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## A close-up view of MIPS for the venous physician



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The third year of reporting for the Medicare Access and Children's Health Insurance Program Reauthorization Act (MACRA) Quality Payment Program (QPP) starts January 1, 2019. Under MACRA, Medicare providers must participate in the Merit-based Incentive Payment System (MIPS) or an Advanced Alternative Payment Model to avoid a 7% penalty in 2021 reimbursements.<sup>1</sup>

The majority of physicians practicing in large medical centers are unaffected by MACRA on a day-to-day basis as participation requirements are typically addressed on an institutional level. However, MACRA poses a large administrative burden on private practices. We met with Dr Marlin Schul, MD, MBA, the President of the American College of Phlebology, to discuss the impact of MIPS on his private venous practice. Dr Schul owns his practice, which primarily treats chronic venous disorders, acute and post-thrombotic cases, and lymphedema.

Q. How has MIPS affected your practice?

A. I made a number of changes to effectively participate in MIPS. The first challenge was moving to an electronic health record (EHR) platform that was more closely aligned with automated reporting. I was already participating in claims-based reporting, yet my practice management system was poorly suited to protect us from penalties for noncompliance. AthenaHealth (AthenaHealth, Watertown, Mass) is an EHR that is well-positioned and proactive in QPP reporting with technology that supports easily captured metrics to simplify the reporting process.

Q. What quality and value reporting metrics do you use in your practice and why?

A. I chose my metrics based on what was relevant to my patients and simplest to capture ([Table](#)).

AthenaHealth offers participation in multiple quality reporting registries at no added cost. Claims-based metrics, which were previously a dominant part of reporting, are unnecessary. However, Athena had preselected many metrics, most of which had no role in a vein practice. We addressed this by choosing metrics that required minimal staff involvement to abstract and were based on patients' history, such as verification of current medications (measure #130) and body mass index screening (measure #128). Obesity is a common problem in patients with venous disorders. Encouraging healthy vein habits of ambulation and compression represents a defined follow-up plan that is a natural part of any visit. Verifying current medications fulfills one of the quality metrics with no additional effort. By choosing metrics that naturally fit a normal clinical encounter, the burden of additional data collection and documentation to fulfill a QPP requirement is greatly reduced.

Q. Are there any QPP metrics that are specific to venous disease that you use?

A. There is only one venous metric in QPP. Metric #420 (Varicose Vein Treatment with Saphenous Ablation: Outcome Survey) measures the percentage of patients with varicose veins (Clinical, Etiology, Anatomy, and Pathophysiology class C2-S) who are treated with saphenous ablation (with or without adjunctive tributary treatment) and who report an improvement on a disease-specific patient-reported outcome survey instrument after treatment. This metric was developed by the Society for Interventional Radiology and requires administration of a disease-specific patient-reported outcome instrument before and after ablation. Although this is a great measure, it is currently reportable only through a Qualified Clinical Data Registry, which AthenaHealth is not. Ideally, in the future, patients will complete disease-specific queries through a portal, and this reporting will become automated as more vendors recognize this measure. Metric #420 is likely grossly underused as the overwhelming majority of providers do not employ patient-reported outcome queries, and their respective EHRs cannot report the metric effectively.

Q. Were you able to access your 2017 MIPS performance report online? How did you do?

A. I actually did not have to go through the struggles of accessing my report online because my EHR provides a real-time update of how I am

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**Table.** Example of metrics used to fulfill Merit-based Incentive Payment System (MIPS) 2018 quality and advancing care information requirements in a private vein practice

