



MIPS Value Pathways

 American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

MIPS Value Pathways

- CMS has heard feedback, including from ACEP, that MIPS reporting should be streamlined and more meaningful to clinicians.
- Therefore, CMS created an approach that would allow clinicians to report on a uniform set of measures on a particular episode or condition in order to get MIPS credit.
- CMS is finalizing 5 new MVPs and revising 7 previously established MVPs (including ACEP's) that would be available beginning with the 2023 performance year.
- CMS is broadening the opportunities for the public to provide feedback on viable MVP candidates and to discuss potential revisions to established MVPs.

MVP Policies

- MVPs are optional.
- Clinicians or groups will register for a specific MVP between April 1-November 30 of the same performance year to report an MVP.
- Qualified Clinical Data Registries, like ACEP’s CEDR, must support MVP reporting.
- CMS created “subgroup reporting,” which would be voluntary for the first few years.
- Clinicians can report both MVP measures and traditional MIPS measures, and CMS will take the higher of the two scores.

MVP Reporting Requirement Policies	
Quality	<ul style="list-style-type: none"> • MVP Participants would select 4 quality measures (1 must be an outcome measure if available)
Improvement Activities	<ul style="list-style-type: none"> • MVP Participants would select 2 medium-weighted improvement activities OR 1 high-weighted improvement activity
Cost	<ul style="list-style-type: none"> • MVP Participants will be calculated on the cost measures included in the MVP
Foundational Layer	
Population Health Measures	<ul style="list-style-type: none"> • MVP Participants select 1 population health measure (out of two available) along with the rest added to quality. For the 2023 performance period, CMS anticipates that 2 population health measures will be available for selection.
Promoting Interoperability	<ul style="list-style-type: none"> • MVP Participants would be required to report on the entire set of Promoting Interoperability measures (most emergency physicians are exempt from this category)

Emergency Medicine MVP

- ACEP developed and proposed an emergency medicine-focused MVP called the “Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP” to CMS for consideration. **It was accepted by CMS and will begin as an option in 2023.**
- The MVP attempts to capture care to patients with the most common undifferentiated high-risk conditions that may occur within the ED, including chest pain, abdominal pain, headache, and back pain.
- ED disposition decisions for these conditions have considerable influence on health care quality and cost, and prior work by ACEP has identified that the conditions have significant variation in admission decision rates.
- Opportunities for advancement also exist for headache and back pain within the ED, as prior work has identified significant clinician variation in opioid prescribing and imaging utilization for atraumatic back pain and headache.

Emergency Medicine MVP Quality Measures

- Q116: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
- Q254: Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain
- Q321: CAHPS for MIPS Clinician/Group survey (CAHPS Survey Vendor)
- Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)
- Q415: Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older
- ACEP21: Coagulation studies in patients presenting with chest pain with no coagulopathy or bleeding
- ACEP50: ED Median Time from ED arrival to ED departure for all Adult Patients
- ACEP52: Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Atraumatic Low Back Pain
- ECPR46: Avoidance of Opiates for Low Back Pain or Migraines

Emergency Medicine MVP Foundational Measures

- Foundational measures are population-based administrative claims measures that are required for every MVP.
- Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the MIPS Groups (Administrative Claims)
- Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Administrative Claims)

Emergency Medicine MVP Cost Measures

- Medicare Spending Per Beneficiary (MSPB) Clinician Measure
 - ▶ Represents an average of risk-adjusted costs across all episodes. Each MSPB episode has a window spanning from three days prior to the index inpatient admission through 30 days after discharge.
 - ▶ Attributes all Medicare Part A and B costs occurring in the episode window to the clinician(s) responsible for care, as identified for medical MS-DRGs through the use of an E&M threshold and for surgical MS-DRGs by identification of the physician performing the core procedure of the stay.

Emergency Medicine MVP Improvement Activities

MEDIUM WEIGHTED MEASURES

- IA_BE_4: Engagement of patients through implementation of improvements in patient portal
- IA_CC_2: Implementation of improvements that contribute to more timely communication of test results
- IA_PSPA_1: Participation in an AHRQ-listed patient safety organization
- IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements
- IA_PSPA_15: Implementation of Antimicrobial Stewardship Program (ASP)
- IA_PSPA_19: Implementation of formal quality improvement methods, practice changes or other practice improvement processes

HIGH WEIGHTED MEASURES

- IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings
- IA_CC_14: Practice improvements that engage community resources to support patient health goals
- IA_PSPA_6: Consultation of the Prescription Drug Monitoring Program

OTHER MEASURES

- IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation

Cost Measures

- The only cost measure available in the emergency medicine MVP is the MSPB cost measure— which is not an accurate reflection of the cost of emergency care.
- CMS’ contractor, Acumen, convened a workgroup that developed an emergency medicine episode-based cost measure.
- ACEP is hopeful that this measure will be proposed in next year’s rule for implementation in MIPS and the emergency medicine MVP starting in CY 2024.

Resources

- [CMS QPP Resources for 2023](#)
- [ACEP's MIPS Page](#)
- [ACEP's Summary of the CY 2023 PFS and QPP Final Rule](#)
- [ACEP Regulatory Page](#)
- [Regs & Eggs Blog](#)
- [CEDR Home page](#)