

Centers for Medicare and Medicaid Services
First Friday Call, Clinician Outreach Meeting
Moderator: Jill Darling
Friday, August 04, 2017
1:30 p.m. ET

Operator: Ladies and gentlemen, this is the operator. Today's conference is scheduled to begin momentarily. Until that time, your lines will again be placed on hold. Thank you for your patience.

Good afternoon. My name is Julie. And I will be your conference operator today. At this time, I would like to welcome everyone to the Clinician Outreach Meeting. All lines have been placed on mute to prevent any background noise.

After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key.

I would now like to turn the call over to Dr. Eugene Freund with the CMS Office of Communications. You may begin your conference.

Eugene Freund: Hi. Thank you all. Welcome to our first Friday meeting. Appreciate you are showing up. But particularly appreciate our friends who have come in person. And thank you for being here.

I'll remind those of us who are in the room to mention our names when we – if we do have a question. I don't have any other further guidance at this point.

I want to just move straight to our first item on the agenda, which is Dr. Paul Rosen with the CMS Center for Clinical Standards and Quality who's going to be talking about exciting work going on with the Transforming Clinical Practice Initiative. So, Paul, if you're ready, we'd love to hear from you.

Paul Rosen: Thanks, Gene. Well, hi, everybody. This is Paul Rosen. I'm a pediatric rheumatologist. And I just joined CMS this year six months ago as a medical officer of Transforming Clinical Practice Initiative.

And Gene invited me to spend a few minutes to tell you about TCPI. And I thought I would give sort of a five minute overview. I don't have any slides. And then after that, be happy to sort of take questions and sort of share what I've – what I've been learning in the first six months.

So TCPI is a large quality improvement initiative that was born at (CMMI). And it has four year model test that were actually the midpoints off. And the idea is to enroll 140,000 clinicians.

And that includes physicians, nurse practitioners, chiropractors, podiatrists, social workers and others into a large scale quality improvement initiative focused really on the outpatient setting.

And the goals are to transform these practices over to alternative payment models. We also want to prevent 5 million hospitalizations. We want to generate cost savings in the range of \$1 or \$4 billion. And we want to prevent unnecessary testing and procedures as well.

So those are the goals. So at the midpoint, where we're at is that we have enrolled 120,000 clinicians out of our target of 140,000. And that means that we have about 23,000 practices in our network.

And the networks divided into smaller networks of 29 what we call practice transformation networks. And those could be health systems such as Mayo Clinic or Vanderbilt or they could just be other practices like rural practices or, you know, practice based across the country.

So we have 29 of these practice transformation network – networks driving these aims. And then in addition to that we have about 10 clinician associations. And those are called our support and alignment networks.

And those associations would be like the AMA, American College of Emergency Physicians, the National Nurse Consortium. So we have sort of 10 clinician groups helping the PTNs and helping us move things forward.

We had bit as – of some surprising lessons, I guess. One surprising lesson is that we were expecting the networks to be loaded with about primary care folks. And actually two thirds of our network are specialists.

So we have, you know, anyone from orthopedist to a retina specialist and others and about a third are primary care. And then when we reach out to the networks, we do hear some of the barriers they're working on. And that one barrier is actually getting this data out of their system.

So for example, you have some networks where they're dealing with 30 or 40 different EMRs. And they're trying to pull out on quality data out of their EMRs. So that can be a barrier challenge that folk's are overcoming.

Another challenge is trying to calculate the cost savings folks are generating. So clinicians are reporting that they're preventing emergency room visits. They're preventing readmissions.

And they also there cutting down on unnecessary imaging for things like headache or suspected pulmonary embolus or low back pain and just trying to assign the dollar amounts to the cost savings. It's been a little bit of a challenge.

So I can kind of go on and on for a while. But let me – let me just stop here and just check in with folks and see if there're any questions.

Operator: At this time, I would like to remind everyone in order to ask a question, press star then the number one on your telephone keypad. We'll pause for just a moment to compile the Q&A roster. Again, if you would like to ask a question, press star, one on your telephone keypad.

Eugene Freund: I know that – this is Gene Freund. While we're waiting, I do know that some of our – some of our partners who at this meeting have been participants in this and are a part of the networks or are providing support.

And I want to thank you for doing that. American College of Physicians, Board of Family Practice -- just kind of scanning through that. And I will send out the link to the TCPI website after this meeting is follow up. So Google searching CMS TCPI will get you there. Any questions?

Marielle: I had a question.

Operator: Your ...

Eugene Freund: OK.

Marielle: Sorry, in the room. This is Marielle Kress from the American Academy of Pediatrics. And my question is, is the model payer agnostic? How does Medicare, Medicaid and other payers put a factor into the model?

Paul Rosen: Thanks for that question. And I will just comment that I think I mention I'm a pediatrician myself. And we have about 10,000 pediatricians in our project. So we're ...

Marielle: Great.

Paul Rosen: very happy to work with our pediatricians. But, yes, the -- that we're looking for cost savings really just in healthcare, so, you know, if a private payer saving cost savings or practice or a patient. So we're -- it is -- it is payer agnostic. We're looking for cost savings across all sectors.

(Mary): Yes. Thank you.

