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Healthcare Quality Watch

November 2017

Feds Increase Medicare Physician Payment Exemptions

The U.S. Centers for Medicare & Medicaid Services (CMS) has taken steps to reduce the number of physicians in the U.S. who will be affected by the new Medicare payment quality reporting requirements. Previously, CMS has said physician practices that billed Medicare less than \$30,000 a year or saw fewer than 100 individual Medicare patients annually wouldn't have to meet new quality reporting requirements. In the interest of reducing the compliance burden on small practices, CMS now says physicians billing less than \$90,000 or having fewer than 200 patient visits a year will be exempt from the requirements of the Medicare Access and CHIP Reauthorization Act (MACRA). As a result of these exemptions and those pertaining to physicians participating in leading-edge alternative payment models, only an estimated 40% of the 1.5 million physicians active in the Medicare program will be participating in MACRA's Merit-based Incentive Payment System (MIPS), according to CMS estimates. For more information, visit www.cms.gov.

CMS Announces Measures Contract Plan

CMS has announced plans to re-compete the umbrella contracting vehicle it uses to fund quality measurement development activities. Under the Measure and Instrument Development and Support (MIDS) contracting vehicle, CMS intends to pre-qualify a group of expert contractor by September 2018, with competitive Task Orders to be issued



thereafter. Individual Task Orders will address such topics as support for public reporting of Medicare hospital quality and kidney disease quality measurement development. The ultimate goal of the MIDS contracting vehicle is to develop quality measures "suitable for endorsement by a consensus endorsement entity" that address a large number of care settings including acute care and psychiatric hospitals, ambulatory care services, physician offices, accountable care organizations, nursing homes, home health agencies, hospice providers, rehabilitation facilities and ambulatory surgical centers. The endorsement entity is the National Quality Forum, the public/private partnership that acts as a clearinghouse of approved quality measures. For more on the MIDS contracting plan, visit www.cms.gov.

CDC Launches New Sepsis Campaign

The U.S. Centers for Disease Control and Prevention (CDC) has launched a new sepsis campaign, "Get Ahead of Sepsis," aimed at building sepsis awareness by asking healthcare professionals to recognize and detect sepsis in its earliest stages. Patients and families are viewed as central to this campaign, which is focused on preventing infections and being cognizant of the early signs and symptoms of sepsis. According to Raymund Dante, MD,

Medical Advisor to the CDC, seven out of 10 patients with sepsis had recently interacted with healthcare providers (HCPs), presenting opportunities to prevent infections and recognize sepsis early enough to save lives. He urges HCPs to talk to their patients and families about the symptoms of sepsis and the need to seek emergency medical care if they suspect sepsis. The CDC website provides resources for both healthcare professionals and the general public. For more information, please visit: <https://www.cdc.gov/sepsis/get-ahead-of-sepsis>. For information regarding IPRO's sepsis awareness campaign, visit www.atlanticquality.org.

IPRO First Responders Support Dialysis Patients in Need

Staff from IPRO's End-Stage Renal Disease (ESRD) Network 6 played a critical role in coordinating essential healthcare services for dialysis patients and family members/care partners evacuated from St. Croix and St. Thomas last month as a result of Hurricanes Irma and



Maria. The North Carolina-based IPRO team set up camp at Dobbins Air Reserve Base in Marietta, Georgia, offering triage and support services to patients arriving nightly and requiring immediate medical attention from providers scattered across a large metropolitan area. For the first five days of the assignment, ESRD Network personnel were the only on-site staff available to evacuees, many of whom

arrived in Atlanta without insulin, syringes, glucometers, BP machines or wheelchairs. IPRO staffers arranged food, shelter, supplies and transportation services and worked with the local Caribbean-American community to identify physician, pharmacy and facility resources across the metropolitan area. IPRO team members put in long hours during their first week in Marietta and reported that working alongside representatives of the U.S. Air Force, U.S. Department of Public Health, FEMA, the American Red Cross and other stakeholder organizations provided insight into the professionalism required to help individuals in need recover from natural disasters like hurricanes.

Save the Date: IPRO Confirms Annual Meeting Speaker

Health Policy Author and Journalist Elisabeth Rosenthal, MD, will be a featured speaker at IPRO's 34th Annual Meeting, to be held June 5, 2018. Currently Editor-in-Chief of *Kaiser Health News*, Dr. Rosenthal was previously a health and science reporter at *The New York Times*. Dr. Rosenthal is the author of *An American Sickness: How Healthcare Became Big Business and How You Can Take It Back* (2017).

IPRO is a non-profit organization that works with government agencies, providers and consumers to implement innovative programs that bring policy ideas to life. For over 30 years we've made creative use of clinical expertise, emerging technology and data solutions to make the healthcare system work better.



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