

Gaps in Clinicians' Knowledge of MACRA, the Quality Payment Program, and the Role of CME

September 2018

A Clinical Care Options (CCO) White Paper

In 2015, Congress passed the Medicare Access and CHIP Reauthorization Act (MACRA), ushering in one of the largest changes in healthcare reimbursement from the federal government, the largest single payer in the United States. For the estimated 600,000 eligible clinicians providing care under Medicare Part B, MACRA has significant implications for their reimbursement. This White Paper summarizes the changes and presents new CCO survey data that illuminate clinicians' challenges in understanding how these complex changes may affect their practice as well as the role of continuing medical education (CME) in meeting the new requirements that MACRA introduces.

MACRA Overview

In 2015, MACRA replaced the Medicare Sustainable Growth Rate approach that was enacted under the Balanced Budget Act of 1997 as a means of providing fee-for-service payments based on the *volume* of healthcare services delivered. Under MACRA, these payments were replaced by new Quality Payment Program (QPP) models that link Medicare reimbursement payments to the *quality* of care provided, with the goal of achieving improvements in health outcomes and cost efficiency by rewarding clinicians for providing better care.

Not all clinicians are eligible to participate in the QPP. In 2017, more than 800,000 clinicians were exempted, including those whose practices care for fewer than 100 Medicare Part B beneficiaries as well as those whose practices incur less than \$30,000 in Medicare charges per year. In 2018, the exemption has been modified to exclude clinicians with fewer than 200 Medicare Part B beneficiaries and those who billed less than \$90,000 in Medicare charges per year.^[1]

As of January 2017, the remaining eligible clinicians must participate successfully in the QPP or face a negative payment adjustment to their Medicare reimbursements. Eligible clinicians include physicians, physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists. For these clinicians, the QPP offers 2 program options:

1. The Merit-Based Incentive Payment System (MIPS), discussed in more detail below, or

2. The Advanced Alternative Payment Models (APMs), through which eligible clinicians can earn additional compensation as an incentive for achieving defined thresholds of high-quality and cost-efficient care. To learn more about APMs, visit <https://qpp.cms.gov/apms/overview>

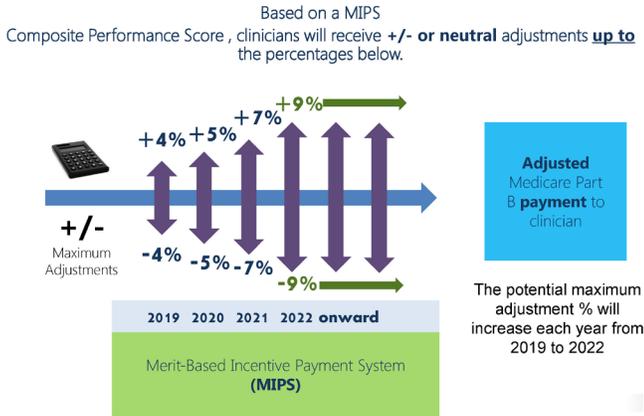
For eligible clinicians participating in MIPS, the Centers for Medicare & Medicaid Services (CMS) have created a scoring system that includes measures in 4 performance categories (Figure 1) to generate a composite score on a scale of 0-100.

Figure 1. MIPS performance categories for 2018.^[2]



Clinicians' individual performance scores are compared with prespecified performance thresholds to determine if they should receive a positive, negative, or neutral payment adjustment to their future Medicare reimbursements. Data collected in 2017 are being analyzed and scored in 2018 and will result in payment adjustments in 2019 that will range from -4% to +4%. By 2022, the adjustments will increase to between -9% and +9% (Figure 2).

Figure 2. Medicare reimbursement adjustments based on MIPS performance score.^[3]



In 2018, CMS ruled that eligible clinicians can report their participation in appropriate continuing education activities as examples of their engagement in Improvement Activities (which represent up to 15 points toward the final score).

CMS has provided the following criteria that CME activities must meet to qualify as Improvement Activities:

- The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis or must support the completion of such a needs assessment as part of the activity
- The activity must have specific, measurable aim(s) for improvement
- The activity must include interventions intended to result in improvement
- The activity must include data collection and analysis of performance data to assess the impact of the interventions
- The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information

CCO Survey of US Clinicians

To assess the extent to which clinicians understand the process associated with MACRA and the implications on their practice, a nationwide survey was undertaken among CCO's clinician membership. The results demonstrate profound gaps in clinicians' general knowledge of the changes introduced by MACRA and, particularly, a lack of awareness that participating in appropriate CME activities not only can help them improve the quality of care they provide, but also can help them gain points toward the Improvement Activity component of their overall performance score, which in turn determines the rate of Medicare reimbursement payments they will receive.

The 227 survey respondents comprised clinicians, system administrators, and system leaders, with the vast majority (93%) being clinicians in various practice types (Figure 3) and settings (Figure 4). Respondents reported a wide range of 20 specialties, reflecting the diversity of the CCO membership.

