Aligning and Performing to MACRA & Value Based Quality Data

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- » 28 Acute Care and Critical Access Hospitals
- » Behavioral Hospital
- » Banner Health Network
- » Banner Network Colorado
- » Banner Medical Group and Banner – University Medical Group with nearly 2,000 physicians and advanced practitioners and more than 200 Banner Health Centers and Clinics
- » Banner Home Care and Hospice
- » Outpatient Surgery
- » Urgent Care
- » Banner University Medicine division
- » \$7 billion in revenue in 2015
- » AA- bond rating
- » \$746 million in community benefits, including \$62.9 million in charity, 2015

Banner at a Glance



Most physicians surveyed are unaware of MACRA. Independent physicians surveyed are more aware of it than others. MACRA 21% of self-employed physicians and those in independently owned medical practices report they 50% of non-pediatric 32% only recognize are somewhat familiar with MACRA versus 9% of physicians surveyed have the name. employed physicians surveyed. never heard of MACRA. This may be because self-employed and independent physicians are more directly responsible for their Surveyed physicians with a high share of Medicare payments are just as unaware of MACRA as others. practices' business requirements.

MACRA Status

Our MACRA Goals

- Meet MIPS reporting requirements while setting a foundation for increased APM participation
- Evolve the process for determining which providers to enroll in APMs
- Create process improvement structure that engages providers

Significant Actions to Date

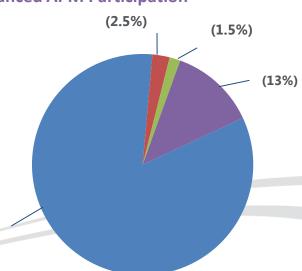
- Engaged Deloitte and Cerner to conduct readiness assessments
- Developed a plan for 2017 MIPS reporting, including identifying reporting tools
- Developed a program structure to facilitate achievement of broader MACRA goals

2017 MIPS vs. Advanced APM Participation

(83%)



- MIPS
- MSSP Track 3 (BHN)
- MSSP Track 2 (BNC)
- CPC+ / Track 2 (BMG)







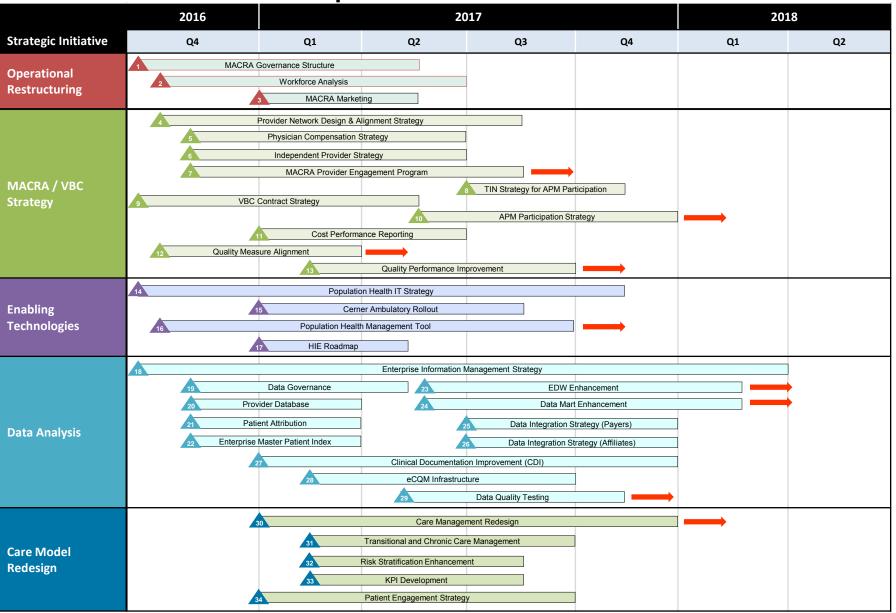




MIPS Readiness Assessment: 2016

	Impacted Performance Category:								Quali	ty R	Res	ource U	se 🛕	ACI	C	СРІА
	2016									2	017	17				
Tasks	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Мау	nnr	Ę	Aug	Sep	Oct	Nov	Dec
Develop MIPS Program Structure		Q (RA	<u>C</u>												
Measure Inventory		@(RA	0												
Measure Prioritization and Alignment			Q													
Report Validation						Q										
Performance Monitoring																Q A
Develop Episode of Care Costing										R						
Develop Supporting Documentation							Q	00								
2018 ACI Planning														A		
Measure Selection															0	

