



NIPM-QCDR

National Interventional Pain Management
Qualified Clinical Data Registry



Measure What Matters

Performance Measurement & Quality Reporting for Interventional Pain Physicians

Today's Speakers

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Agenda

- What is the NIPM-QCDR?
 - Updates for 2018
- What is the value to you?
 - Improving Performance and Outcomes
 - Succeeding in MACRA/MIPS
 - Supporting the research and advocacy of the Specialty
- How do I get started with the NIPM-QCDR?
- Q&A

What is the NIPM-QCDR?



NIPM-QCDR

National Interventional Pain Management
Qualified Clinical Data Registry



ASIPP's quality outcome tracking platform custom-built for interventional pain physicians

- Automate follow-up between patient visits
- Confidentially track outcomes
- Access national outcome benchmarks
- Meet CMS MIPS requirements
- Generate data that drives research, innovation and reimbursement

NIPM-QCDR Updates for 2018

- Introduction of Patient-Reported Outcomes (PRO)
- New measures, including PRO
- Support for Advancing Care Information within MIPS
- Continuing improvement in report functionality and ease of use

Why should I participate in NIPM-QCDR?



Improve outcomes

Track performance against national benchmarks and improve your outcomes



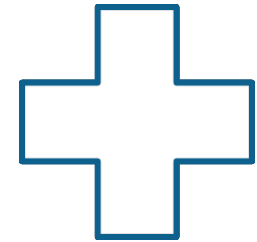
Optimize performance

Optimize results under the CMS Merit-based Incentive Payment System



Generate data

Generate data that drives research, innovation, and reimbursement



Gain feedback

Gain real-time feedback from patients between office visits

Improving Performance and Outcomes
New Measures for 2018
Patient Reported Outcomes

11 NIPM Measures

6 OUTCOME

VAS Pain Score

- Lumbar MBRFA
- Cervical / Thoracic MBRFA
- SCS Implantation for FBSS

Functional Status

- Lumbar MBRFA
- Cervical / Thoracic MBRFA
- SCS Implantation for FBSS

5 PROCESS

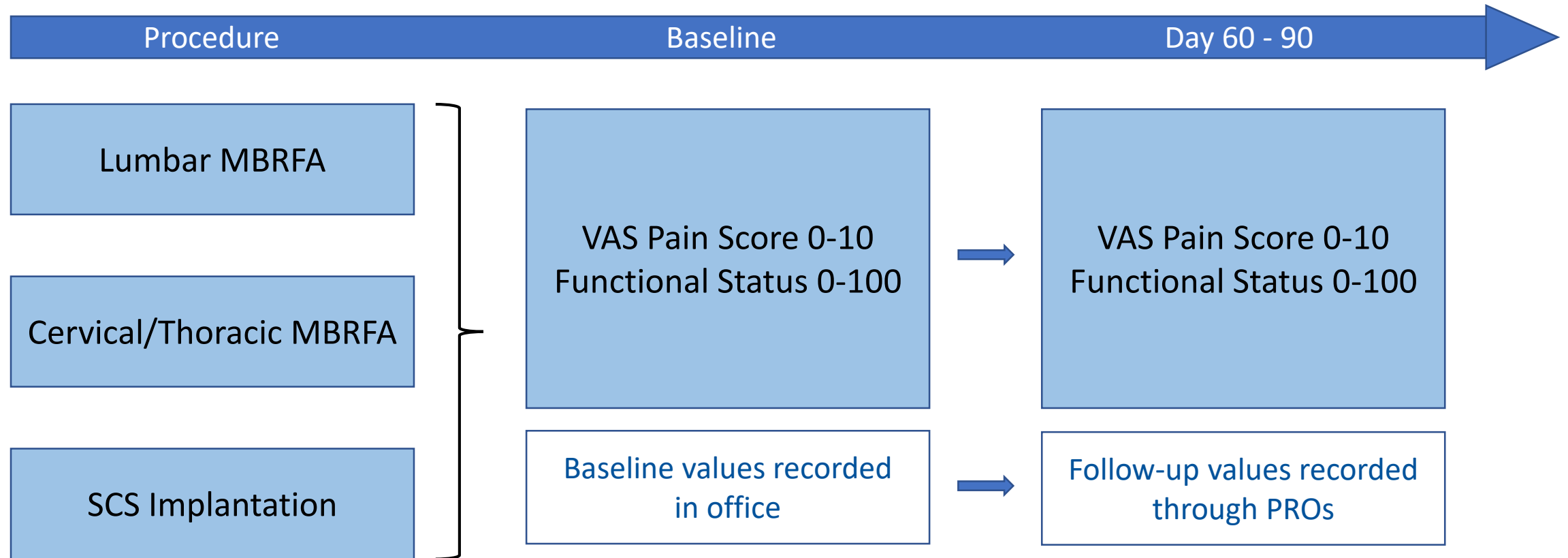
Appropriate Use

- AUC diagnostic facet injections
- Excessive use cervical ESIs
- Excessive use cervical facet procedures

