



Beginning January 2017, through its Quality Payment Program, Medicare will require physicians who are not part of an accountable care organization (ACO) to submit certain quality and performance data to avoid a 4% payment penalty beginning October 2018. The penalty will increase to 9% by October 2021.

To prepare your practice for the Quality Payment Program, the Georgia Hospital Association will provide advisors at no cost. Thanks to a federal grant initiative known as the Transforming Clinical Practice Initiative (TCPI) from the U.S. Dept. of Health and Human Services, CMS (Medicare), our staff is available to assist you.

The TCPI funds the GHA advisors through the ***Compass Practice Transformation Network (PTN)***, which was founded by the Iowa Healthcare Collaborative and partners across Georgia, Iowa, Kansas, Nebraska, Oklahoma, North Dakota and South Dakota.

Purpose:

- Prepare clinicians for a new Medicare reimbursement methodology
- Achieve quantifiable improvement outcomes
- Improve upon practice-selected quality measures
- Ensure physician practices comply with mandatory quality reporting in 2017
- Collaborate with clinician colleagues
- Assist in improving patient health

Process:

If interested, join by going to www.ihconline.org. Click on "Compass PTN" at the top and follow the instructions. If you need assistance with enrolling, contact Program Lead Joyce Reid at jreid@gha.org or 770-249-4545.

To get you started, the Business Association Agreement (BAA) is attached for your review and signature. The BAA is HIPAA compliant, allowing the exchange of information between the Georgia Hospital Association and the Iowa Healthcare Collaborative (dba Compass PTN), of which GHA is a subcontractor.

Once enrollment is complete, a quality improvement advisor will conduct an assessment of your practice to identify gaps and help your practice prioritize next steps.



A strategic plan will be developed to guide your quality improvement activity. Your advisor will be available for regularly scheduled phone calls and/or on-site visits to support you through Compass PTN.

At the conclusion of the process, your practice will have a better understanding of, and comfort level with, data measurement and quality improvement to prepare you for the value-based payment model of the Quality Payment Program.

The Commitment

As a Compass PTN participant, you will select a representative from your practice who must submit monthly data measures selected by your practice. GHA also requests that Compass PTN participants allow our quality improvement advisors to spend time with your designated representative through on-site visits and/or phone calls. GHA quality improvement advisors will work with your practice to prepare you for the Quality Payment Program while improving and sustaining quality care practices.

In joining the Compass PTN, you will have committed to work with your designated advisor to:

- Establish your practice's quality improvement team.
- Complete a Practice Assessment Tool (PAT) every six months to assess your progress as a practice.
- Set aims that align with your practice's goals, values and capabilities.
- Collect and submit performance data via a secure web portal.
- Participate in four-month improvement cycles and annual learning communities.
- Track your progress and measure your readiness for MACRA.
- Collaborate and share your successes with peer PTN providers via online and in-person educational opportunities.

We look forward to collaborating with your practice as part of our mutual goal to ensure the health and safety of all Georgians. Please call us for additional information.

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GIVING CLINICIANS THE SUPPORT AND TOOLS TO THRIVE IN VALUE-BASED CARE

Who We Are

The Compass Practice Transformation Network (Compass PTN) is one of 29 Practice Transformation Networks (PTN) funded by the Centers for Medicare & Medicaid Services to provide hands-on quality improvement support and peer-based learning networks to clinicians for the purpose of developing the skills and tools needed to improve care delivery and prepare for successful performance in the value-based health care environment.

Led by seven major health care organizations, the Compass PTN aims to engage more than 7,000 clinicians across Georgia, Iowa, Kansas, Nebraska, North Dakota, Oklahoma and South Dakota who are committed to improving health care quality, safety and outcomes for patients.

