Is vein center accreditation important to MACRA

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Disclosures
- Medtronic physician advisory board
- IAC venous center, board

accreditation
- Hospitals are required to be accredited
- In 1979, the Association for Ambulatory Health Care
- In 1980, the American Association for the Accreditation of Ambulatory Surgery Facilities.
  - Does not focus on an individual
- Focus on the health care environment
  - Providers
  - Environment
  - Efficient return of results

The bottom line
- Process
- Quality
- Outcomes measures

Intersocietal accreditation commission-vein centers
- Non for profit
- Supported by 36 professional organizations
- Mission: improving health care through accreditation
- 1990 established to accredit vascular diagnostics
- 2012 venous focused program
  - Defining standards and requirements by physicians
  - Professional representation from specialty organizations

The issues
- Perception by government agencies and insurers that there is inappropriate care
- On objective reviews of indications or outcomes
- No specialty licensing
- No specialized training
- Need for cost control
requirements

- Minimum of 75 cases in the preceding year
- 25 must have been performed in 2 of the 4 areas of superficial disease treatment: ablation, phlebectomy, sclerotherapy, or non-operative management of C5/6 disease

<table>
<thead>
<tr>
<th>Medical Director/Chief Medical Director/Board Certified Physician</th>
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<tr>
<td>Board certification: ABR, ACA, or FCVQ</td>
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<tr>
<td>Clinical experience: 7 years after training</td>
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<td>Venous procedures:</td>
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<td>Ultrasound skills:</td>
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<td>CME:</td>
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<tr>
<td>Collaborations: AWS, American Board of Medical Specialties (ABMS), American Society of Angiography, AESA, continuing medical education (CME), Royal College of Physicians and Surgeons of Canada</td>
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Why important?

- Outlines infrastructure
- Shows commitment to quality
- Collaboration with self evaluation of review of internal processes with correction of deficiencies
- Some insurers are requiring accreditation for payment. Blue Cross Blue Shield of Massachusetts

How does it help with MACRA?

- Complying with MACRA
- IAC Accreditation Will Satisfy MIPS Improvement Activity
- Starting in 2019 Payment Year

SEPTEMBER 2018 | Physicians may utilize IAC accreditation as a Centers for Medicare & Medicaid Services (CMS) MIPS Improvement Activity to satisfy a component of the MIPS Improvement Activity score under an existing category ISA_PSPA_19, Patient Safety And Practice Assessment for Quality Payment Program Year 3 (2019). Physicians will need to document a component of the accreditation requirement for 90 days (such as patient dose tracking in CT) to satisfy the improvement activity and report via attestation to CMS.

4 areas that make up the final score.

- Quality
- Improvement activities
- Promoting interoperability
- Cost
What is interoperability?

- The Promoting Interoperability (PI, formerly Advancing Care Information) performance category promotes:
  - Patient engagement
  - The electronic exchange of health information using certified electronic health record (CEHRT).
- The PI performance category replaced the Medicare EHR Incentive Program for eligible professionals. It gives you more flexibility when you pick measures than the Medicare EHR Incentive Program did. In 2018, this performance category is worth 25% of your MIPS Final Score.

Why go through accreditation?

- There are payors that will not pay unless veins are done at accredited vein center: BCBS Massachusetts

After all that....
Why get accreditation for your vein center....

- Quality metrics
- Oversight
- Team- not just physicians, but nurses, etc
- Organization

Thanks for listening!