Opioids

- Patient counseling for opioids / benzodiazepines
- Communicating concurrent prescribing

Patient Reported Outcomes (PROs)



Baseline VAS and Function Options

Enter scaled values
directly into the
platform

#1

or

Use the platform to
complete the
assessment

#2

or

Use the platform to
upload batches of
baseline data

#3

Baseline #1 or #2



Add Patient

Patient Information

Site ID *

Select ▼

MRN *?

MRN

First Name

First Name

Last Name

Last Name

Date of Birth

mm/dd/yyyy



Gender

☐

Male

☐

Female

☐

Unknown

Phone Number

Phone Number

Email Address

Email Address

Patient Consent for PRO ?





☐

Yes

☐

No - Do not contact

Baseline #1 or #2



[Patient List](#) // Patient Details

Patient

Encounters

Date

No rows found

Details

Encounter ID *

Encounter ID

Encounter Date *

mm/dd/yyyy

Physician *

Select

Codes

Diagnosis

Code Description

+ Add code

Baseline #1 or #2

Encounter

Code	Modifier	Description
<div><div>×</div>64633<div>×</div></div>	<div><div>Select...</div><div>×</div></div>	Dstr nrolytc agnt parverteb fct sngl crvcl/thora
<div><div>+</div>Add code</div>		

Quality

Code	Modifier	Description
<div><div>+</div>Add code</div>		

▼ Baselines - Cervical/Thoracic Medial Branch Radiofrequency Ablation

What is the patient's average pain in the area targeted by treatment (0 = no pain, 10 = worst pain imaginable)

0

1

2

3

4

5

6

7

8

9

10

POWERED BY



Ver. 2.8.1

Baseline #1

▾ Baselines - Cervical/Thoracic Medial Branch Radiofrequency Ablation

What is the patient's average pain in the area targeted by treatment (0 = no pain, 10 = worst pain imaginable)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Do you already have the patient's NDI Score?

- ☒ Yes
- ☐ No, show me the questions to calculate the score

NDI Score 

51

Baseline #2

Do you already have the patient's NDI Score?

- ☐ Yes
- ☒ No, show me the questions to calculate the score

Neck Disability Index (NDI)

Section 1 - Pain Intensity

- ☐ I have no neck pain at the moment
- ☐ The pain is very mild at the moment
- ☒ The pain is moderate at the moment
- ☐ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

Section 2 - Personal Care

- ☐ I can look after myself normally without causing extra neck pain
- ☐ I can look after myself normally, but it causes extra neck pain
- ☐ It is painful to look after myself, and I am slow and careful
- ☒ I need some help but manage most of my personal care
- ☐ I need help every day in most aspects of self care

Baseline #2

Section 9 - Sleeping

- ☒ I have no trouble sleeping
- ☐ My sleep is slightly disturbed for less than 1 hour
- ☐ My sleep is mildly disturbed for up to 1-2 hours
- ☐ My sleep is moderately disturbed for up to 2-3 hours
- ☐ My sleep is greatly disturbed for up to 3-5 hours
- ☐ My sleep is completely disturbed for up to 5-7 hours







Section 10 - Recreation

- ☐ I am able to engage in all my recreational activities with no neck pain at all
- ☒ I am able to engage in all my recreational activities with some neck pain
- ☐ I am able to engage in most, but not all of my recreational activities because of pain in my neck
- ☐ I am able to engage in only a few of my recreational activities because of neck pain
- ☐ I can hardly do recreational activities due to neck pain
- ☐ I can't do recreational activities due to neck pain




Total NDI sum score

38

Baseline #3



Site Data Management // Upload






Select Practice

Drag file(s) to drop area to upload

Practice *

Test Practice (173)

 Success  Error

 Select a File or Drag File Here to Upload

* Don't want to drag and drop? You can also use your file browser. Click the upload box and select a file to upload.

