

How is MIPS Working?

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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

Lack of clinician engagement/understanding

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

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?