APM Roadmap Timeline



MACRA has enterprise wide implications

Financial

Affects future Medicare reimbursement for all paid on Physician Fee Schedule

Clinical

Will require clinicians to change / add incremental workflow and assess and improve clinical quality outcomes

Strategic/Competitive

Prioritizes strategic Physician Acquisition / Growth decisions related to who (PCPs / Specialties, etc.), where, when, how (types of arrangements)

Physician Engagement

Relationships / Partnerships / Arrangements will need to evolve in order to attract, retain, evaluate and optimize

Operational

Will require organization-wide collaboration and coordination of eligibility, multiple moving parts and regulatory requirements

Technological

Will require robust clinical data capabilities (data governance, capture, collection, validation and reporting) and system interoperability

Reputational

MIPS program performance results will be made public and transparency will expose the good and the bad

Patient Engagement

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Greater coordination of care and two-sided risk for health care providers will raise the stakes for health care providers to foster closer ties with patients and help them actively manage their health

Report the Minimum "Let's focus on other things"

Standardized
Approach
"Do the same thing for everyone"

Hybrid Approach "Follow the money"

Maximize
Performance
"Everyone should do
well in MIPS"







\$

Key Impact Areas





Foundation

- Develop governance group and support structure
- Create comprehensive list of quality reporting programs
- Prioritize measures
- Align with organizational goals
- Identify high priority data elements
- How does this fit into a Enterprise Information Management?









High Level MACRA Program Competencies

Data Collection

EHR strategy to gather patient health information

Data Validation

Data has been standardized, normalized and validated to enable reporting and analysis

Cost Measurement

Performance on cost metrics is available for use in clinical and financial decision making

APM Framework

Evolution of approach to identifying providers for APM participation

July 2018*

Data Aggregation

Provider data from across the enterprise is available in one data warehouse through interfaces or single EHR adoption

Electronic Quality Reporting

Quality data is available on a near-real time basis and utilized in performance improvement

Referral Tracking

Data is available to see where patients are going to identify opportunities

TIN Alignment

Ongoing TIN assessment

Maximize MIPS

Infrastructure Development









Data Collection

- Value
- Cost
- Quality
- Source
- Accessibility
- Customization
 - How many ways can you spell Penicillin?







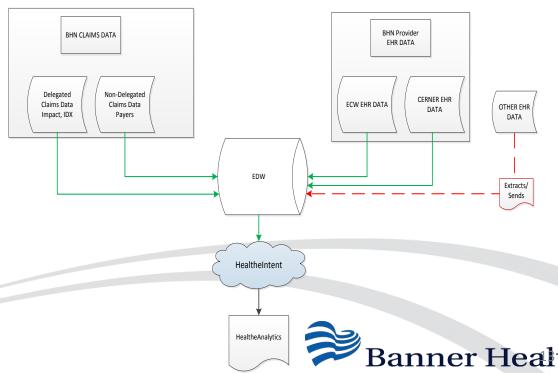






Data Aggregation

- Structured vs. Unstructured
- Data Diversity clinical, demographic, behavioral, environmental, etc.
- Clinical vs. Claims
- Real time vs. batch
- Matching patients















Device



Org or

HIE



Payer



Pharmacy

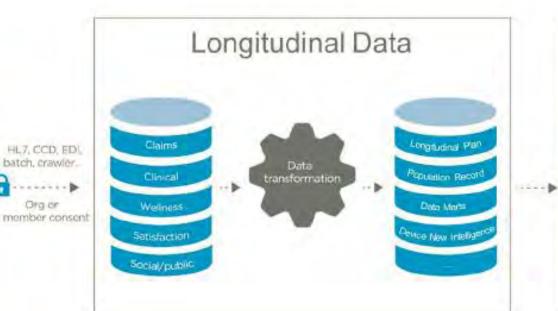
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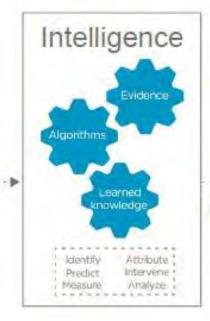


















Longitudinal record



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Community care management











Home health assistant



engagement



140

executive



Data analyst







Data Validation

- Validation, validation
 - Properly attributed Providers...
 - Trained to use the tool to...
 - Enter EHR data correct fields...
 - Which is mapped to the data mart...
 - and mapped to defined measures...
 - calculated the right way...
 - Checked to a level of 97% accuracy
- Report Validation Methodology
- Dedicated resources











Electronic Quality Reporting

- Simplify
- Dashboards
- Clinical Workflow
- Engagement
- Continued Validation
- Standardize vs. Customize
- Process Improvement

