



Memo to CMS: Give clinicians the data they need

By Greg Carey | August 24, 2017

The largest payer in the country holds the key to improving clinician performance and delivering better patient care at lower costs. Now it needs to put the key in the lock and open the door.

This week, the CMS comment period closed for the 2018 Updates to the Quality Payment Program (QPP) proposed rule.

The proposed rule and comment period allows industry stakeholders to weigh in on areas for improvement to the government's newest pay-for-performance program. (You may recall that the QPP was authorized under the MACRA legislation to facilitate the transition from fee-for-service payment models to risk- and value-based contracts.)

Most commenters struck a similar tone: simplify, simplify, simplify. And while this administration has made a clear effort to ease the reporting burden on clinicians, the consensus across the industry is that CMS should go further to address the relationship between its payment models and physician burnout rates.

While simplifying will salve the pain that pay-for-performance programs have caused clinicians for

years, a broader action by CMS could jumpstart QPP on the path to success. The bottom line: A successful QPP requires improving clinician access to CMS data, but so far CMS hasn't seen the forest for the trees.

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Data informs nearly every decision we make today, from choosing a route on Google Maps to picking a restaurant or a new car. Yet, in the QPP, clinicians being measured on cost and quality lack access to the data essential to informing their decision-making.

There are two main types of data that are most valuable to clinicians in the program: clinician performance data and identifiable patient data. Improving access to these data points will be like watering an end-of-summer lawn. It may take a few quenching rains, but the results will do wonders for arid land.

Clinician performance data

The long-term goal of QPP is to move clinicians from the MIPS payment track to the more risk-based APM track. But for this to happen, transparency on clinician performance must become an essential characteristic of the program.

Today, clinician feedback from CMS is infrequent and not presented in useful formats. As programs become more complex, third-party technology vendors increasingly take on work to support clinicians. But without near real-time data in usable formats, the scale of that work is limited, and almost everyone is operating in the dark. Clinicians must be able to know where they fall on the national scale for collective quality to improve.

CMS beneficiary data

Beyond clinician feedback, improved access to CMS claims data would do a tremendous amount for the industry. For years the interoperability conversation has been focused on vendors competing for access to information. If CMS improves access for the trusted partners of clinicians, health IT vendors will compete on services delivered and insights rendered from that information, instead of competing for data silos.

Additionally, clinicians and their technology partners could use beneficiary claims information to identify clinically effective treatments, coordinate care with other providers, and document quality measures to improve population healthcare.

The good news is that this won't take an act of Congress. CMS has the authority today to improve access. As the administration takes steps to improve the clinician experience, they should arm clinicians with real-time data for the cost and quality metrics on which they will be measured.

The tide is moving in the right direction to reduce the burden for participating in pay-for-performance programs. Now CMS should open up its data so that the healthcare industry can fully realize the benefits of the digital world.

[For more detail, check out our infographic: 10 Things to Know about QPP in 2018]

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