Comagine Health



Roll-Up Report

Quality Payment Program Small, Underserved and Rural Support (QPP-SURS)

February 2022

comagine.org

Overview

Small practices with 15 or fewer clinicians, including those in rural locations, health professional shortage areas and medically underserved areas, are a crucial part of the health care system. However, because of their size and location, their resources are often scarce, especially when it comes to keeping up with federal reimbursement reporting requirements.

Since 2017, Comagine Health and its contract partners have helped nearly 18,000 eligible clinicians in small outpatient practices throughout the West, including Alaska, Idaho, Montana, Nevada, Oregon, Utah, Wyoming and Washington, get the most out of the Merit-based Incentive Payment Plan (MIPS) as part of the Quality Payment Program's Small, Underserved and Rural Practices Support (QPP-SURS) initiative.

Through this no-cost assistance, eligible small-practice clinicians were able to streamline health care processes, avoid penalties that have the potential to seriously impede their ability to provide quality services to their patients, and progress in value-based medicine.

Specifically, Comagine Health has helped providers:

- Select MIPS measures that align with their priorities
- Avoid negative payment adjustments that result from low MIPS scores
- Connect with their state health information exchange
- Satisfy program requirements as they increase each year
- Build their practice's capacity to achieve long-term success under alternative payment models (APMs)
- Use new revenue codes to improve reimbursements

The assistance offered was well-received, resulting in both high engagement and high customer satisfaction scores. This roll-up report details the collective efforts of Comagine Health, Mountain-Pacific Quality Health (MPQH) and the Network for Regional Healthcare Improvement (NRHI)/Civitas Networks for Health to provide direct technical assistance to eligible providers and help them navigate continuously changing regulations and the increasing performance thresholds of the QPP.



"I had not reported in the past and was not very familiar with the program. I thought it was too complicated to worry about. With support, I realized it was not as complicated as I thought and was fine participating." — nurse practitioner in Utah

The Opportunity

Prior to the Quality Payment Program (QPP), payment increases for Medicare services were set by the Sustainable Growth Rate (SGR) law. This capped spending increases according to the growth in the Medicare population, and a modest allowance for inflation.

However, as clinicians increased their utilization of services, the reimbursement for each unit of service had to be adjusted downward to hold costs constant. In practice, the SGR would have resulted in large decreases in the Physician Fee Schedule, which was not sustainable. To avoid these decreases in reimbursement, Congress passed a new law (every year) authorizing the current fee schedule and a small increase for inflation.

With the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), CMS did away with the SGR and established the QPP, which replaces fee-for-service reimbursement with a value-based approach that promotes efficient, patient-centered care. Now, CMS is able to reward high-value, high-quality Medicare clinicians with payment increases while at the same time reducing payments to those clinicians who aren't meeting performance standards.

Objectives of the program include:

- To improve beneficiary population health
- To improve the care received by Medicare beneficiaries
- To lower costs to the Medicare program through improvement of care and health
- To advance the use of health care information between allied providers and patients
- To educate, engage and empower patients as members of their care team
- To maximize QPP participation with a flexible and transparent design, and easy-to-use program tools
- To maximize QPP participation through customized education, outreach and support
- To expand Alternative Payment Model (APM) participation
- To provide accurate, timely and actionable performance data to clinicians, patients and stakeholders
- To continuously improve QPP, based on participant feedback and collaboration

Clinicians have two tracks to choose from in the Quality Payment Program based on their practice size, specialty, location or patient population:

MIPS

The Merit-based Incentive Payment Program

MIPS adjusts Medicare Part B payments based on performance in four categories: quality, cost, promoting interoperability and improvement activities. Performance categories carry different weights that shift as the program progresses.

OR

AAPMs

Advanced Alternative Payment Models

AAPM offers physicians incentives for achieving threshold levels of payments or patients. If achieved, physicians become qualifying APM participants (QPs) and are excluded from the MIPS reporting requirements and payment adjustment.

In February 2017, CMS awarded approximately $100 million to community-based organizations across the country, including Comagine Health, to help eligible small practices succeed in the QPP with the Support for Small, Underserved and Rural Practices (SURs) initiative.