Baseline #3 sample file

	A	B	C	D	E	F	G	H	I	J
1	encounter_id	npi	patientid	first_name	last_name	service_date	dob	sex	coding_system	code
2	246876	199999999	P35540	Joseph	Adams	2018-02-01	1980-01-13	m	cpt	63650
3	246876	199999999	P35540	Joseph	Adams	2018-02-01	1980-01-13	m	cpt	63685
4	246876	199999999	P35540	Joseph	Adams	2018-02-01	1980-01-13	m	vas	6
5	246876	199999999	P35540	Joseph	Adams	2018-02-01	1980-01-13	m	odi	51
6										

PROs

Secure, HIPAA-compliant link emailed to the patient

Communication with patient originates from Dr. xxx

Results available for review by authorized office personnel

Sample PRO Email



Sunday, 4/1/2018 12:00:00 AM

Joseph Adams

A message from Dr. Chirichigno

To Joseph Adams

Dear Joseph,

Thank you for choosing Pain Management of Michigan for your care. So that we may better understand how you have been feeling since your **spinal cord stimulator implantation for FBSS** procedure on **02/01/2018**, we ask that you complete this secure follow-up questionnaire about your current level of pain and how your pain has impacted your life since your procedure.

[PLEASE CLICK HERE TO COMPLETE YOUR QUESTIONNAIRE](#)

Your health is very important to us and we greatly appreciate your response. This follow-up questionnaire will expire on August 1, 2018.

Sincerely,

Dr. Jack Chirichigno

PRO Follow-up

Section 1 - Pain Intensity

- ☐ I have no pain at the moment
- ☐ The pain is very mild at the moment
- ☒ The pain is moderate at the moment
- ☐ The pain is fairly severe at the moment
- ☐ The pain is very severe at the moment
- ☐ The pain is the worst imaginable at the moment

Section 2 - Personal Care (washing, dressing, etc.)

- ☐ I can look after myself normally without causing extra pain
- ☒ I can look after myself normally but it is very painful
- ☐ It is painful to look after myself and I am slow and careful
- ☐ I need some help but manage most of my personal care
- ☐ I need help every day in most aspects of self care
- ☐ I do not get dressed, wash with difficulty and stay in bed

Section 3 - Lifting

- ☐ I can lift heavy weights without extra pain
- ☐ I can lift heavy weights but it gives extra pain
- ☐ Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned, e.g. on a table
- ☒ Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned
- ☐ I can lift only very light weights
- ☐ I cannot lift or carry anything at all

