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## In 2000 SETMA Anticipated Four MIPS Categories

**Sixteen years ago in 2000, SETMA defined four strategies for transforming healthcare; today we realized that our strategies are identical to CMS' four categories of the Merit-Based Incentive Payment System Of the Medicare Access and CHIP Reauthorization Act of 2015**

The **four categories** defined by MIPS in **2015** correlate with the **four strategies** SETMA defined by SETMA in **2000** for the transformation of our practice. In 2000, SETMA established the belief that the key to the future of healthcare transformation is an internalized ideal and a personal passion for excellence rather than reform which comes from external pressure. Transformation is self-sustaining, generative and creative. In this context, SETMA believes that efforts to transform healthcare may fail unless four strategies are employed, upon which SETMA depends in its transformative efforts.

Today, October 6, 2016 for the first time, I realized that SETMA's four strategies correlate with CMS' four categories for the determination of MIPS' Composite Performance Score. In bold face below, SETMA's four strategies for healthcare transformation are listed; following that in red are the MIPS categories which correlate with SETMA's strategies.

### **SETMA's Strategies for Healthcare Transformation – MIPS Categories of Scoring System**

1. **The methodology of healthcare must be electronic patient management – Advancing Care Information** (meaningful use and the use of a certified EMR system)
2. **The content and standards of healthcare delivery must be evidenced-based medicine – Quality** (this is the extension of PQRI which in 2011 became PQRS and which in 2019 will become MIPS -- evidence-based medicine has the best potential for legitimately effecting cost savings in healthcare while maintaining quality of care)
3. **The structure and organization of healthcare delivery must be patient-centered medical home – Clinical Practice Improvement activities** (this is met fully by Level 3 NCQA PC-MH Recognition).
4. **The payment methodology of healthcare delivery must be that of capitation with additional reimbursement for proved quality performance and cost savings – Cost** (measured by risk adjusted expectations of cost of care and the actual cost of care per fee-for-service Medicare and Medicaid beneficiary)

For SETMA, this is a remarkable realization both in affirming our work over the past twenty years and affirming the rationale behind MACRA and MIPS. The above is the result of a paper which I started writing about MACRA and MIPS. While I very much approve of both, I think there are potential problems with the design of MIPS. I will publish that paper later. Some of the rationale for my concerns are present in at the following link: [SETMA's Model of Care Patient-Centered Medical Home: The Future of Healthcare Innovation and Change.](#)