Why is it so Hard to Do the Right Thing for Venous Ulcers?

Clinical Practice Improvement Projects and Quality Measures

Friday September 8, 11:30 AM

Caroline E. Fife, MD, CWS, UHM, FUHM

Professor of Geriatrics
Baylor College of Medicine
Houston, TX

Medical Director
CHI St. Luke’s Wound Clinic
The Woodlands, TX

Executive Director
US Wound Registry
MIPS Qualified Clinical Data Registry
The Woodlands, TX
Disclosures

Stockholder:
• Intellicure, Inc.

Grant/Research Support:
• Smith and Nephew

Medical/Scientific Boards:
• None

Speaker’s Bureau:
None

Honorarium:
• Acelity

Consultant:
• Nestle
I hope you did your homework . . . .

APWCA WEBINAR

MIPS IN 2017: AVOID A PENALTY AND EARN A BONUS!

The American Professional Wound Care Association presented a complimentary webinar on “MIPS in 2017: Avoid a Penalty and Earn a Bonus!”. This educational opportunity was led by Jeffrey Lehrman, DPM, a practicing wound care physician and board member of APWCA.

All providers in the country are functioning under the CMS Quality Payment Program in 2017. 96% of those providers will participate through the Merit-Based Incentive Payment System (MIPS). MIPS scores will be publicly reported and will impact your Medicare Part B Fee Schedule. The information presented in this webinar will help you to decide at which level you wish to participate and how you want to participate. In 2017, it is easy to avoid a penalty and earn a bonus. Learn how!

Jeffrey D. Lehrman,
DPM, FASPS, FACFAS, MAPWCA
MIPS performance score (0 – 100) is based on 4 weighted categories.

- Quality
- Resource use
- Clinical practice improvement activities
- Advancing care information

MIPS Composite Performance Score (CPS)

0 – 100 points
Pick Your Pace in 2017

• Do Nothing:
  • Lose 4% of your Medicare Part B Billing

• Submit “Test Data”:
  • Keep what you earned
    • 1 Quality Measure
    • 1 Clinical Practice Improvement Activity

• Participate fully for part or all of the year:
  • Earn a Bonus (~4%-12%)
    • 5 Advancing Care Information (ACI) measures
    • 6 Quality Measures
    • 1-2 Clinical Practice Improvement Activities (IAs)
• 2010 Study from USWR
• 26 hospital based, outpatient wound centers in 16 states.
• Analysis performed from Medicare “PQRI” data (Physician Quality Reporting Initiative)
  • Records of 17,160 patients were assessed.
  • 2,139 patients had 4,364 venous ulcers.
• Adequate compression was documented in only 17.1% of visits to hospital based WOUND CENTERS
MIPS: You can actually MAKE money . . .
but it’s complicated

12% + 10% = 22% bonus

Exceptional Performance

+ 4% - 12% bonus (50 points – 70 points)

+ 4% bonus (3 points – 50 points)

- 4% negative adjustment below a score of 3
Fundamentally, this is a decile problem

<table>
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<tr>
<th>Quality measure</th>
<th>Score</th>
<th>Decile</th>
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<td>Because neither of these measures are actually relevant to my practice, I don’t score very well on them. Wound Care Practitioners need relevant measures that give them a chance for some high performance, but there aren’t any relevant measures available.</td>
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- Controlling BP is a standard PQRS measure and my score is 73%. **Which puts me in a decile rank of 7.2.**
- I’m better at Pain assessment – my score is 93% which sounds pretty good
- . . .Which is still at decile 7.2 for that measure!
Remember Grading on the “Curve” in Math?

It’s not your % score that matters, it’s where you fall in relation to all the doctors reporting the same measure in the USA.

And remember that doctors are only going to report their highest scoring measures so . . .

For many national measures, the only way to be in the top decile is to score 100%.
• Alliance Clinical Associations Involved Directly in Wound Care Quality Measure Development in 2013
  • American Podiatric Medical Association
  • American Professional Wound Care Association
  • Association for the Advancement of Wound Care
  • Undersea & Hyperbaric Medical Society

Because there was not medical specialty to sponsor the QCDR or develop specialty measures, CMS agreed to allow the Alliance to act as the *de facto* specialty for wound care and the Alliance partnered with the USWR.
Wound Care Relevant QMs Developed with the APWCA and Reportable through the USWR MIPS Registry

1. Vascular Screening of lower extremity wound and ulcers
2. Adequate Offloading of Diabetic Foot Ulcers at each visit
3. **Adequate Compression of Venous Ulcers at each visit**
4. Diabetic Foot Ulcer Healing or Closure
5. Plan of Care Creation for DFUs not Achieving 30% Closure at 4 Weeks
6. Venous Leg Ulcer Healing or Closure
7. Plan of Care for VLUs not Achieving 30% Closure at 4 Weeks
8. Appropriate use of Cellular and/or Tissue Based Product in DFUs and VLUs
9. Healing or Closure of Wagner Grade 3, 4 or 5 DFUs Treated with HBOT
10. Major Amputation in Wagner Grade 3, 4 or 5 DFUs Treated with HBOT
11. Patient Reported Wound Outcome
12. Nutritional Screening and Intervention Plan in Patients with Chronic Wounds
13. Patient Reported Nutritional screening in patients with Chronic Wounds
Practitioners will need an almost perfect score to hit the top decile of most national QMs. The quality score is 60% of the MIPS total score, and a perfect score will be needed for most measures to achieve a bonus.

A major advantage of QCDR measures is that the pool of clinicians reporting is smaller (not the entire USA) and if a benchmark rate has been set, it is likely to be a score that allows a conscientious practitioner to hit the top decile.
Reporting the VLU Compression Measure
Improved Quality in 2016

• Number of MDs, DPMs reporting via the USWR: 535
• Number of lower extremity ulcers involved: 21,000
• Among practitioners not reporting the VLU compression measure, the average performance was: 51.6%
• Among practitioners reporting the VLU compression measure, the average performance was: 80.4%
Quality data on all Medicare providers is public now

• Private payers use data to set contracted reimbursement rates
• Private payers use data to decide where to refer beneficiaries
• Employers use quality data to craft employment incentives
• Patients use data to find providers

Yelp is the most popular site for physician selection. By 2018, Yelp will have the Physician Compare data star ratings integrated with consumer reviews.
EHRs have refused to install electronic Clinical Quality Measures

For most providers, the barrier is the unwillingness of EHR vendors to install them.

The eCQMs for all USWR Quality Measures are available for free download on the USWR website.

https://www.uswoundregistry.com/QualityMeasures
Epic launches “App Orchard” app store

By Bernie Monegain | March 14, 2017

Epic announced with little fanfare that its App Orchard is now officially open for business. And the EHR vendor is inviting third-party developers to highlight their best work, not only with FHIR, but also other open application programming interfaces.

Epic competitors, including Allscripts and Cerner, are also pushing what their top executives describe as a more open approach to data interoperability based on APIs and creating platforms that third-party developers can use to build software.

Verona, Wisconsin-based Epic, in fact, received trademark approval for the App Orchard back in 2015, prior to which the working name for the marketplace was “App Exchange.”

USWR MIPS quality measures will be available as “apps” by 2018, the date EHRs are require to support the open API initiative. This means that wound care relevant quality measures can be available to any provider, although what the EHRs will charge for hosting them is not known.
Hurricane Harvey, dropped 50 inches of rain on Houston, Texas, the 4th largest city in the USA, in 3 days. An area the size of Lake Michigan was covered in water 4 to 10 feet deep. At least 50,000 homes have been destroyed, not including apartments.