How We Can Help Your Practice

As part of this new federally-funded initiative, participating clinicians and practices will receive quality improvement assistance and tools—**at no cost**. This includes customized, one-on-one support from a Quality Improvement Advisor to help meet clinical, operational and reporting needs using:

- Rapid cycle quality improvement
- Workflow optimization
- Performance science, including Lean and Six Sigma

In addition, clinical faculty and peer-based networks will support clinicians and practices to:

- Successfully participate in the Physician Quality Reporting System (PQRS)
- Modify clinic workflow to address care gaps
- Promote evidence-based medicine
- Understand reimbursement changes and prepare for participation in the Merit-Based Incentive Payment System (MIPS) or an alternative payment model, such as an Accountable Care Organization (ACO)

By 2018, 90% of Medicare payments will be tied to quality. Join us today and learn how you can demonstrate high-value care.

Key Benefits

Participating clinicians and practices will have access to exclusive access to local and national resources that will help:

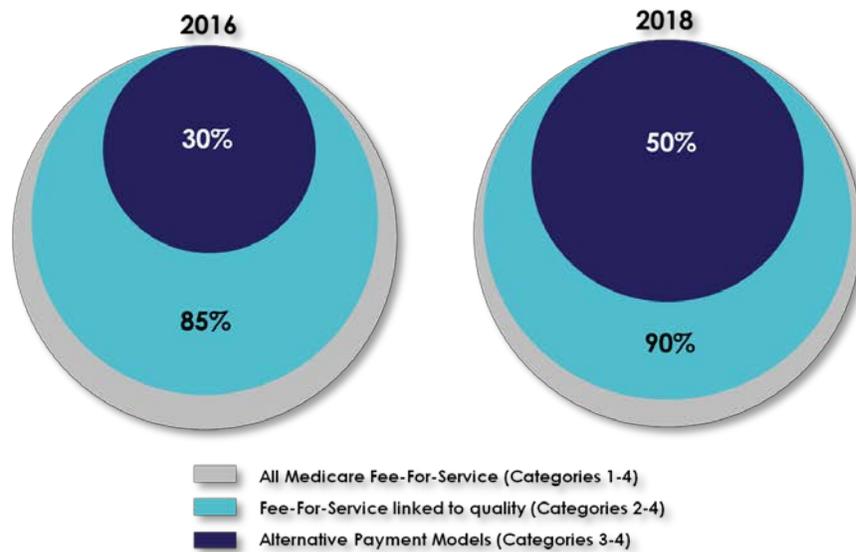
- Improve and optimize health outcomes and coordination of care for patients
- Report and improve quality and utilization scores
- Leverage Medicare Chronic and Transitional Care Management
- Learn how to best engage patients and families in care planning
- Gain access to proven change management tools
- Learn from and share best practices with other high-performing clinicians, practices and health systems
- Align with new and emerging federal and health plan policies and incentives
- Earn CME and MOC Part IV credits

Are You Ready for MACRA?

On April 16, 2015, federal legislation permanently eliminated the Sustainable Growth Rate (SGR) formula and replaced it with a new law known as the Medicare Access and CHIP Reauthorization Act of 2015, or MACRA.

Over the next seven years, all Physician Quality Reporting System (PQRS) Eligible Professionals will be reimbursed according to where they fall within various performance thresholds. The MACRA law consolidates the PQRS, Value Modifier and Electronic Health Record (EHR) incentive programs. By the end of 2016, 85% of all traditional fee-for-service Medicare payments will be tied to quality and value. **In order to thrive in this rapidly-changing payment environment, clinicians must demonstrate the ability to provide high quality, lower cost care to patients.**

Target percentage of Medicare FFS payments linked to quality and alternative payment models in 2016 and 2018



Source: *Better Care. Smarter Spending. Healthier People: Paying Providers for Value, Not Volume.* Centers for Medicare & Medicare Services Fact Sheet, January 26, 2015.

FOR MORE INFORMATION, PLEASE VISIT:
WWW.IHCONLINE.ORG/COMPASSPTN

COMPASS
Practice Transformation Network

JOIN US TODAY

Let us help you set a clear course toward better patient outcomes and position your practice to thrive in value-based care