Participants

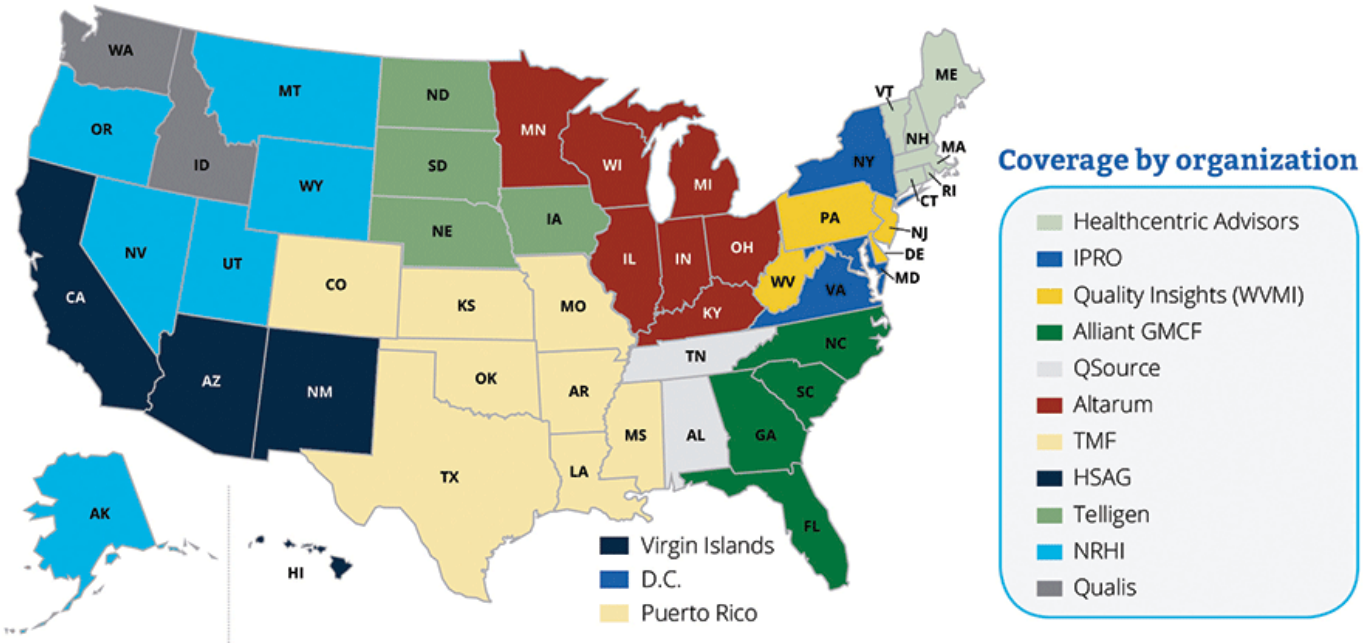
Eleven organizations were selected to provide customized technical assistance to clinicians and practices to help them be successful in the Quality Payment Program. They helped clinicians choose and report on quality measures and provided guidance with all aspects of the program, including support change management and strategic planning, and assessing and optimizing health information technology through in-person and virtual training and education. They focused specifically on historically under-resourced areas, including rural areas, health professional shortage areas and medically underserved areas.

The organizations chosen were:

- Altarum
- Alliant Georgia Medical Care Foundation (GMCF)
- Healthcentric Advisors
- Health Services Advisory Group (HSAG)
- IPRO
- **Network for Regional Healthcare Improvement**
  - **HealthInsight**
  - **Mountain-Pacific Quality Health**
- QSource
- **Qualis Health**
- Quality Insights West Virginia Medical Institute (WVMI)
- Telligen
- TMF

Comagine Health's legacy organizations Qualis Health and HealthInsight each held a contract in support of this work. Prior to the organization's 2019 merger, one was managed and executed solely by Qualis Health and focused on MIPS-eligible clinicians in small practices throughout Idaho and Washington. During that time, HealthInsight served in a subcontractor role, supporting clinicians in Nevada, Oregon and Utah alongside Mountain-Pacific Quality Health, who supported providers in Alaska, Montana and Wyoming. The subcontractors offered direct technical assistance under the prime contract holder, Network for Regional Healthcare Improvement/Civitas Networks for Health.

Post-merger, the teams worked together to carry out the separate bodies of work concurrently until the contracts' conclusion.



Taking Action

Comagine Health: Washington and Idaho

The Comagine Health team first needed to establish themselves as a reliable resource for MIPS-eligible clinicians. They sent letters and faxes, and made phone calls directly to all assigned practices. Initial on-site assessments revealed a lack of resources in rural clinics and the challenges this kind of data reporting can impose. After developing trusting relationships with clinicians in the region, they began turning to Comagine Health for help deciphering reporting options and interoperability challenges.