Figure 3. Survey respondents by practice type.

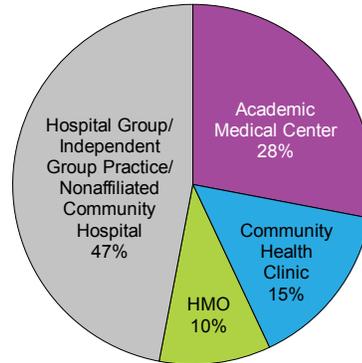
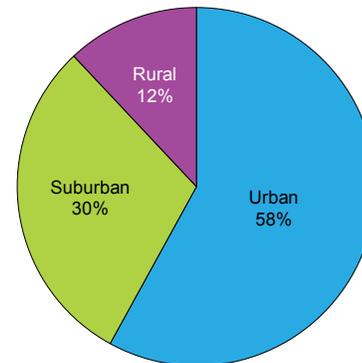


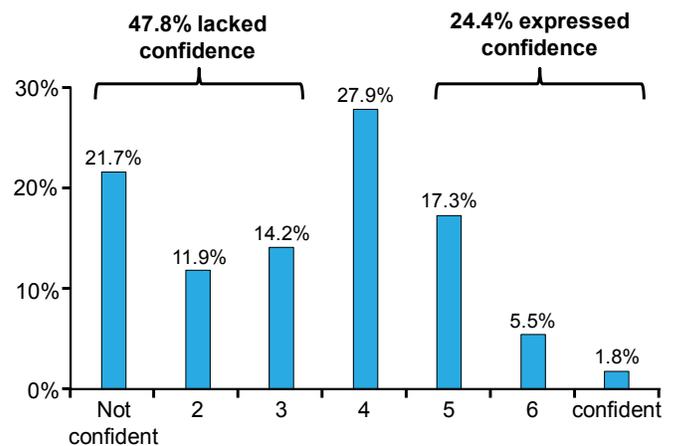
Figure 4. Survey respondents by practice setting.



Participants' Understanding of the QPP

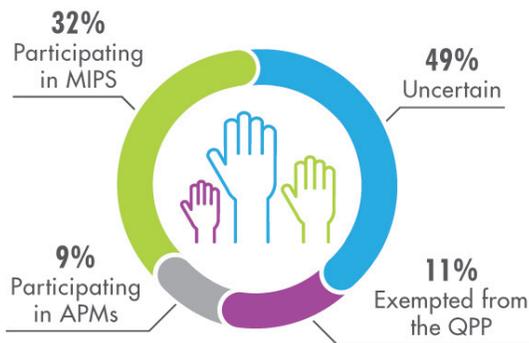
Participants were asked to assess their confidence in their understanding of the QPP on a 7-point scale. Almost one half indicated they were less than confident in their understanding of QPP (Figure 5).

Figure 5. Respondents' confidence in their understanding of the QPP



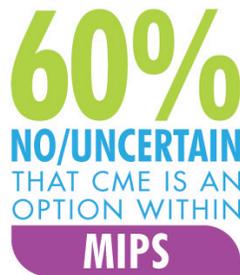
In addition, 32% of respondents indicated they are participating in MIPS, 9% are participating in the APMs, and 11% have been exempted from the QPP (Figure 6). However, 49% were uncertain whether they are participating or not—a remarkably high proportion, given that the survey was conducted months after the CMS had already sent notifications about whether clinicians were exempt from being evaluated under MIPS in the first half of 2017. Among this subgroup, 70% had classified their understanding of the QPP as less than confident (1-3 on the scale) in the previous question.

Figure 6. Respondents' current engagement with MACRA-defined reimbursement systems



Certified CME Activities Included as Improvement Activities Within the QPP

Only 40% of respondents were aware that certified CME activities can be included as Improvement Activities within the QPP, as confirmed by CMS in early 2018. However, when asked if they would be interested in participating in appropriate CME activities as part of MIPS, 63% indicated that they would.



These data indicate that a great deal of work needs to be done to improve clinicians' awareness that appropriate CME activities can help them meet the MIPS requirements for participating in Improvement Activities. At the same time, it is reassuring to see that large majorities of respondents were interested in participating in CME, suggesting that awareness is the key barrier to the uptake of CME to satisfy the requirement.

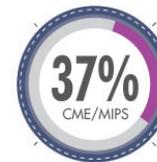
Educational Activities Offering Multiple Forms of Certification

Additional questions helped to characterize respondents' preferences for being informed about the availability of CME that can be counted toward their MIPS needs and the attractiveness of educational activities that offer multiple forms of certification.



Most clinicians reported that they currently (61%) or would in the future (20%) seek out educational activities that offer Maintenance of Certification (MOC) points that are required for board-certified physicians.

