%</td>
<td>+/-5%</td>
<td>+/-7%</td>
<td>+/-9%</td>
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MIPS exceptional performance adjustment; ≤ 10% Medicare payment (2019-2024)
<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Submission Mechanism</th>
<th>Reporting Period</th>
<th>Submission Criteria</th>
<th>Data Completeness</th>
</tr>
</thead>
</table>
| **Individual** | Part B Claims | 2017: 90 days or more  
2018: one year | 6 measures at least 1 outcome  
▪ If an outcome measure is not available, report another high priority measure.  
▪ If fewer than six measures apply, then report on each measure that is applicable. Measures selected from all MIPS Measures or a specialty-specific measure set | 50% of Medicare Part B patients seen during the performance period to which measure applies  
2018 - 60% |
| **Individual or Groups** | QCDR  
Qualified Registry  
EHR | 2017: 90 days or more  
2018: one year | 6 measures at least 1 outcome  
▪ If an outcome measure is not available, report another high priority measure.  
▪ If fewer than six measures apply, then report on each measure that is applicable.  
▪ At least one measure must include at least one Medicare patient  
Measures selected from all MIPS Measures or a specialty-specific measure set.* | 50 % of MIPS eligible clinician’s or groups patients that meet denominator criteria (all-payer)  
2018 - 60% |
| **Groups** | CMS Web Interface | One year | All measures included in the CMS Web Interface and  
▪ First 248 consecutively ranked and assigned Medicare beneficiaries  
▪ If less than 248, then the group would report on 100 percent of assigned beneficiaries. | Sampling requirements for their Medicare Part B patients |
| **Groups** | CAHPS for MIPS Survey | One year | ▪ The survey would fulfill the requirement for one measure or a high priority measure if an outcome measure is not available  
▪ Survey will only count for one measure; must use another reporting mechanism to reach 6 measures  
▪ Administration November- February of reporting year, with a 6-month look back | Sampling requirements for their Medicare Part B patients |

* Can report QCDR custom measures
The AJRR Orthopaedic Quality Resource Center

Accessing the Resource Center
How to Use The AJRR Orthopaedic Quality Resource Center

Steps for Participation

• **STEP 1:** Determine if the professional is eligible to participate
  • The list of EPs able to participate as individuals is available on the PQRS web page at [http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/)

• **STEP 2:** Visit the following website to register
  • [https://www.medconcert.com/AJRR](https://www.medconcert.com/AJRR)
AJRR, in collaboration with the AOA’s Own the Bone program, and the AAHKS presents the AJRR Orthopaedic Quality Resource Center, approved by the Centers for Medicare & Medicaid Services (CMS) as a Qualified Clinical Data Registry (QCDR). The QCDR provides a standard to complete Physician Quality Reporting System (PQRS) requirements based on satisfactory participation. A QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care furnished to patients.

The Resource Center will provide participating providers with:

- Timely custom continuous performance monitors
- Performance gap analysis and patient outlier identification
- Access to improvement interventions to close performance gaps including patient care management tools; targeted education; resources and other evidence-based interventions
- Comparison versus QCDR benchmarks and peer-to-peer comparison
How to Register and Begin Using The AJRR Orthopaedic Quality Resource Center

https://www.medconcert.com/AJRR
Access the Resource Center through MedConcert
www.medconcert.com/ajrr
MedConcert Home
MedConcert: Locate the Resource Center through the App Store
Register in MedConcert
All 2016 reporting participants must have a Premier Solution Services agreement in place with their organization at the Tax ID level before data can be collected by the Resource Center.

To begin this process, enter your Tax ID into the fields provided.

If you have worked with the Premier team to complete this agreement offline, a validation code would have been provided to your organization.

- If you have a validation code, please click the “Yes” button for the subsequent question.
- If you are completing this agreement for the first time for the reporting period and do not have a validation code, please click the “No” button.
Complete Online Payment

Registration and payment is required for each PQRS submission period. The annual cost per provider is $439. This subscription fee includes annual use of the data for quality improvement purposes and PQRS submission to CMS.
Measure Selection

• Choose all or a subset of the 38 measures available

• The Resource Center will provide guidance through a counter that will determine that the participant selection will meet PQRS reporting requirements
Data Entry/Patient List

Input the encounter information:

- The encounter date
- Related encounter and/or diagnosis or procedure codes
- Answer the questions according to that visit date’s encounter, and click the save button once finished
- Continue to add patients and encounters until you’ve entered at least 50% of your eligible patients per measure
- As you enter each patient and encounter, your progress will be updated in the data dashboard
Data Entry Options: Data Upload
Populate a Patient and Encounter File

- Complete a Patient Data Template
- Upload an Encounter Template Correlating to your Patient List
Upload Data & Review within QCDR
Continuous Performance Management

- View a snapshot of your measures performance and expand to view details
- Performance Trending
- Patient Outliers
- How Do We Improve? Links to Interventions
- Fixed Benchmarks and Goals
The AJRR Orthopaedic Quality Resource Center

Manage Patient Population
Manage Patient Population – Patient List

This is your master patient list. It includes your personal list of patients, as well as patients associated with any of the patient care organization networks of which you are a member.
Identify patient outliers requiring attention. These indicators represent each patient's most recent status for each measure.
View feedback on patient outliers by measure. Analyze your outliers, communicate with your colleagues, and take steps to address these patients.
The AJRR Orthopaedic Quality Resource Center

Improvement
Improvement Interventions

Access links and tools from professional societies and national experts in quality improvement to help you and your team learn and improve.

Drill Down to View Improvement Tools Suggested to Close this Measure Gap

View Improvement Tools and Resources by Measure
How Much Does It Cost To Participate?

- Registration and payment is required for each PQRS submission period. The annual cost per provider is $439. This subscription fee includes annual use of the data for quality improvement purposes and PQRS submission to CMS

- Please contact us for information regarding pricing for PQRS GPRO and/or Meaningful Use.
  - Email: support@cecity.com
  - Phone: 1-888-669-7444 - Option 4
Contact & Questions

• For Technical Assistance with your AJRR Orthopaedic Quality Resource Center
  • Click the Support Link on The AJRR Orthopaedic Quality Resource Center MedConcert webpage

• For questions about this Resource Center
  • Email: support@cecity.com
  • Phone: 1-888-669-7444 - Option 4