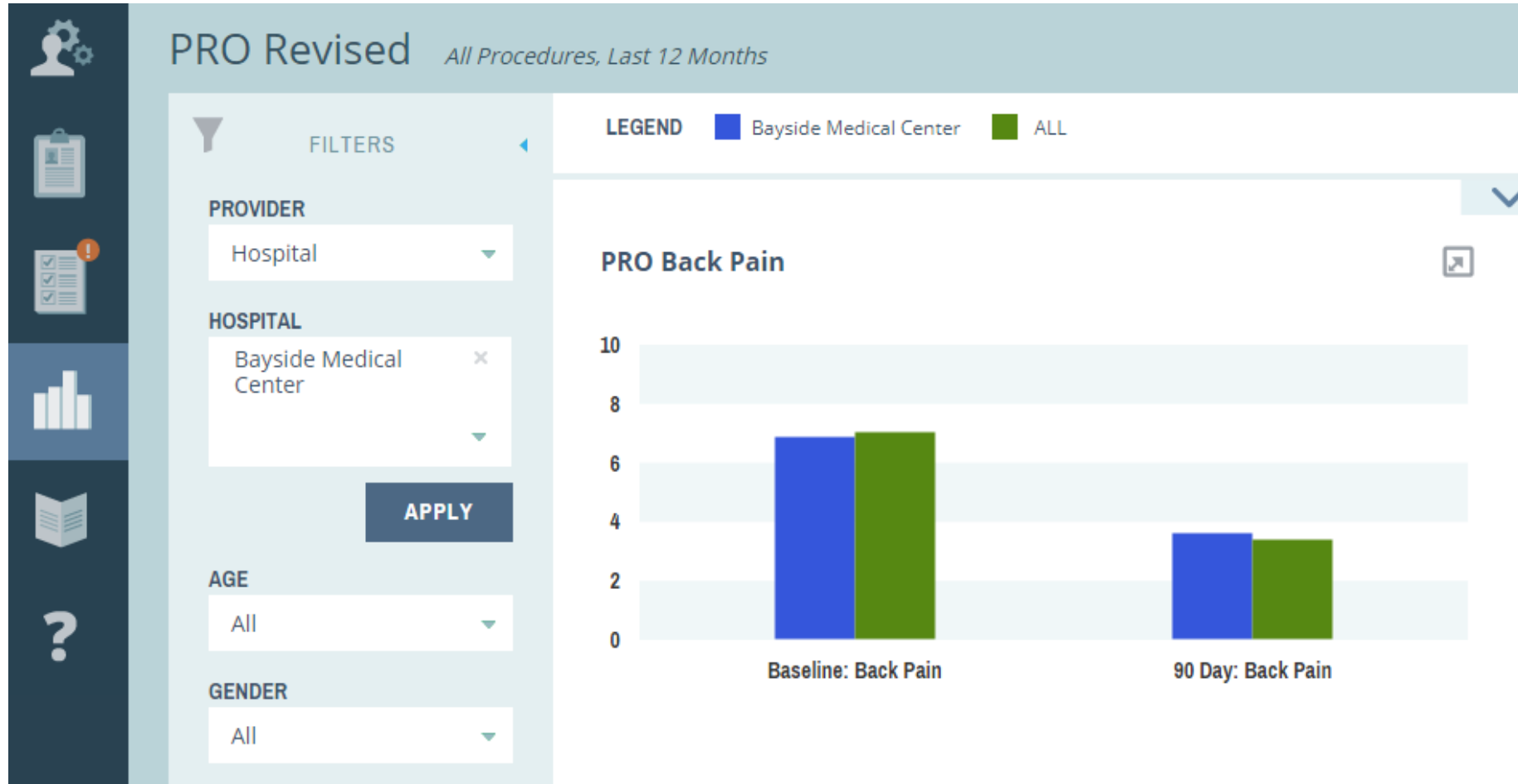
Section 4 - Walking

- ☐ Pain does not prevent me walking any distance
- ☐ Pain prevents me walking more than one mile
- ☒ Pain prevents me walking more than a quarter of a mile
- ☐ Pain prevents me walking more than 100 yards
- ☐ I can only walk using a stick or crutches
- ☐ I am in bed most of the time and have to crawl to the toilet

