

Value-Based Improvement and Outcomes

Quality Improvement through Value-Based Payment, Quality Reporting and the Physician Feedback Reporting Program

According to the Agency for Healthcare Research and Quality, the United States spends a larger share of its gross domestic product on health care than any other major industrialized country. With the advent of value-based payment and quality reporting programs, the Centers for Medicare & Medicaid Services (CMS) is encouraging eligible physicians, physician groups and certain hospitals and health care settings to promote higher-quality and more efficient care for beneficiaries at a lower overall cost.

A Community-Based Approach

TMF Health Quality Institute has partnered with the Arkansas Foundation for Medical Care, Primaris in Missouri and the Quality Improvement Professional Research Organization, Inc. in Puerto Rico to form the TMF Quality Innovation Network Quality Improvement Organization (QIN-QIO), under contract with CMS. The TMF QIN-QIO works throughout the region of Arkansas, Missouri, Oklahoma, Puerto Rico and Texas to help eligible physicians and physician groups, health care providers, inpatient/outpatient hospital departments, acute care and critical access hospitals, inpatient psychiatric facilities (IPFs), ambulatory surgery centers (ASCs) and Prospective Payment System-exempt Cancer Hospitals (PCHs) improve quality care and metrics to maximize reimbursement.

We work with these providers to help them better understand and continue to meet the goals of CMS' hospital and physician value-based payment and quality reporting programs, Physician Feedback Reporting Program and use of the quality and cost measure information contained in the confidential quality and resource use reports (QRURs).

Participating Physicians and Practitioners

Through the Value-Based Improvement and Outcomes Network, we work with eligible physicians, physician groups and other health care practitioners to prepare them to meet the requirements of CMS' Value-Based Payment Modifier program in which a publically reportable performance, as displayed on CMS' Physician Compare website, determines payments by incorporating quality measures and cost of care data. We assist these providers to report via the Physician Quality Reporting System (PQRS) and the value-based payment modifier/Physician Feedback program.

Participating Health Care Settings

We also work with IPFs, ASCs, inpatient/outpatient hospital departments and PCHs who are members of our network to meet or exceed national reporting requirements for the Inpatient and Outpatient Quality Reporting Programs and the Hospital Value-Based Payment Program (HVBP), where appropriate. Public reporting of quality measures and value-based payment performance data on the CMS Hospital Compare website will remain an essential component of HVBP and CMS' other quality reporting programs.

Continued 



Report.



Improve.



Get Paid.

The Physician Quality Reporting System distributed an estimated \$261 million in incentives for quality reporting over the last 6 years.

\$261 million
over 6 years

Hospitals are competing for a portion of **\$1.1 billion in performance incentives** through the Hospital Value-Based Purchasing program.



\$4 billion

Ambulatory surgery centers could see total payments increase to more than \$4 billion.

Inpatient psychiatric facilities and prospective payment system-exempt cancer hospitals will need to **meet new quality measures** in future reporting cycles to receive payments and reimbursements, respectively.



Get help with reporting, improve performance measures and receive payments and reimbursements.
Join the Value-Based Improvement and Outcomes Network.

Our Goals

By establishing a robust exchange of best practice and expert consultation, the network seeks to achieve these larger goals:

Participating Physicians and Practitioners

- Increase the number of eligible physicians and physician groups that submit data through PQRS by 100 percent by 2019
- Increase the percentage of eligible physician groups that demonstrate improvement in quality of care delivered, as determined by reported quality measures by 50 percent ending in 2019
- Increase the percentage of eligible physicians and physician groups in our region attending TMF QIN-QIO forums related to the Value Modifier (VM) Program
- Increase the rate of participating eligible physicians and physician groups in the region we serve that demonstrate improvement in quality-of-care measures (per QRUR) after receiving technical assistance by 90 percent by 2019
- Increase the number of eligible physicians and physician groups in the region we serve requiring technical assistance in use of PQRS for the VM Program who are subsequently successful in submissions by 90 percent by 2019
- Increase the number of eligible physicians and physician groups in our region receiving payment adjustments through the VM Program by 75 percent by 2019

Participating Health Care Settings

- Increase the national performance levels on Hospital VBP measures by at least 15 percent annually over baseline period performance
- Increase the percentage of ASCs and IPFs that successfully improve quality on a poorly performing quality measure to at least 15 percent annually
- Increase the percentage of hospital outpatient departments that demonstrate improvement in quality of care delivered, as determined by reported quality measures by 50 percent by 2019
- Increase PPS-exempt Cancer Hospital performance measures included in the PCH quality reporting program by at least 50 percent by 2019

Key Strategies & Interventions

Benefits to Participating Providers

TMF QIN-QIO consultants help physicians, hospitals and other health care settings understand the new methodology and achieve performance goals for better reimbursement by providing:

- Technical assistance using feedback reports (QRURs) to reach goals and benchmarks set by CMS and assistance with PQRS reporting measures, analysis and submission by any method, including credit for a single data submission
- Education and technical assistance regarding the Hospital VBP and Value-Based Payment Modifier and understanding the relationships between PQRS and other programs that affect providers
- Consultation in identifying gaps in quality care including disparity and coordination of care utilizing methods, strategies and interventions to improve quality metrics that demonstrate improvement

Join the Value-Based Improvement and Outcomes Network

Visit the TMF QIN-QIO website and locate the Value-Based Improvement and Outcomes Network, under the Networks tab, to learn more about this initiative and how you and members of your practice or hospital can benefit: <http://www.tmfqin.org>.

Contact Us

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