Measure ID	Name	Identifiers	Measure satisfaction	Program	No. of potential points	Notes
QCDR vendor reporting options						
47	Registry: Care plan	Age $\geq$ 65 years	Patient answered the advance directive question in social history; claims based; patient information order in past 12 months regarding advance directives, living will, POA, DNR	Quality	10	Patients may complete this task in paperwork or portal questionnaires.
111	Registry: Pneumonia vaccination status for older adults	Age $\geq$ 65 years who have ever received a pneumococcal vaccine	Satisfied if patient has received pneumococcal vaccine and is documented in the vaccines section of an encounter	Quality	10	Patients may complete this task in paperwork or portal questionnaires. Key is documenting vaccine in section of the encounter.
113	Registry: Colorectal cancer screening	Age 50-75 years who were screened for colorectal cancer	Satisfied if results and date are documented in encounter; or claims based	Quality	10	Patients may complete this task in paperwork or portal questionnaires. Key is verifying if a study has been done or discussing this and addressing it with the patient.
128	Registry: Preventive care: BMI screening	Age $\geq$ 18 years with BMI calculation	Satisfied for patients with normal BMI and for BMIs out of range ( $\geq$ 25 kg/m <sup>2</sup> ) where a follow-up plan is documented	Quality	10	For many vein patients, you are counseling on increasing ambulation and weight management, both of which constitute a plan. The key is that it must be documented.
130	Documentation of current medicines	Age $\geq$ 18 years	Satisfied when provider attests to viewing available resources on the date of the encounter	Quality	10	In Athena, all medicines upload from pharmacies and staff verify with the patient. Simply review with the patient to qualify.
154	Registry: Falls risk assessment	Age $\geq$ 65 years who were screened for future fall risk within 12 months	Satisfied if a patient has been screened for future fall risk. This can be completed by encounter screening tools with a vendor. The majority of healthy elders, ambulating on their own, without recent falls are low risk.	Quality	10	Counseling may involve a handout in your office to satisfy this requirement.
226	Registry: Preventive care: tobacco use	Age $\geq$ 18 years and screened for tobacco use one or more times in past 24 months	Satisfied by documentation as a non-tobacco user in past 24 months or as tobacco user who received counseling	Quality	10	If screening is positive, you must provide tobacco cessation intervention. If negative, no intervention is needed.

**Table.** Continued.

Measure ID	Name	Identifiers	Measure satisfaction	Program	No. of potential points	Notes
317	Registry: Preventive care: screening for HTN	Age $\geq$ 18 years and screening for high blood pressure	Satisfied by recording blood pressure during encounter; must share a follow-up plan. If blood pressure is normal, no plan is needed.	Quality	10	This is as simple as recommending healthy vein habits or increasing ambulation and increasing water intake as a start. More formal discussions may occur but are not needed.
	Use of technology to provide patient-specific education resources	All patients	Satisfied by sending patients instructions through portal or providing them in print form and documenting this in the encounter	Advancing care information	10	We have numerous handouts that match, word for word, what we have in portal education. If patients do not have portal access, they still get patient-specific education.
	Patients view, download, or transmit their health information	All patients	Satisfied if a patient has logged into the portal and viewed, downloaded, or transmitted the health information on the portal	Advancing care information	20	This requires portal access and a process to build portal adoption in a practice.
	Perform medication reconciliation	All patients	Satisfied by updating/ reviewing medicines in the encounter	Advancing care information	20	Verifying that medicines are accurate visit to visit is a responsibility.
	Provide patient access	All patients		Advancing care information	20	This requires portal access and a process to build portal adoption in a practice.
	Health information exchange	All patients		Advancing care information	20	
	ePrescribing	All patients		Advancing care information	No points; expected to be 100%	
Claims-based reporting						
47	Registry: Care plan	Age $\geq$ 65 years	Bill CPT II code 1124F, indicating that advance care planning was discussed and documented or that it was discussed but the patient did not wish to or was unable to name a surrogate decision maker	Quality		See above

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Table. Continued.

