CMS Quality Payment Program (QPP)

- Merit-based Incentive Payment System (MIPS)
- Streamlined 3 legacy reporting programs (PQRS, Value Modifier, and meaningful use)
- Alternative Payment Models (APMs)
  - Advanced APMs
  - MIPS APMs

Type of Practice

IRS Tax Identification number (TIN)
- Large multispecialty group
  - single TIN
  - Academic medical practice plans
  - Multispecialty clinics
- Vascular surgery group practice
  - Individual or group TIN
  - Virtual groups

Original QPP Timeline

(adjustments based on reporting 2 years prior)

MIPS components

- Quality Reporting
- Cost
- Promoting Interoperability
- Improvement Activities
MIPS component weights (when fully transitioned)

<table>
<thead>
<tr>
<th>Component</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>30%</td>
</tr>
<tr>
<td>Promoting Interoperability</td>
<td>25%</td>
</tr>
<tr>
<td>Improving Clinical Summaries</td>
<td>15%</td>
</tr>
<tr>
<td>Cost</td>
<td>30%</td>
</tr>
</tbody>
</table>

**Cost measures**
- Medicare Spending per Beneficiary (MSPB)
- Total per capita cost measure for all attributed Medicare Beneficiaries.
- Episode Based
  - Revascularization for Lower Extremity Chronic Critical Limb Ischemia (2019)
  - Hemodialysis Access Creation (2020)

**Alternative Payment Models (APMs)**
- **Advanced APMs (A-APMs)**
  - MIPS exempt
  - 5% bonus payment
  - Next Generation Accountable Care Organization (ACO)
  - ESRD
  - ACS Brandeis
  - SVS task force (Lower extremity revascularization procedures)
- **MIPS APMs**
  - Special scoring rules
  - Bonuses based on group performance
  - Measures usually not relevant to vascular surgeons

**MIPS Issues**
- Quality Measurement
  - Significant burden on clinicians
    - Estimated $1 billion reporting burden in 2017
  - Extremely complex
    - Exemptions (~800,000 clinicians exempt)
    - Special scoring and rules
    - Multiple reporting options
    - Score dependent on reporting method
    - Quality measure choices makes comparison inequitable

**SVS Accountability Measures**
- Asymptomatic Carotid Disease
- Non-ruptured small/moderate infrarenal AAA
- Risk assessment by surgeon
- Registry
- Potential Administrative Data
  - CPT-II denominator stratification
  - Assume inclusion if not reported

**No Major Complications**
- Discharge to home
  - EVAR, CEA, CAS
    - ≤ 2 days
  - Open AAA repair
    - ≤ 7 days
**Vascular Surgery Outcome Measures**

- #347: Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) who are discharged alive.
- #259: Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without major complications (discharged to home by post-operative day #2).
- #417: Open Repair of Small or Moderate Non-reuptured Infrarenal Abdominal Aortic Aneurysms (AAA) who are discharged alive.
- #258: Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without major complications (discharged to home by post-operative day #7).
- #346: Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA) who are discharged stroke-free.
- #260: Carotid Endarterectomy (CEA) for asymptomatic patients, without major complications (discharged to home by post-operative day #2).
- #345: Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS) who are discharged stroke-free.
- #344: Carotid Artery Stenting (CAS) for asymptomatic patients, without major complications (discharged to home by post-operative day #2).

**Recommendations**

(Vascular surgery individual or group practice)

- Explore alternative payment models
  - With local health system
  - Future vascular surgery specific models
- Report MIPS
  - MIPS APM
  - Qualified Clinical Data Registry (QCDR)

**Resources**

- SVS
  - vascular.org/research-quality/macra-qp-resource
- AMA
  - ama-assn.org/MACRA
- CMS
  - qpp.cms.gov
- ACS
  - facs.org/advocacy/qp
- MedPAC
  - medpac.gov