Specifically, the Comagine Health team focused on the following tactics to aid providers:

- In-person visits
- MIPS Tips webinars and office hours
- Newsletters and e-blasts
- Resource and tool development and aggregation
- HIT consulting to help navigate the QPP portal, website and EHR reports
- Transition services to help clinicians understand and navigate APMs, such as accountable care organizations (ACOs), in their geographic area

Collectively, the team hosted more than 240 MIPS learning events over the course of the contract. They hosted and recorded regular webinars that were then made available on-demand and accessed over 800 times.

Hands-on support was the most effective way to ensure MIPS reporting success. Team members frequently traveled to clinics to provide individualized technical assistance to providers.

During the pandemic, the team had to adapt their assistance according to the virtual modalities available to them. They walked clinicians through data submission at reporting time and reviewed feedback reports together via the Zoom videoconferencing platform.

> **"I was clueless about my eligibility, the portal or application. Grateful for the Zoom call. I was eager to get the link and the information."**
>
> — podiatrist in Nevada

Network for Regional Healthcare Improvement (NRHI)/Civitas Networks for Health: Alaska, Montana, Nevada, Oregon, Utah and Wyoming

The NRHI/Civitas program took a coordinated approach that leveraged expertise and resources across three organizations. This allowed for rapid learning from one another and brought an elevated level of technical assistance to the market. NRHI contributed its experience with working across multi-stakeholder organizations and proven practice transformation resources developed through its Support and Alignment Network (CMS' TCPi Program) while HealthInsight (now Comagine Health) and Mountain-Pacific Quality Health (MPQH) brought depth of experience working with practices as the QIN-QIOs in their regions.

The collective expertise across these organizations was harnessed to design and refine approaches while maximizing efficiencies. Examples include:

- Collaboratively developing provider education resources and tools for use by all team members using experts from the three-organization team
- Delivering education programs across the combined service area
- Sharing analyst, HIT and communications resources to support the program

The team held regular MIPS Tips webinars and experienced strong attendance, with at least 20% of eligible clinicians regularly on the calls. They also promoted resources regularly and broadly across TACs.

And the team's technical experts routinely served as faculty on several national LANs and TAC-led events. The NRHI group was especially valuable in providing cost category, HIT, telehealth and APM expertise.

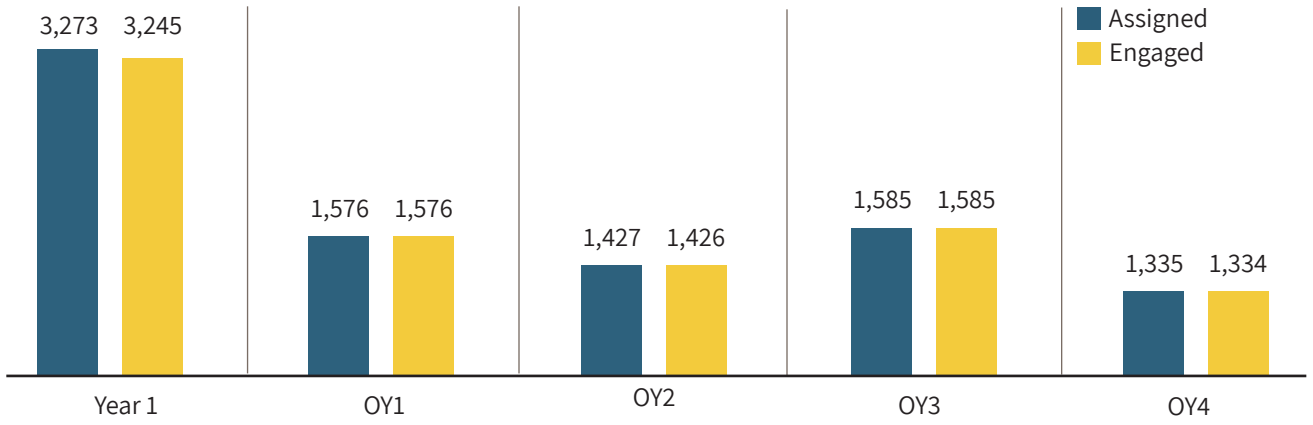
Achieving Results

Comagine Health: Washington and Idaho

The Comagine Health team engaged with 99.7% of the MIPS-eligible clinicians in small practices in Idaho and Washington over the five-year contract. That's 9,196 out of 9,226 from 2017 to 2022. Engagement was defined as bilateral exchange, meaning there had to be two-way interactions with the providers for the exchange to count.

The team also scored high in customer satisfaction, receiving 95% positive feedback as the result of their work.

Comagine Health Engaged Clinicians by Year



"CMS can be difficult to reach and the website documents are not always clear. The staff at Comagine Health invests many hours in research and training. We don't have time or staff resources to read document upon document and hyperlinks to other documents. Our experience is that Comagine Health breaks down the information so we understand the requirements better."

