MIPS Value Pathways: Diabetes Example

Current Structure of MIPS (In 2020)	New MIPS Value Pathways Framework (In Next 1-2 Years)	Future State of MIPS (In Next 3-5 Years)

MIPS moving towards value; focusing participation on specific meaningful measures/activities or public health priorities; facilitating movement to Advanced APM track

Endocrinologist chooses from same set of measures as all other clinicians, regardless of specialty or practice area

Four performance categories feel like four different programs

Reporting burden higher and population health not addressed

Clinician/Group CMS

Endocrinologist reports same "foundation" of PI and population health measures as all other clinicians but now has a MIPS Value Pathway with measures and activities that focus on diabetes prevention and treatment

Endocrinologist reports on fewer measures overall in a pathway that is meaningful to their practice

CMS provides more data; reporting burden on endocrinologist reduced

Clinician/Group CMS

Endocrinologist reports on same foundation of measures with patient-reported outcomes also included

Performance category measures in endocrinologist's Diabetes Pathway are more meaningful to their practice

CMS provides even more data (e.g. comparative analytics) using claims data and endocrinologist's reporting burden even further reduced

Clinician/Group CMS

MIPS Value Pathways for Diabetes Prevention and Treatment

QUALITY MEASURES

- Hemoglobin A1c (HbA1c) Poor Care Control (>9%) **(Quality ID: 001)**
- Diabetes: Medical Attention for Nephropathy **(Quality ID: 119)**
- Evaluation Controlling High Blood Pressure **(Quality ID: 236)**

IMPROVEMENT ACTIVITIES

- Glycemic Management Services **(IA_PM_4)**
- Chronic Care and Preventative Care Management for Empaneled Patients **(IA_PM_13)**

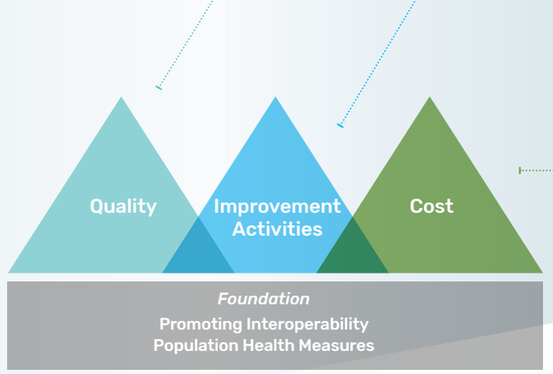
OR

- Electronic Submission of Patient Centered Medical Home Accreditation **(IA_PCMH)**

COST MEASURES

- Total Per Capita Cost **(TPCC_1)**
- Medicare Spending Per Beneficiary **(MSPB_1)**

*Measures and activities selected for illustrative purposes and are subject to change.



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.*