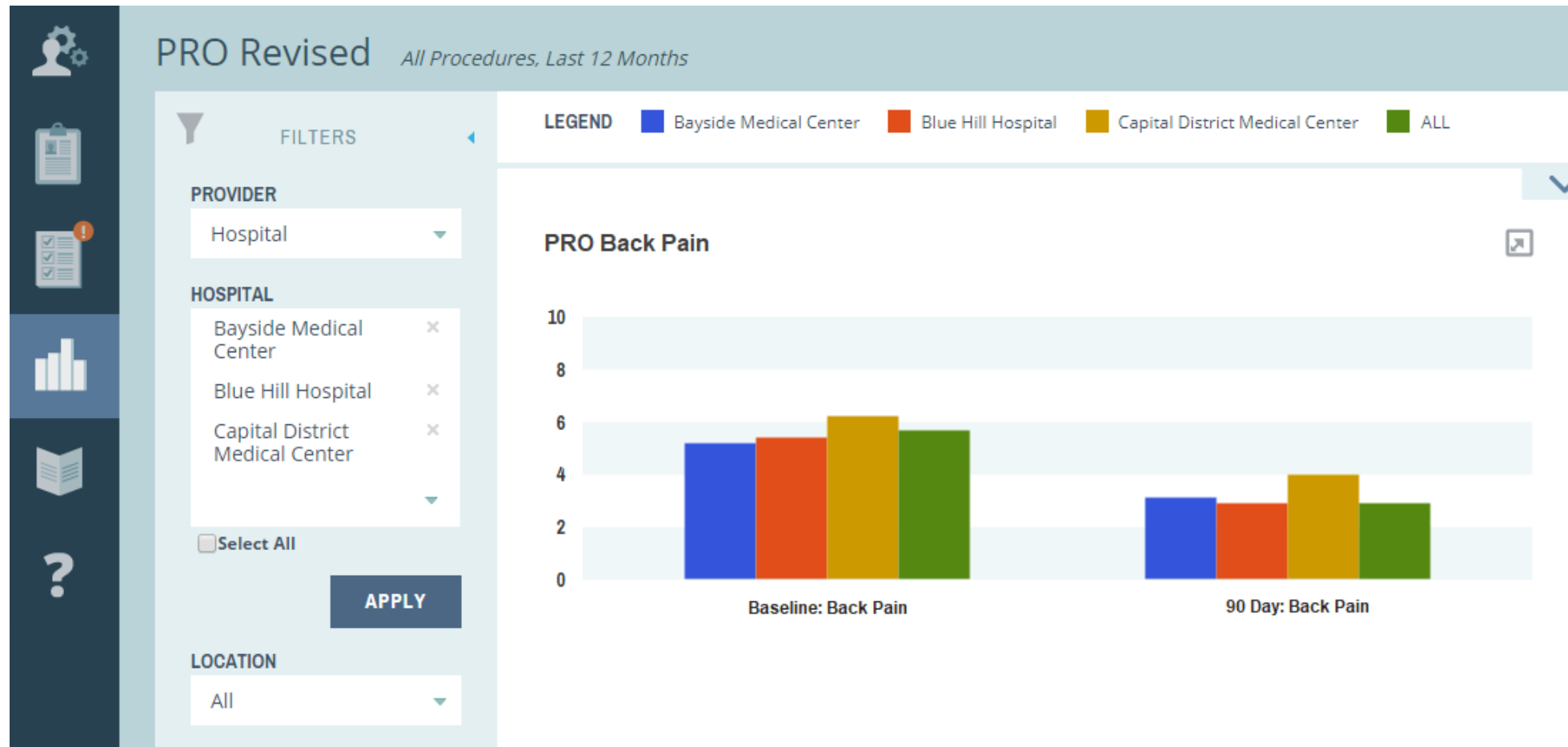
Section 5 - Sitting

- ☐ I can sit in any chair as long as I like
- ☐ I can sit in my favorite chair as long as I like
- ☒ Pain prevents me from sitting for more than 1 hour

