MIPS Value Pathways

Current Structure of MIPS (In 2020)
- Many Choices
- Not Meaningfully Aligned
- Higher Reporting Burden

New MIPS Value Pathways Framework (In Next 1-2 Years)
- Cohesive
- Lower Reporting Burden
- Focused Participation around Pathways that are Meaningful to Clinician's Practice/Specialty or Public Health Priority

Future State of MIPS (In Next 3-5 Years)
- Simplified
- Increased Voice of the Patient
- Increased CMS Provided Data
- Facilitates Movement to Alternative Payment Models (APMs)

Building Pathways Framework
MIPS Value Pathways
Clinicians report on fewer measures and activities based on specialty and/or outcome within a MIPS Value Pathway

Moving to Value

Value Foundation
Promoting Interoperability
Population Health Measures

Fully Implemented Pathways
Continue to increase CMS provided data and feedback to reduce reporting burden on clinicians

Quality and IA aligned

Population Health Measures: a set of administrative claims-based quality measures that focus on public health priorities and/or cross-cutting population health issues; CMS provides the data through administrative claims measures, for example, the All-Cause Hospital Readmission measure.

Clinician/Group Reported Data
CMS Provided Data

Goal is for clinicians to report less burdensome data as MIPS evolves and for CMS to provide more data through administrative claims and enhanced performance feedback that is meaningful to clinicians and patients.

We Need Your Feedback on:

Pathways:
What should be the structure and focus of the Pathways? What criteria should we use to select measures and activities?

Participation:
What policies are needed for small practices and multi-specialty practices? Should there be a choice of measures and activities within Pathways?

Public Reporting:
How should information be reported to patients? Should we move toward reporting at the individual clinician level?