



Do the *MACRA'ena*—Part II



In my last column, I tried to explain the complicated math involved in calculating the potential financial impact of MACRA/MIPS on urgent care centers. Of course, all of the potential return depends on implementing quality improvement programs that meet the measurement and reporting expectations outlined by the Centers for Medicare and Medicaid Services. So, in this column, we will explore the core categories in more detail, and share some practical examples of urgent care-relevant measures within each one.

The MIPS program has three core components that contribute to your overall bonus calculation: six Quality measures (60% of score), two Performance Improvement (PI) activities (15%), and six Advancing Care Information (ACI) measures (25%). Let's look at the hundreds of Quality measures first. Not surprisingly, many are not very urgent care relevant. Among these, however, are others you can probably relate to:

- Acute Otitis Externa (AOE): Avoidance of Systemic Antimicrobial Therapy
- Adult Sinusitis: Appropriate Choice of Antibiotic
- Appropriate Testing for Children with Pharyngitis
- Use of Imaging Studies for Low Back Pain
- Tobacco Use: Screening and Cessation Intervention
- Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- Influenza Immunization

Next, let's explore the PI activities. Beyond simply measuring data, these initiatives look to initiate systematic practice changes that improve performance. Here are some reasonably relevant examples:

- Annual registration in the Prescription Drug Monitoring Program
- Implementation of improvements that contribute to more timely communication of test results
- Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms
- Use of decision support and standardized treatment protocols

Next, there's ACI, which replaces the old "Meaningful Use"

requirement and necessitates some cooperation from your EHR vendor. Examples include:

- Patient Education
- Patient Portal
- Medication Reconciliation
- Health Information Exchange
- E-Prescribing
- Security Risk Analysis

The final Composite Performance Score used to determine your final payment incentive (or penalty) is calculated as follows: (Quality Base + Quality High Performance Bonus) x 60% + (ACI Base + ACI Performance + ACI Bonus) x 25% + Improvement Activities x 15%.

Of course, eligible providers that choose not to participate at all will be given a Composite Performance Score of 0. Once composite scores are calculated on all eligible providers, a performance threshold is identified. Penalties and bonuses are based on whether you/your practice fall above or below the threshold.

Since I am certain that your head is spinning by now, here are a few take-home messages:

1. If you participate in 2017, you are likely to receive a bonus, even if you submit limited data for a partial year.
2. If you do not participate, you will almost certainly be penalized.
3. If you put the work in and gather most, or all, of the data, you are likely to receive a bonus multiplier ("super bonus").

While it is my hope that this summary helps simplify the MIPS program, I regret to inform you that more work is ahead if you actually participate. My goal has been to demonstrate the potential revenue impact, demystify the reporting categories, and help you translate into the urgent care environment. Good luck! ■

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