



AIRA
AMERICAN IMMUNIZATION
REGISTRY ASSOCIATION

Town Hall Meeting on CMS Draft Comments on QPP and Promoting Interoperability Rule

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Thursday, August 30, 2018

Agenda

- Overview of anticipated changes relevant to IIS in the proposed rule
- Overview of AIRA compiled comments
- Discussion
- Planned Schedule – Next Steps
- Close



Acknowledgements

- Comments are compiled from across AIRA membership
- Additional inputs drawn from:
 - Discussions with Co-Chair from the Meaningful Use Task Force



FY 2019 QPP Proposed Rule

- **Action:** Proposed rule by CMS, officially released 7/27/2018
- **Full Title:** *Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program*



FY 2019 QPP Proposed Rule

- **Agency/Docket Number:** CMS-1693-P
- **Brief Summary:** This major proposed rule addresses changes to the Medicare physician fee schedule (PFS) and other Medicare Part B payment policies to ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services, as well as changes in the statute.
- **Deadline for Comments:** September 10, 2018, 5pm ET



High Level Changes

- Per CMS, these changes would:
 - Increase the amount of time that doctors and other clinicians can spend with their patients by reducing the burden of paperwork that clinicians face when billing Medicare
 - Align this clinician program with the proposed new “Promoting Interoperability” program for hospitals
- Under the proposed rule for Public Health and Clinical Data Exchange, the MIPS* eligible clinician would be required to report on two measures of their choice from the following list of measures:
 - Immunization Registry Reporting,
 - Electronic Case Reporting,
 - Public Health Registry Reporting,
 - Clinical Data Registry Reporting, and
 - Syndromic Surveillance Reporting.

*MIPS = Merit-Based Incentive Payment System



Comment in Support: 2015 Edition Certified EHR Technology

“However, beginning with the performance period in 2019, MIPS eligible clinicians must use EHR technology certified to the 2015 Edition certification criteria as specified at § 414.1305...”

- **We support the requirement to use only 2015 Edition Certified EHR Technology beginning in 2019**, as it better meets standards and interoperability needs across both clinical medicine and public health.



Comment in Support: Alignment of Rules

“Additionally, we want to align the requirements of the Promoting Interoperability performance category with the requirements of the Medicare Promoting Interoperability Program for eligible hospitals and CAHs...”

- **We support the alignment of requirements across settings and provider groups.**



Comment in Support: Continued Prioritization of Public Health Data Exchange

“Finally, the Public Health and Clinical Data Exchange objective supports the ongoing systematic collection, analysis, and interpretation of data that may be used in the prevention and controlling of disease through the estimation of health status and behavior...”

- **We appreciate and support the continued prioritization of public health measures, and the recognition of the ways public health supports interoperability and coordinated clinical care.**



Comment of Concern: Alternative Scoring

“We also considered an alternative approach in which scoring would occur at the objective level, instead of the individual measure level...”

- The proposed alternative would seem to reduce the number of required measures to just one per objective. Therefore, **we do not support the consideration of this alternative approach.**



Comment of Concern: Recommendation to Reconsider Scoring

“Eligible Clinician...claims the exclusion for the e-Prescribing measure in 2019, the 10 points available for that measure would be redistributed equally among the two measures under the Health Information Exchange objective...”

- **We recommend reconsideration of the distribution of points for a provider that claims an e-Prescribing exemption.** It may be more beneficial to require that he/she must meet an additional PH reporting measure...



Comments of Concern: Exclusions

“The measures under the Public Health and Clinical Data Exchange objective are reported using “yes or no” responses and thus we are proposing to score those measures on a pass/fail basis in which the MIPS eligible clinician would receive the full 10 points for reporting two “yes” responses, or for submitting a “yes” for one measure and claiming an exclusion for another.”

- **Clarify language to not allow avoidance of PH measures**
- **All PH measures should be exhausted before redirecting points**



Comment of Support: Equal Inclusion of PH measures

- “Choose two of the following:
.....
 - Immunization Registry Reporting.
 - Electronic Case Reporting.
 - Public Health Registry Reporting.
 - Clinical Data Registry Reporting.
 - Syndromic Surveillance Reporting.”
- **We appreciate and support that all five public health measures are proposed to be equal in scoring and able to be selected by clinicians in both 2019 and 2020 performance periods.**



Request for Comment: Scoring

“Health Information Exchange, Maximum Points =40 points,
Provider to Patient Exchange, Maximum Points =35 points,
Public Health and Clinical Data Exchange, Maximum Points
=10 points).

We are seeking public comment on whether these measures
are weighted appropriately...

- **Increase scoring for PH beyond 10 percent/10 point cap**



Comment In Support: Renaming the Public Health Objective from Reporting to Exchange

“Finally, we are proposing to rename the Public Health and Clinical Data Registry Reporting objective to Public Health and Clinical Data Exchange...”

- **We support renaming this objective**, as “Public Health and Clinical Data Exchange” is more representative of the dynamic nature of EHR-IIS interfaces than “registry reporting.”
- **We also recommend renaming the Immunization Registry Reporting measure to Immunization Registry Data Exchange**, since this measure includes both submission to and query from an immunization registry, or immunization information system (IIS).



Comment in Support: IIS Decrease Provider Burden

“For example, when immunization information is directly exchanged between EHRs and registries, patient information may be accessed by all of a patient’s health care providers for improved continuity of care and reduced health care provider burden, as well as supporting population health monitoring.”

- **We appreciate and support the recognition that IIS improve care and reduce provider burden.**



Comment of Concern: Need to Acknowledge Local Law/Policy

Any MIPS eligible clinician meeting one or more of the following criteria may be excluded...

- **We recommend adding a stipulation of “where allowed by local law and policy” around the requirement to use specific standards.**



Request for Input: Continue to Require Submission of Data?

“CMS is seeking public comment on whether MIPS eligible clinicians will continue to share such data with public health entities once the Public Health and Clinical Data Exchange objective is removed in 2022...”

- **We strongly advocate that incentives that promote public health and clinical data exchange continue beyond 2022.**
- **We also recommend that core public health objectives – such as those related to disease prevention – are included in any new CMS constructs (such as public health priority sets).**



Comment of Concern: Minor Correction on Shingles Vaccination

“We are proposing to adopt this measure because there are no measures currently in MIPS that address shingles vaccination for patients 60 years and older as recommended by the CDC.”

- Given the new recommendations for recombinant shingles vaccine, **we recommend that the rationale should reference “50 years and older” as well.**



Schedule for Gathering Comments



Discussion



Questions?

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Thank you!

