VALUE-BASED HEALTHCARE CHECKLIST
Preparing for the Value over Volume Based Medicine Paradigm Shift

Protect your practice by understanding the shift to more value-based healthcare and away from fee-for-service. This checklist will help you safeguard against the changes ahead governing how you get paid.

Refer to the additional resources at the bottom of this document to learn more about the upcoming changes for quality-based healthcare tying up to 85% of all traditional Medicare payments to quality or value by 2016, and 90% by 2018. The more you understand what these changes mean to you and your practice, the more prepared and protected you will be.

Check with your existing vendors to see how their systems, especially EHR systems, will collect the structured data you need to demonstrate a higher performance on quality measures. This data is important for proper PQRS reporting and Value-based Payment Modifier calculation. Using the right EHR system in 2015 will determine whether a practice can gain incentives, or incur stiff penalties between 4 and 6% (delivered in 2017) of Medicare Revenues depending on the size of your practice.

ASK YOUR VENDORS THESE QUESTIONS

• Does your EHR system use unstructured templates and macros?
• Is your system capable of collecting structured data needed for Value-based Medicine?
• Does the EHR system make you enter in your quality data with lists of 10-20 yes/no questions or does it automate denominator and numerator calculations based on your clinical note?
• How does the system handle PQRS reporting and the Value-based Payment Modifier?
• Ask to see a demonstration of how PQRS is automated in their EHR system.
• Ask to see the demonstration and functionality now. If a vendor doesn’t already have this in their EHR system, there’s a strong chance they won’t be able to by the time the changes in quality care reporting kick in.
Does your EHR system use unstructured templates and macros?

See if the technologies you are using in your practice will handle the new requirements.

If you are still using paper records, stop! You can no longer afford not to use an electronic solution for your medical records. It will be challenging to meet the new CMS demands if your records are paper-based.

START VETTING EHR SYSTEMS IMMEDIATELY

Make sure you are considering only a solution that:

- Has been designed to operate using structured data, not templates or macros. Data alone is not enough. Many EHR vendors say their systems are data-based, but many produce unstructured data, which isn’t organized, easily analyzed, reportable or useful. You will need structured data to meet the reporting requirements ahead in an efficient, automated and cost-saving way.

- Has the capability built in for automated PQRS reporting covering the Value-based Payment Modifier. This will be critical and cannot be overlooked.

- Has been developed just for your specialty. It’s more important than ever to use a specialty-specific system that has the performance metrics related to your scope of practice. Don’t let your future payments slip; choose measures and an EHR system that relate to dermatology, ophthalmology, orthopedics, plastic surgery, otolaryngology, rheumatology, urology and gastroenterology. Many vendors may have a solution that appears specialty-specific; be certain that the system has been built just for your specialty.

- Is ICD-10 ready and does not use crosswalks or general equivalence mappings (GEMs) to translate ICD-9 to ICD-10 codes. If ICD-10 is not automated so that coding occurs within the system, cross the vendor off your list. Even if a vendor claims to have an approach for proving quality of care to meet the new requirements, ICD-10 is equally as threatening to your bottom line. A viable system must have both.

ADDITIONAL RESOURCES

Modernizing Medicine’s EMR System Supports Industry Movement toward Quality of Care Reporting  
Progress Towards Achieving Better Care, Smarter Spending, Healthier People  
Better, Smarter, Healthier  
Medicare and Medicaid EHR Incentive Program Basics  
UnitedHealth is exiting fee-for-service to the tune of $43 million