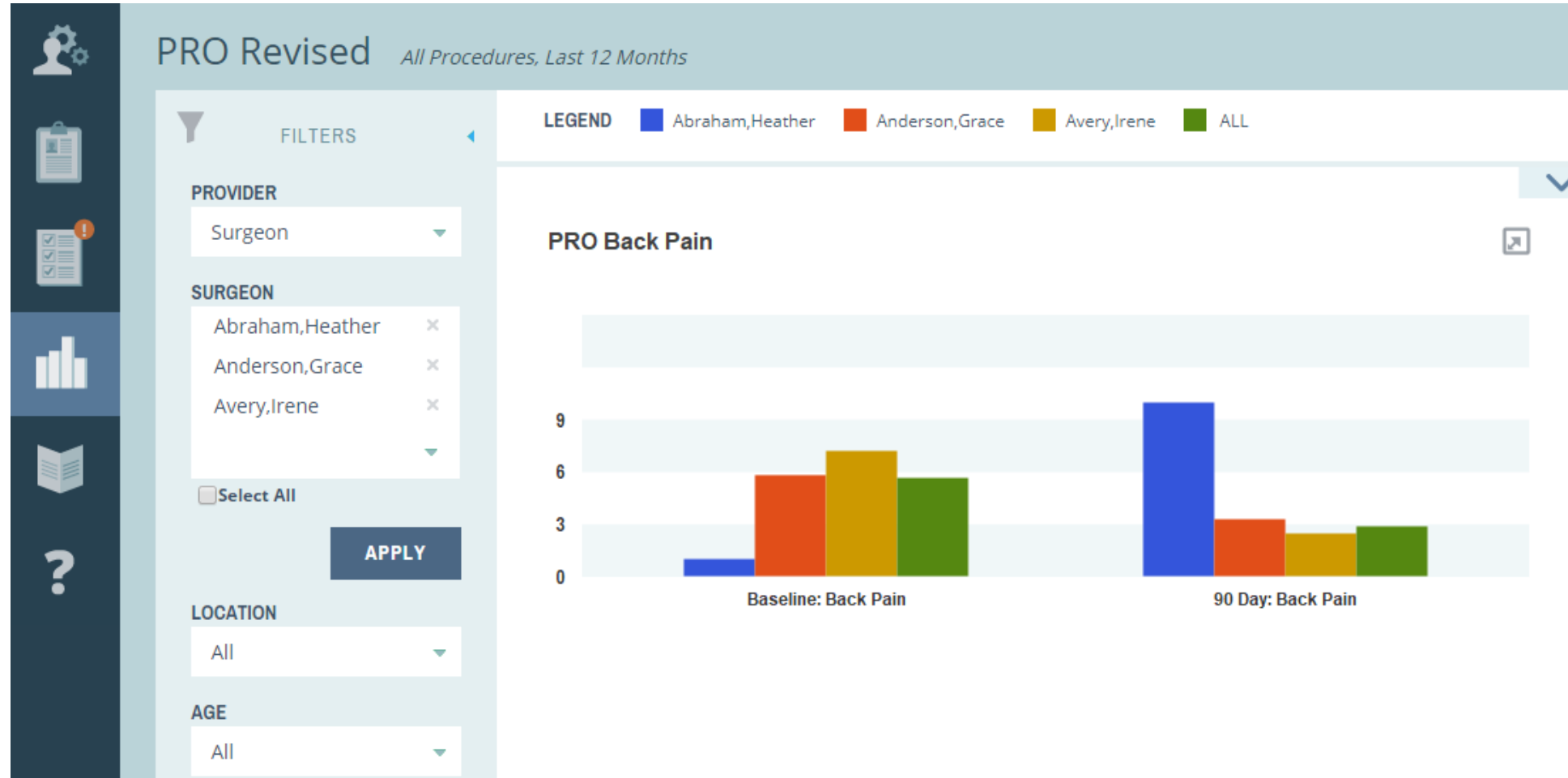
PRO Reports



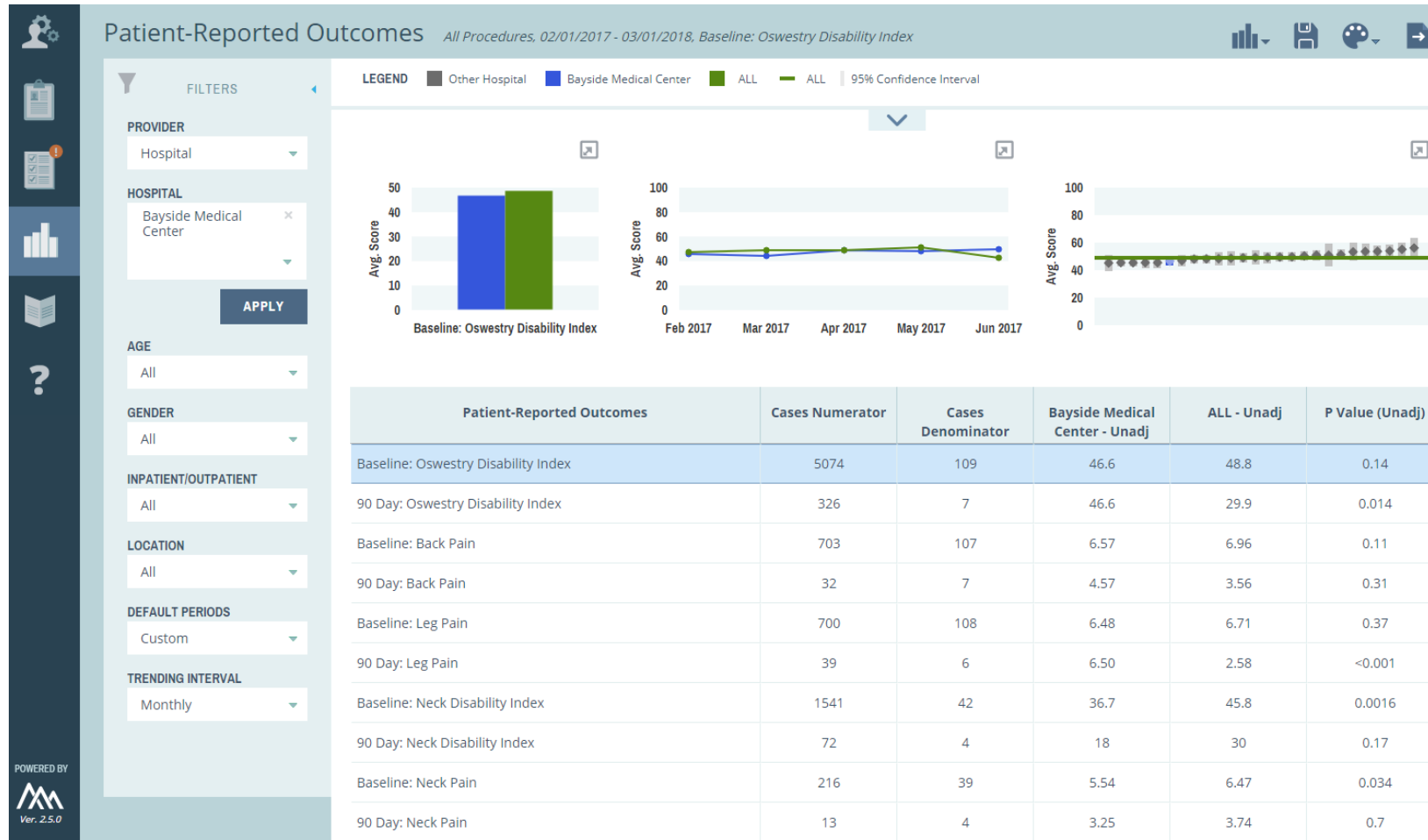
PRO Reports



PRO Reports



PRO Reports



Process Measures

Measure adherence to specified steps, or processes, in the delivery of care that evidence suggests will improve outcomes and/or reduce costs

5 Process Measures

2017 and 2018

AUC

- Dx facet injections

Excessive Use

- Cervical ESIs
- Therapeutic cervical facet procedures

**Opioid Measures
New in 2018**

Counseling

- Patient counseling and education: concurrent opioid and benzodiazepine use

Communication

- Provider communication: concurrent opioid and benzodiazepine use

Appropriate Use Criteria

Appropriate patient selection for diagnostic facet joint procedures (all spine regions)

