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## Quality Payment Program compliance and vein center accreditation



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This year is the second reporting year for the Quality Payment Program (QPP), established by the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA). This year, reporting and performance will affect a provider's 2020 Medicare payments. Providers who do not meet minimum 2018 requirements will experience a 5% penalty in 2020 Medicare reimbursements, a 1% increase from 2019. There are two options for QPP participation: Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). As there are currently no APMs with a vascular focus, most vascular providers will participate in MIPS in 2018.

In 2018, the MIPS final score will be comprised of four categories: Quality (50%); Clinical Performance Improvement Activities (CPIA; 15%); Advancing Care Information (ACI; 25%); and Cost (10%). Vein centers accredited by the Intersocietal Accreditation Commission for Vein Centers (IAC-VC) may be able to satisfy IAC-VC requirements and MIPS requirements with the same activities.<sup>1</sup>

IAC-VC accreditation standards were developed and agreed upon across 10 different medical societies. To gain IAC-VC accreditation, eligible facilities must provide evaluation, management, and treatment of superficial venous disease. The facility must offer a minimum of two procedure types including sclerotherapy, ambulatory phlebectomy, saphenous vein ablation, and/or wound care management of venous ulceration due to

chronic venous insufficiency. Vein center physicians must show experience and/or training in the field of venous disease from an Accreditation Council for Graduate Medical Education (ACGME)-approved residency/fellowship program.

IAC-VC accredited centers are required to follow quality improvement processes including evaluation and review of procedure appropriateness, technical performance, patient safety, and procedure outcomes (including complications). These quality improvement processes meet the requirements for CPIA under MIPS. Reporting all IAC-VC required activities that qualify as CPIA under MIPS in 2018 would achieve the 15-point threshold needed to avoid the 5% penalty in 2020.

There are several MIPS CPIA that IAC-VC accredited centers that are likely already performing or could start performing with little additional effort. One MIPS-qualifying CPIA is adopting a formal model for quality improvement and creating a culture in which all staff actively participates in improvement activities that could include one or more of the following: (1) train all staff in quality improvement methods; (2) integrate practice change/quality improvement into staff duties; (3) engage all staff in identifying and testing practice changes; and (4) designate regular team meetings to review data and plan improvement cycles.

There are also CPIA in the areas of communication with patients and referring providers about timely test results that fit with the IAC-VC procedures of patient safety and procedure outcomes. In addition, activities such as regularly reviewing measures of quality, utilization, patient satisfaction, and other measures that may be useful at the practice level and care team level can qualify as a CPIA. To learn more about specific CPIA under the MIPS program, please visit the Quality Payment Program website at <https://qpp.cms.gov/mips/improvement-activities>.

IAC-VC accredited vein centers can satisfy their accreditation requirements and earn their clinical practice improvement activity points simultaneously. Reporting of CPIA alone in 2018 will allow vein centers to meet minimum MIPS requirements and avoid a reimbursement penalty.

### REFERENCE

1. IAC Standards and Guidelines for Vein Center Accreditation: Superficial Venous Evaluation and Management. Available at: <http://www.intersocietal.org> 2018. Accessed January 31, 2018.

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