patientIQ

Preparing for the Future of MIPS Reporting: Finding Value in MVPs

The information healthcare providers and leadership need to understand the shift from MIPS to MVP reporting.

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Introduction

The framework for measuring quality in healthcare is ever-evolving. Currently, most physicians and medical practices in America participate in the Merit-Based Incentive Payment System (MIPS), a CMS quality payment program that evaluates clinicians based on performance. MIPS requires the collection and reporting of data in four categories - quality, improvement activities, promoting interoperability, and cost. Performance in these categories is meant to reflect the quality of the care a practice delivers and, as such, CMS adjusts payments positively or negatively based on performance. The overarching goal of such a reporting system is to improve the quality of care, reduce costs and, ultimately, promote the shift toward value-based care.

However, one challenge with meeting these goals is that traditional MIPS measures aren't always well-aligned to medical specialties. To address this, CMS is rolling out MIPS Value Pathways (MVPs), an option intended to streamline reporting requirements and more closely match measures with specialty-specific workflows. Though MVPs are currently optional, CMS intends to sunset traditional MIPS in the future. To incentivize this move, the agency is implementing changes to MIPS scoring. These changes can make it significantly more difficult for practices to achieve a good score which, in turn, makes it much more challenging to receive a positive payment adjustment.

By embracing MVPs now, physicians and practices can prepare for the future while reducing burdens on staff and improving patient care. Let's learn how to navigate the shift to MVPs, while achieving success under the new MIPS scoring framework.



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Refresher: Traditional MIPS

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Refresher: Traditional MIPS

Traditional MIPS is part of the Quality Payment Program (QPP), created through federal legislation in 2015 to continue shifting the focus in care from volume to value. Under MIPS, clinicians receive composite scores from 0-100, with associated payment adjustments based on comparison of that score to a performance threshold.

Performance is based on four categories:



Of these categories, Quality can be the most challenging, with six reporting measures required. Performance on the measures selected generates a point score. All point scores from each category are added up to a total MIPS score.

CMS makes payment adjustments based on performance compared to other practices. When adjusted up, the benefits are relatively meager - a one to two and half percent increase. On the other hand, penalties for non-participation have been significant. In 2024, non-participation equated to a nine percent reduction in Medicare dollars.

CMS has imposed such harsh penalties to encourage practices to participate, but in 2024 the government agency is increasing the pressure with the creation of a new reporting option, MIPS Value Pathways (MVPs).

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Introducing MVPs

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Introducing MVPs

MVPs are a new reporting option available for MIPs beginning in 2024. According to CMS, the creation of MVPs is to ease the reporting burden of traditional MIPS and to align measures more closely to a provider's scope of practice.

Aligning to scope of practice

MVPs significantly change the structure of MIPS, aligning reporting measures with particular medical specialties or conditions. The goal is that, by aligning reporting to specific specialties, practices will gain more meaningful performance feedback to help improve patient care. As of mid-2024, the 16 MVP pathways include patient experiences with anesthesia and rehabilitative support for musculoskeletal care, in addition to lower extremity joint repair.

As with Traditional MIPS, the reporting still is in pursuit of improved care, better patient outcomes, and enhanced value. Performance feedback, for example, is directly applicable to patient care. Yet, compared to traditional MIPS, MVPs have different reporting requirements.

Easing the reporting burden

To streamline the reporting process, MVPs have different reporting options than traditional MIPS. Practices only need to report four quality measures, compared to the six measures required with traditional MIPS. Additionally, one of the four measures must be an outcome measure.

For practices already collecting outcomes, this makes identifying a high-performing outcome measure and meeting this overall outcome measure requirement very simple.

Given these benefits, CMS is hoping MVPs will be an attractive option for practices. However, to further incentivize practices to pursue MVPs, CMS is making changes to Traditional MIPS that will make it increasingly difficult to be successful.

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What's Changing with Traditional MIPS?

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What's Changing with Traditional MIPS?

In the past, success with traditional MIPS has been supported by a number of bonus options, especially in the Quality category. Now, avoiding penalties is getting more difficult with scoring changes—part of the CMS push toward MVPs.

These changes include:

- **A higher bar to avoid penalties:** Potentially the biggest change is that there will now be a higher bar to avoid penalties with traditional MIPS. The data threshold to avoid penalties is changing from 60 to 75 points. Scores lower than 18.75 will incur a 9% penalty, while those between 18.75 and 75 points will have payments reduced on a sliding scale.

- **Fewer bonus options:** CMS is doing away with end-to-end bonus points for EHR reporting, as well as bonuses on certain high-priority measures. With traditional MIPS, these bonus points often accounted for six to nine of practice's total MIPS point score. With them no longer available, meeting the 75 point no-penalty threshold will be particularly challenging.

- **Fewer points awarded for many measures:** In addition to bonus options being taken away, many measures will be awarded fewer points. For example, a practice may have counted on a robust performance measure to lift their score in the past, but may now find that an 85% performance that won seven points in 2022 may only get five points in 2024.

- **Limits to points awarded for many measures:** Similar to fewer points being awarded, some measures will now have a limit. For example, some measures have been designated by CMS as "topped out" with a maximum of seven points. So, even if a practice meets the measure 100% of the time, it would only receive seven points for that specific measure - regardless of consistency of performance.

