How is MIPS Working?

Center for Health Policy at Brookings
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What are some key challenges from a physician perspective?

**Measures**
- Lack of trust/belief they improve care
- Too many and too few
- Multiple alignment efforts

**Health IT**
- Usability/readiness of vendors
- “Meaningful” interoperability

**Clinician accountability in a fragmented system**
- Across different organizations/practice settings
- AND within organizations

**Complexity of the program and scoring**
- Annual changes = a moving target
- Not aligned with clinical workflows

**Lack of clinician engagement/understanding**

MIPS still requires “feet in two boats”
But is there still “value” with MIPS?

Real QI does actually show improved patient care and outcomes
• How can we translate that to MIPS?

Alignment and improvement of measures is not out of reach, but will take some courage and compromise

MIPS could actually be simplified and streamlined
• And more pathways to APMs could be offered

Practices and systems can (and many do) take thoughtful approaches to their measure and activity selections
• So how could they actually be rewarded for this?