Additional questions helped to characterize respondents' interest in accessing education that offered combinations of CME credits, MOC points, and/or MIPS recognition. Thirty-seven percent would be likely to participate in education that offered both CME credit plus MIPS Improvement Activity designation, 31% in education that offered both CME credit and MOC points, and 41% in education that offered all 3 categories.



What Can the CME Community Do to Help Clinicians Through the Transition?

After 2 years during which CMS has been communicating the MACRA changes, it is clear more clinician education is needed to ensure a successful transition from fee-for-service to merit-based reimbursement. New in 2018, clinicians can use CME activities to meet the requirement for participating in Improvement Activities within MIPS. There is a clear opportunity for participation in appropriate CME activities, already a trusted resource used by hundreds of thousands of clinicians, to play a significant role in enabling clinicians to demonstrate their commitment to enhancing patient outcomes and the quality of care.

"Accredited CME providers are ideally placed to support their clinicians' engagement in MIPS through building activities for individuals and teams to improve performance, quality, and safety. As outlined in more detail on our Web site (accme.org), accredited CME providers have great flexibility in offering education that will count as Improvement Activities, and can also help clinicians understand how to identify Improvement Activities, assist them in attesting to their participation in MIPS, and directly issue CME and MOC credits."

Graham McMahon, MD, MMSc
President and CEO of the Accreditation Council for Continuing Medical Education (ACCME)

Many existing or currently planned CME activities are likely to already qualify as Improvement Activities for MIPS. CME planners can review the requirements in a step-by-step implementation guide by the ACCME, available at <https://tinyurl.com/yysz6dn7>.

Clinicians also need to be aware of the process to document their participation in such activities. Currently, eligible clinicians may submit their Improvement Activities by attestation by any of the following options:

- CMS QPP Web site
- Qualified clinical data registry
- Qualified registry
- Electronic health record system

Practice groups of 25 or more clinicians may choose to use the CMS Web interface. Eligible clinicians and groups only need to attest, via the QPP Web site, that they completed the Improvement Activities they selected or should work with their organization to determine the best way to submit their activities via a qualified clinical data registry, a qualified registry, or their electronic health record system. Eligible clinicians are encouraged to retain documentation for 6 years as required by the CMS document retention policy.^[4]

CME Companies Can Actively Help to Eliminate the Confusion In Support of the Physician Community

The reporting of activities is the responsibility of the eligible clinicians, but CME providers can help them by providing clear instruction to learners on how to attest to having completed appropriate activities. CCO has already noted that some clinicians are proactively asking questions about whether and how they can report their participation in CME activities to help them meet their QPP requirements. Within the CME industry, discussions have begun about potentially creating a taskforce of various stakeholders such as providers, supporters, accredited societies, and medical societies, with the goal of creating a unified awareness campaign to educate clinicians on how participation in CME can be used to demonstrate their engagement in Improvement Activities.

“Stakeholders, including the CME Coalition, have committed to developing easy-to-recognize, uniform language that CME providers can share with learners to indicate that an activity meets the CMS requirements and is, thus, essentially ‘MIPS approved’.”

*Andy Rosenberg, JD
Senior Advisor to the CME Coalition*

In the CCO survey, participants responded favorably (93%) to various suggested ways in which CME programs that qualify as Improvement Activities could be brought to their attention, including a dedicated page listing such activities, a clear logo or label on qualifying activities, or an email announcement.

In addition, a taskforce might analyze the reporting process and determine ways in which the CME industry could reduce barriers to clinicians’ reporting of qualifying participation—perhaps, for example, using the ACCME’s Program and Activity Reporting System (PARS).

In conclusion, the intersection of continuing education activities with the QPP provides the CME community a wonderful opportunity to further our mission to educate clinicians while also helping to reduce their current confusion about the changes to the healthcare system, allowing them to continue to focus on improving patient outcomes.

About Clinical Care Options

CCO, a leader in the development of innovative, interactive, online, and live CME/CE-certified programs and proprietary medical education technologies, creates and publishes original CME/CE and information resources that are designed specifically for healthcare professionals. CCO’s educational programs are developed not only to provide the latest scientific information, but also to support the understanding, confidence, application, and competence of healthcare professional learners. In addition to the point-of-care resource—*inPractice*®—CCO provides a spectrum of live and online educational programs and formats.

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4. Centers for Medicare & Medicaid Services. MIPS improvement activities fact sheet. Available at: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/MIPS-Improvement-Activities-Fact-Sheet.pdf>. Accessed September 6, 2018.

Additional Resources

Accreditation Council for Continuing Medical Education. Step-by-Step Guide to Implementing Accredited CME Improvement Activities. Available at: http://www.accme.org/sites/default/files/2018-06/777_20180618_Step-by-Step_Guide_to_Implementing_Accredited_CME_Improvement_Activities_0.pdf. Accessed September 6, 2018.

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