Measure ID	Name	Identifiers	Measure satisfaction	Program	No. of potential points	Notes
113	Registry: Colorectal cancer screening	Age 50-75 years who were screened for colorectal cancer and any office visit.	CPT II code 3017F and CPT codes associated with procedures. CPT 82270, 82274, G0328 for fecal occult blood testing; CPT for flexible sigmoidoscopy in past 5 years; CPT for colonoscopy in past 10 years; CPT 81528, G0464 for FIT-DNA test (Cologuard) during past 3 years; CT colography in past 5 years	Quality		See above
226	Registry: Preventive care: tobacco use	Age $\geq$ 18 years and used tobacco one or more times in past 24 months <i>and</i> received cessation counseling intervention	Bill CPT 99406, 99407 for tobacco cessation counseling	Quality		See above
130	Documentation of current medicines	Age $\geq$ 18 years	Bill CPT G8427 with every encounter to satisfy	Quality		See above
131	Pain assessment and follow-up	Age $\geq$ 18 years	Bill G8730	Quality		Use standardized tool on each visit (must be documented) and document follow-up plan when pain is present.
204	Antiplatelet therapy in ischemic vascular disease	Age $\geq$ 18 years with active diagnosis of ischemia vascular disease	Bill CPT G8598	Quality		Document use of aspirin or other antiplatelet.
238	Use of high-risk medicines in the elderly	Age $>$ 65 years who were ordered high-risk medications	Bill CPT G9365	Quality		Two rates are reported: % patients ordered at least one high-risk medication; % patients ordered two different high-risk medications
358	Patient-centered surgical risk assessment	Age $\geq$ 18 years undergoing nonemergency surgery	Bill CPT G9316	Quality		Patient-specific risk calculator must be used to calculate personalized risk of postoperative complications.
358A	VTE risk assessment by Caprini score	Age $\geq$ 18 years undergoing nonemergency surgery	Bill CPT G9298	Quality		Caprini score is used as a measure of personalized postoperative VTE risk.

**Table.** Continued.

Measure ID	Name	Identifiers	Measure satisfaction	Program	No. of potential points	Notes
420	Postablation outcome survey measure	Age ≥18 years treated for varicose veins with saphenous ablation	Bill CPT G9603	Quality		Disease-specific patient-reported outcome survey instrument must be completed before and 3-6 months after treatment.

*BMI*, Body mass index; *CPT*, Current Procedural Terminology; *CT*, computed tomography; *DNR*, do not resuscitate; *HTN*, hypertension; *ID*, identifier; *POA*, power of attorney; *QCDR*, Qualified Clinical Data Registry; *VTE*, venous thromboembolic event.

doing for each of the quality metrics I chose. It also brought up my year-end report when it was made available to me by the Centers for Medicare and Medicaid Services. Last year my score card was 94% without an extreme amount of effort. Physicians need to remember that you do not have to get 100% on each of the metrics you choose to report. In 2019, we will need a score of 30 points to avoid proposed cuts in payment. This is not difficult to achieve if you choose metrics that suit your practice and have a reasonable system in place.

**Q.** How do you see MIPS affecting your practice in the future?

**A.** I think I have a good handle on it for now. However, I'm not sure how the cost component will affect my reporting. Cost counted for only 10% of the final score in reporting year 2018. Cost is increasing to 15% in reporting year 2019. I feel comfortable at this point. However, the rules change every year; I believe it is important to be aware and stay ahead of the changes as much as possible.

**Q.** Is there anything about MIPS that you would change?

**A.** In a perfect world, I would like to see the Centers for Medicare and Medicaid Services develop metrics that really matter to patient care. These need to be claims-based metrics because many private practices do not invest in registry reporting. For example, vein patients with ulcers are drastically undertreated. If we took a multisocietal stance and looked at how many patients with leg ulcers entering wound centers were referred to a vein center for management within 4 weeks, this

would help with improving patient care rather than just fulfilling a reporting requirement. Similarly, patients with post-thrombotic syndrome and those with thrombosis risk could be reported by applying compression and recording a Caprini score. There is room for vein disorder metrics that would elevate care in our field. While I do believe that it is important to capture quality of life in patients after ablation (eg, measure #420), we are a long way from this measure's becoming commonplace.

**Q.** Do you have any advice or tips for other physicians about to best succeed with MIPS?

**A.** The most important thing is to invest in an EHR that will automatically interface with a Qualified Clinical Data Registry so reporting will not require a lot of additional work. Enable patients to help by verifying medicines, allergies, and review of systems and answering intuitive health and quality of life information in their EHR portal or through an integrated smart app (eg, MyCarePlan App by Qure4U, Tampa, Fla). App-based data should be integrated with the medical record and be reportable to be effective for claims-based metrics. The bottom line is that to succeed with QPP, you need a user-friendly, integrated system and a strong team approach.

## REFERENCE

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