While MVPs and MIPS scoring overlaps, there are some key differences. MVPs use the same national benchmarks and points system, for example, but data collection for MVPs will prove much simpler for participating practices. Practices can review the scoring specifics in the CMS MVPs implementation guide.

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MIPS and MVPs: Reporting Requirement Comparison

Traditional MIPS	MIPS Value Pathways (MVPs)
6 quality measures	4 quality measures
1 outcome measure or a high-priority measure set (if applicable)	1 outcome measure
4 medium-weighted or 2 high-weighted and either 2 medium-weighted or 1 height-weighted Improvement Activities (IA)	2 medium-weighted or 1 high-weighted Improvement Activity (or participate in a PCMH)
Promoting Interoperability (PI) measures (using an EHR that meets specific criteria)	Promoting Interoperability is optional depending on special status designation

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Preparing for Successful MVP Reporting

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Preparing for Successful MVP Reporting

The change from traditional MIPS to MVPs may feel daunting to orthopedic practices. Follow these steps to successfully prepare:

1. Get educated. Familiarize yourself with the available MVPs for your performance year, and then forecast your score if you pursued traditional MIPs vs MVPs. Not only will this more greatly inform your MVP strategy, it will likely reinforce your decision to switch from the traditional MIPs option.
2. Evaluate readiness. Determine how well equipped your practice is to report needed data. Identify potential challenges and workflow gaps that could pose barriers to data collection and submission.
3. Start collecting patient-reported outcomes (PROs). If not already collecting PROs, now is the time. PROs not only satisfy the required outcome measure for MVPs, they can cover multiple measures for some pathways. For example, in Improving Care for Lower Extremity Joint Repair, two of the four measures can be achieved with patient outcomes data. PROs can also help meet Improvement Activities requirements.
4. Look for automations. Identify opportunities to automate data collection, entry, and submission.
5. Settle on a PRO reporting process. Either pull PROs into EHRs or use a Qualified Clinical Data Registry (QCDR) to combine EHRs with PROs.

MIPS to MVPs: Top 3 reasons to consider switching now

1. Better feedback on quality. Choose measures connected to your specialty for meaningful performance feedback to improve patient care.
2. Practice-aligned measures. Capture your best performance by aligning data collection with your existing clinical workflows.
3. Preparation for the future. Consider early adoption of MVPs for extra time to become comfortable with process changes and make workflow adjustments.

Consider working with a vendor. A PRO vendor can offer a variety of automations to streamline processes.

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Beyond MIPS: The Power of PROs

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Beyond MIPS: The Power of PROs

PROs confer both clinical and operational benefits to practices. Not only do they support data requirements for MVPs, they also help practices improve quality and provide holistic care, with the approach informed by patient experience. For example:

- PROs reveal a complete picture of a patient's status with both qualitative and quantitative data points. This level of understanding, along with a powerful data platform, allows clinicians to compare individual patient results with a large cohort of similar patients. The comparison can reveal variations in recovery rates and post-surgery functionality that guide decisions to improve care.

- PROs also amplify the patient's voice and encourage shared decision-making. This approach tailors care to an individual patient's needs — leading to high clinical success rates and enhanced care quality.

- Leveraging patient outcomes data can also help practices build a reputation that stands out. A record of excellent quality outcomes can attract and retain patients, either directly or through referrals. Nine out of 10 patients use online information when deciding on a provider — a critical consideration for a private practice in a competitive marketplace.

- Additionally, PRO data supports partnerships by proving a practice's value and effectiveness to health systems, payers, and accrediting agencies. Practices can use PRO data to pursue affiliations with hospitals and health systems, conduct contract negotiations with payers and employers based on performance, and meet accreditations requiring robust data evidence.



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Final Thoughts

With the introduction of MVPs, it will become increasingly difficult for practices to be successful reporting with traditional MIPs. By transitioning from traditional MIPS to MVPs, orthopedic practices can prepare for the future, simplify reporting with practice-aligned quality measures, and increase their likelihood of receiving positive payment adjustments.

Additionally, embracing PROs is a critical step in achieving success with MVPs. Establishing an effective PRO collection process will provide valuable data to meet data requirements and enhance clinical decision-making.

Collaborating with an experienced partner, like PatientIQ, can make outcomes data collection and reporting more efficient and less labor-intensive—significantly reducing your administrative burden. PatientIQ works with practices across the U.S. to implement outcomes reporting programs and support their shift to MVPs.

With the right tools, your practice can thrive in the evolving MIPS environment, providing high-quality, patient-centered care that meets the demands of modern healthcare reporting.

About PatientIQ

PatientIQ is the healthcare technology partner for practicing data-driven medicine. Its proprietary, cloud-based platform engages patients to automate the collection of patient-reported outcomes and provide real-time outcome analysis. With PatientIQ, providers are empowered to consistently deliver the highest quality care. Partnering with hospitals, health systems, private practices, and industry customers, PatientIQ has demonstrated years of experience and an unparalleled ability to help push the boundaries of medicine.

For more, visit **www.patientiq.io** or request a demo at **www.patientiqi.io/request-a-demo.**



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