- 3 months of pain; functional impairment; unresponsive to NSAIDs or PT; axial pain separate from radiculopathy or neurogenic claudication; absence of fracture, tumor, etc. that would explain the pain; documented assessment
- CPT Codes: 64490, 64491, 64492, 64493, 64494, 64495

Excessive Use

Avoiding excessive use of epidural injections in managing chronic pain originating in the cervical/thoracic spine

- >5 treatments in year one or >4 treatments in subsequent years
- Multilevel or bilateral injections on the same day are considered one treatment
- CPT Codes: 62320, 62321, 64479, 64480

Excessive Use

Avoiding excessive use of therapeutic facet joint interventions in managing chronic cervical/thoracic spinal pain

- >4 facet joint injection treatments or > 2 facet joint RFA treatments per year
- “Bilateral” treatments performed unilaterally on separate days are considered one treatment
- Multilevel treatments are considered one treatment
- CPT Codes: 64490, 64491, 64492, 64633, 64634

Opioid Prescribing

Patient counseling regarding risks of co-prescribed opioids and benzodiazepines

- The percentage of patients 18 years of age and older who are prescribed both opioids and benzodiazepines and receive either written or verbal education regarding the risks of concurrent opioid and benzodiazepine use.
- Education and counseling must occur at the time of initial co-prescribing, and following any gap of greater than 6 months of co-prescribing, or at least once per reporting period.

Opioid Prescribing

Communicating concurrent opioid and benzodiazepine prescribing to other prescribers

- Percentage of patients 18 years of age and older who are prescribed opioids and have a letter or other communication sent to another clinician who is prescribing benzodiazepines. This measure is reported by the clinician who prescribes opioids to a patient already taking benzodiazepines.
- Communication must occur at the time of initial opioid prescribing and following any gaps in prescribing of greater than 6 months, or once per reporting year