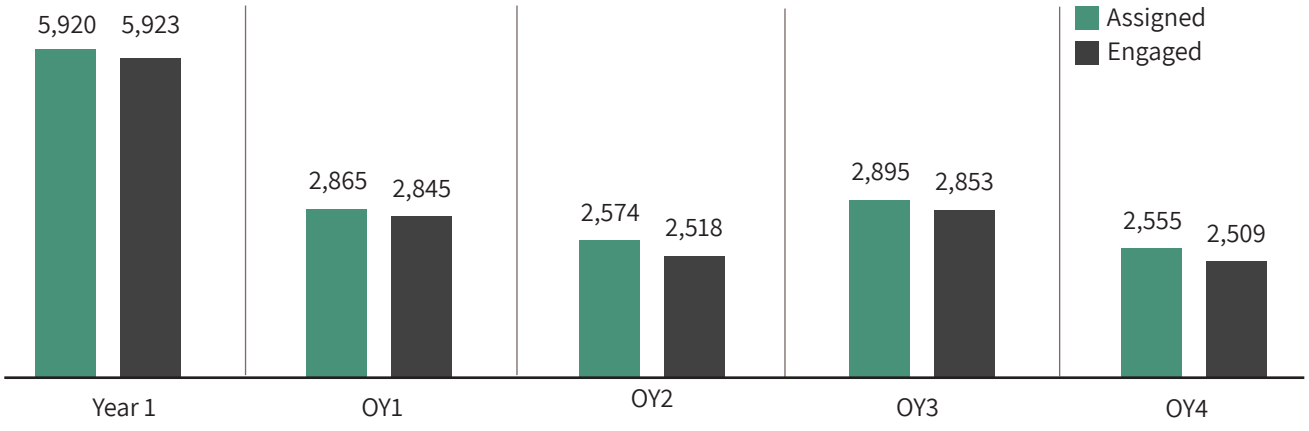
— family practice clinician in Washington

Network for Regional Healthcare Improvement (NRHI)/Civitas Networks for Health: Alaska, Montana, Nevada, Oregon, Utah and Wyoming

The NRHI team bilaterally engaged with 99% of the MIPS-eligible clinicians in small practices in Alaska, Montana, Nevada, Oregon, Utah and Wyoming over the five-year contract. That's 16,648 out of 16,809 from 2017 to 2022.

The team achieved a 100% referral response rate for reaching out to practices within 24 hours. They also maintained a consistently high customer satisfaction rate of over 90%.

NRHI Engaged Clinicians by Year



Lessons Learned

The teams learned that there is no one best way to reach eligible clinicians. It is necessary to employ a multi-faceted outreach campaign and a variety of educational methods and resources. Small-practice clinicians cannot be barraged with too much information at once. Support needs to be paced, sensitive and iterative. When the teams "met them where they were," which applies to the teams' availability and ability to provide customized support according to provider progress level, engagement increased. This level of technical assistance is crucial to continued success in the program.

Other insights include:

- Establishing relationships with clinicians and their staff is key to successfully delivering technical assistance for the rural communities.
- Organized, accurate and timely data are essential to planning, executing and measuring outreach strategies. Reliable contact information practices is critically important.
- Clinical staff turnover is a perennial struggle, so it is necessary to revisit the basics on a regular basis to introduce and educate newly eligible clinicians and/or new office staff.
- Understanding the EHR that a clinician is utilizing and the capacity that it has for MIPS reporting has been helpful.

"Comagine Health has become familiar with our EHR software, helping us navigate through the ups and downs. When we have questions or concerns, we can send Comagine Health an email, continue working (instead of sitting on hold) and wait for a response. If we don't understand the response, we can continue our conversation with the same staff member for clarification."

— family practice clinician in Washington

Acknowledgments

Comagine Health would like to acknowledge **Mountain-Pacific Quality Health (MPQH)** and **Network for Regional Healthcare Improvement (NRHI)/Civitas Networks for Health** for their collaboration throughout the course of the contract. They'd also like to recognized **IMPAQ**, who served as a support contractor for the first four years of the work.

Finally, the organization would like to thank the program funder, the **U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS)**, for the opportunity to provide this support to small-practice clinicians serving our rural and underserved populations.

Comagine Health

Comagine Health is a community-based nonprofit that works collaboratively with patients, providers, payers and other stakeholders to implement sustainable improvements in the health care system. We work in the community to address key, complex problems in health and health care delivery. Our work includes multiple federally funded programs that we implement locally to improve quality and cost outcomes. Learn more at www.comagine.org.