



# MACRA Measures & Insights

- Ability to view multiple measures by contract.
- Align measures by various groupings including specialty, disease state, domain.
- Evaluate historic compliance rates by provider practice groups.
- Identify measures with sufficient data completeness.

## MEASURES



- Decrease resources needed to provision measure data by using this foundational application integrating hundreds of measures across financial, regulatory, and quality departments.
- Data easily integrated or exported.
- Measures data can be exported to help with regulatory reporting requirements.
- Patient level measure data easily integrated into other EMR's or Health Catalyst products.

## INCREASE

- Increase strategic alignment on measures to go at risk on.
- Increases proactive measures surveillance to enhance outcomes.
- Increases your organizations ability to tactically and strategically identify measures to take risk in multi-year value based contracts.

## IDENTIFY

- Measure opportunity based on measure associations by category and impact.
- Breakdown of the volume and quality of data for measures, so choices can be made to go at risk with measures you actually have data to report.
- Track measure performance relative to benchmarks.
- 271 MACRA Quality Payment Program (QPP) measures for 2017.
- Ability to add other payor quality measures and/or additional MACRA quadrants.
- Identify financial impact by group, practice, provider, dimensions, contract.
- Enhanced measure stratification for specific reporting aggregation requirements.

## BUILD

As part of a broader push to overhaul federal health spending, new rules on Medicare physician

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reimbursement are reforming the payment model via a quality-based payment program through bonus and penalties tied to performance.

More and more payer contracts are taking on risk associated with quality measures. MACRA has overwhelming bipartisan support, so it is unlikely to be repealed. While driven by CMS, MACRA will also influence commercial payers, increasing the impact on health systems.

## Problem Summary

Regulatory pressures are significant and increasing. Compiling, processing and assembling regulatory measure data requires significant manual work by physicians and analyst resources. With so many measures, a lack of coordination between departments and the identification of aligned measures is all but impossible. There is a need to consolidate and align measure work in order to effectively summarize data to maximize financial incentives, while decreasing penalties associated with under-performance on certain measures.

## Users

This application is intended for Chief Quality Officers/Physicians over Quality, Chief Medical Officers, Chief Financial Officers and their staff.

## Use Cases

Compare historical measure performance to established benchmarks to directionally inform the selection of measures to go at risk on for that organization.

## Success Measures

### Opportunity Identification:

- Select the most appropriate measures to go at risk on, earning the best possible reimbursement for services.

### Process Improvements:

- Increase the number of measures that you calculate and for which you know your scores.
- Integrate and align your organizations measures for efficiency.
- Increase your organizations ability to identify areas for improvement and make informed decisions about which measures to go after.

### Outcomes Improvement:

- Increase monitoring vigilance around preventative measures, facilitating better overall care for the patient population.
- Increase/provide the ability to drill into groups, practices and providers leading to discovering and pinpointing gaps.