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MIPS September, 2016 Nursing Home Population – Pneumonia, Urinary Tract Infection, Dehydration

In the CMS summary of SETMA's, there were several areas of cost where our costs were above the benchmark. In 2017, Data will be collected which will be used to determine payments from Medicare in 2019. There are three possibilities: (1) a 9% penalty of total fee-for-service receipts (2) no change up or down (3) up to a 27% bonus.

In the CMS Calculated Quality Outcomes Measure Performance there is a category of Hospitalization Rate per 1,000 Beneficiaries for Ambulacra Care Sensitive Conditions. Essentially, this means areas in which CMS judges that effective ambulatory care would lead to lower admissions. In the Acute Categories Measure, SETMA was higher than the benchmark for:

1. Bacterial Pneumonia
2. Urinary Tract Infection
3. Dehydration

This means that we had more admissions to the hospital per thousand patients treated by SETMA than the benchmark practices had.





These three conditions --- **bacterial pneumonia, urinary tract infections, dehydration** – are uniquely related to Nursing Home residents. There are several things we can do in order to decrease our hospitalization of patients with these conditions:

1. No one, except in a true emergency, should tell a patient or a family to “go to the emergency room.”
2. We must be accurate in our diagnoses of the condition which is the cause of admission to the hospital. Just because a person who is admitted to the hospital indigently has a UTI, if the reason for admission is Congestive Heart Failure that should be documented.
3. We must challenge the diagnoses assigned by the ER as they often use these common diagnoses in the absence of a real reason for admission.
4. Look for alternative treatments instead of sending the patient to the hospital:
 - a. Most pneumonias can be treated at the Nursing Home avoiding admission
 - b. Most UTIs can be treated at the nursing home

- c. Dehydration may be a co morbidity but is most often not the reason or admission. If the reason for admission is Renal Failure, document that rather than diagnosing dehydration in the face of an elevated BUN.

If we can reduce these admissions by 20% our costs in this area will go down to normal and the potential for us earning a bonus under MIPS will increase. Thank you for paying attention and for helping in this critical area

MIPS: Scoring System

Summary of MIPS Performance Categories		
Performance Category	Maximum Possible Points per Performance Category	Percentage of Overall MIPS Score (Performance Year 1 - 2017)
 Quality: Clinicians choose six measures to report to CMS that best reflect their practice. One of these measures must be an outcome measure or a high-value measure and one must be a crosscutting measure. Clinicians also can choose to report a specialty measure set.	80 to 90 points depending on group size	50 percent
 Advancing Care Information: Clinicians will report key measures of interoperability and information exchange. Clinicians are rewarded for their performance on measures that matter most to them.	100 points	25 percent
 Clinical Practice Improvement Activities: Clinicians can choose the activities best suited for their practice; the rule proposes over 90 activities from which to choose. Clinicians participating in medical homes earn "full credit" in this category, and those participating in Advanced APMs will earn at least half credit.	60 points	15 percent
 Cost: CMS will calculate these measures based on claims and availability of sufficient volume. Clinicians do not need to report anything.	Average score of all cost measures that can be attributed	10 percent

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