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A Harris Healthcare Company

Expect Amazing Results

Population Health

Key Benefits

Enhanced Preventative Patient Care: With the data collection and public reporting mechanisms instituted by CMS, practices are incentivized to improve the support for providing a culture of safety and reducing the levels of unnecessary care. Reducing reimbursement rates based solely on the quantity of care provided may eventually lead to making care more affordable for everyone. Patients will become more involved in their care, have better access to their records, and receive more motivation to take steps necessary to live a healthier life.

Improved Care Delivery: By using incentives to improve levels of care provided to patients, CMS is pushing forward with the objective of achieving the patient-focused era of medical care. They are working to encourage providers to change how care is given by building better teams, increasing coordination across providers and health care facilities, and directing more attention to population health.

Increased Bottom Line: The practice benefits financially in the long run when it achieves the ability to receive payment adjustments.

Clinical Quality Measures

Clinical Quality Measures, or CQMs, are the tools that CMS utilizes to measure and track the quality of health care services provided by eligible professionals (EP) in order to ensure that the system is delivering efficient, patient-centered care. These measures assess the provider's ability to deliver high-quality care including:

- Health outcomes
- Clinical processes
- Patient safety
- Efficient use of health care resources
- Care coordination
- Patient engagement
- Public health and population health
- Adherence to clinical guidelines

Data collected during one calendar year must be submitted by **March 31** of the following calendar year, so 2018 data must be submitted by March 31, 2019.

Practices must earn a minimum number of points to avoid receiving a penalty. This can be accomplished through a combination of meeting base scores and submitting quality measures that meet data completeness thresholds or specifically-weighted improvement activities. The data completeness threshold for each quality measure is 60% of all eligible instances. Best practice is to be over 60%. There are more than 270 quality measures that are final for reporting for the 2018 performance period in the Quality Payment Program. These cover process measures, outcome measures and high priority measures. Best practice is to be over 60%.

Although the end result will be a vast change from the reporting and reimbursement approach most practices have become accustomed to, the result of the phased-in approach should lead to improved outcomes for the practice and the patients. Since there are currently over 55 million Medicare patients in the United States, practices of every size and specialty will be impacted by these changes. Those that implement the care policies and data collection systems to meet the program requirements will see health care delivery that is better and smarter.

Talk to us about your Clinical Quality Measure needs.
Contact us: 877.634.2727 or visit www.amazingcharts.com