Succeeding in MACRA/MIPS

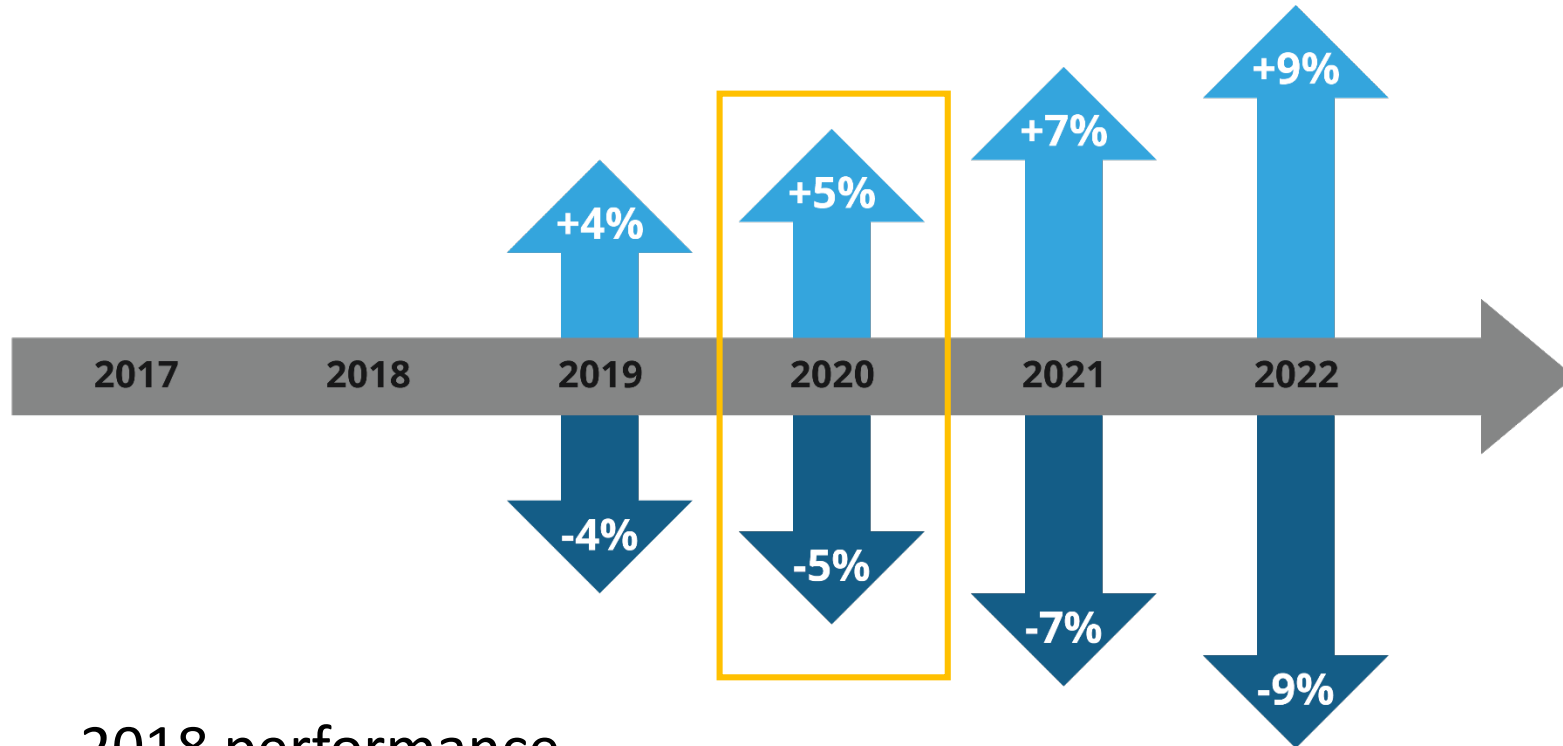
Key MIPS changes for 2018

2018 changes include:

- Increasing penalties and incentives
- Reweighted categories
- Increased participation threshold
- Consideration for small and rural practices
- Clear path to avoid penalties remains, but with a higher bar





More at <https://qpp.cms.gov/about/resource-library>

Increasing penalties and incentives



2018 performance
affects 2020 payments

Rewighted categories

		2017		2018
Quality		60%	⇒	50%
Advancing Care Information		25%	⇒	25%
Improvement Activities		15%	⇒	15%
Cost		0%	⇒	10%

Increased participation threshold

The exclusion threshold for volume for 2018 has been raised to:

- $\leq \$90,000$ in Part B allowed charges
- or ≤ 200 Part B beneficiaries.

Confirm eligibility at <https://qpp.cms.gov/>

Consideration for small practices

Assistance for groups of 15 or fewer clinicians:

- 5 bonus points to the final scores of small practices
- The choice to form or join a Virtual Group to participate with other practices.
- 3 points for measures in the Quality performance category that don't meet data completeness requirements.
- A new hardship exception for the Advancing Care Information performance category
- Higher scoring for individual improvement activities

Other changes

- Reporting options have changed
 - The reporting period for Quality is now 12 months (versus the 90 day options in 2017)
 - The bar to avoid a penalty has been raised
- Data completeness raised to 60% from 50%
- Virtual groups have been introduced

For the full list of updates, see the fact sheets at <https://qpp.cms.gov/>

Clear path to avoid penalties remains, but with a higher bar

- The performance threshold to avoid a penalty has been raised from 3 points to 15 points
- This can be achieved multiple ways, including:
 - Receive the full score for the Improvement Activities category
 - Report on 6 Quality measures (with at least 60% data completeness)

MIPS Reporting Through NIPM-QCDR

Data submitted directly to CMS (optional)

Quality
Measures



Improvement
Activities



Advancing Care
Information

Supporting research and advocacy with the NIPM-QCDR

Registry-based Research and Publications

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Surgical Skill and Complication Rates after Bariatric Surgery

John D. Birkmeyer, M.D., Jonathan F. Finks, M.D., Amanda O'Reilly, R.N., M.S.,
Mary Oerline, M.S., Arthur M. Carlin, M.D., Andre R. Nunn, M.D.,
Justin Dimick, M.D., M.P.H., Mousumi Banerjee, Ph.D.,
and Nancy J.O. Birkmeyer, Ph.D., for the Michigan Bariatric Surgery Collaborative

ORIGINAL ARTICLE

Reducing Length of Stay Using a Robotic-assisted Approach for Retromuscular Ventral Hernia Repair

A Comparative Analysis From the Americas Hernia Society Quality Collaborative

Alfredo M. Carbonell, DO,* Jeremy A. Warren, MD,* Ajita S. Prabhu, MD,† Conrad D. Ballecer, MD,‡
Randy J. Janczyk, MD,§ Javier Herrera, MD,¶ Li-Ching Huang, PhD,|| Sharon Phillips, MSPH,||
Michael J. Rosen, MD,† and Benjamin K. Poulouse, MD, MPH**

Objective: The aim of this study was to compare length of stay (LOS) after robotic-assisted and open retromuscular ventral hernia repair (RVHR).

LOS [interquartile range (IQR)] was significantly decreased for r-RVHR patients [2 days (IQR 2)] compared with o-RVHR patients [3 days (IQR 3), $P < 0.001$]. No differences in 30-day readmissions or surgical site infections

Get started!

Enrollment now open at NIPMQCDR.org/sign-up

Questions?

Email ASIPPPQCDR@arbormetrix.com