Paul Rosen: I was -- I was talking to a physician yesterday who was telling me that, you know, they had this project they're working on with one of their major payers. And this practice took their patient hypertension rates of control from 50 percent, 5-0, up to 90 percent.

So they're basically, you know, reducing the risk of stroke and heart disease and other -- you know, other complications. And then -- and that's generating cost savings in terms of ER visits and catastrophic ICU visits.

And then the payer is getting cost savings. And then the – that cost savings is also being shared with the practice. So the clinicians are realizing – are seeing benefit too.

So we have different – we don't really dictate how to do cost savings. We're relying on the practices to kind of figure that out. And then we're learning what are the – what are the best lessons to do that.

(Mary): Thank you.

Eugene Freund: Are there any questions in the queue?

Operator: Your first question comes from (Jan Towers). Please go ahead. Your line is open.

(Jan Towers): Are you working on anything related to putting virtual groups together yet?

Paul Rosen: Jane, could you just explain for me what a – what you mean by virtual group?

Jan Towers: Well, right now, we have a cost threshold that makes it so that many of our providers can't participate in the GPPs. And one of the things that's being suggested is creating virtual groups that can – that are unlike practices or like practices but they're not in the same location and coming together as one group that would participate.

And we're wondering if anybody has been experimenting with this at all. And are you all doing anything about it. Doesn't sound like you are.

Paul Rosen: Yes. I think our network – you know you got sort of this, the practices. And the practices kind of report into this what we call practice transformation network, you know, these 29 subgroups.

So the practice – the 23,000 practices roll into those 29 groups. But I'd – and we – you know we – within our network, we share learning. But I don't think – I don't think we have exactly what you're describing.

Eugene Freund: Paul, would it be ...

Paul Rosen: Yes.

Eugene Freund: Fair to say that, you know – any of the participants in TCPI could be doing different things to participate in the QPP so that some of your TCPI participants might be doing that.

And it just might not be apparent to you that that's what they're doing because they are basically trying to do improvement somewhat regardless of what specifically they're doing for that quality payment program effort. That correct?

Paul Rosen: That, yes, Gene. That's right. I mean we're very – TCPI is very aligned with QPP. And we're the – the major technical systems program leading the QPP.

And you know being in our program and transforming your practice will – you know, will make you successful in QPP. So that's right. We have – we have tight alignment with the Quality Payment Program.

Jan Towers: It sounds like you're only working with those that have crossed that threshold that allows you to be a participant. Is that correct?

Paul Rosen: The threshold of the requirements of QPP or ...

Jan Towers: Right now, but what has been put forward? They're changing it. They're talking about changing it to make it even worse is ...

Paul Rosen: Yes.

(Jan Towers): ... that you have to have seen at least it was 30,000 – hundred patients or \$30,000 worth of revenue coming in for you to even participate in the GPP program. And so we have quite a number of people that fall outside that. And we're trying to find ways to get them involved to their part of this too.

Paul Rosen: Yes. I mean ...

Eugene Freund: So ...

Paul Rosen: Go ahead, Gene.

Eugene Freund: So I hear kind of two things. I would argue that people who are interested, group – individuals or groups who are interested in doing this might want to engage with the TCPI as a way of helping to get up to speed.

And it might be a way to find the colleagues who might be part of your virtual group if you are out there and not sure how that might happen.

Jan Towers: Well, that was what I would think – I would think we would – we would know that they're making that a part of what they're doing. So I'm little bit concerned about that.

Eugene Freund: Paul, this might be worth a follow up conversation.

Paul Rosen: Yes. Absolutely, Gene. And then, yes, I mean in terms of TCPI, you know we're one of the – you know we're one of technical assistance programs along with the SURS, which was the small and underserved and rural support group and is long – is along with the QIN-QIOs, which is the Quality Innovation Networks - Quality Improvement Organizations.

And then you know we really very heavily on our – on our toll free number, you know, for help with QPP and also our website or helpdesk, which – those folks are excellent.

So either through me or through the toll free number, which I could give out, Gene. Or we could post then the website. We want to make sure we get all your questions answered.

Eugene Freund: Yes. I mean I think Jan is kind of pointing to a potential opportunity for – you know, for people to engage with TCPI. Sort of if you think – if you're below the threshold but you'd like to form a group, and you don't necessarily have group members, you could still participate in TCPI because that just wants you to be at practice.

And in TCPI, you might be able to find other members to join your virtual group and the (sub) at separate conversation. And correct me if I'm way off

base on this, might be how we might try to add many focus in TCPI to facilitate that.

Paul Rosen: Yes, Gene. That's right. We have less of practices that aren't actually solo practitioners or small groups involved with TCPI. So that would definitely work.

Eugene Freund: OK. Thank you both for that. More questions?

Operator: There are no further questions over the phone at this time.

Paul Rosen: So, Gene, do I have a couple more minutes to add a little bit more information?

Eugene Freund: You do.

Paul Rosen: OK. Great. Well, just to tell you a little bit what I do as sort of the medical officer of the group, and so that we're really trying to understand what the best practices in our learning community of 120,000 clinicians are. And we want to sort of highlight those and then spread them across the network.

So as people are working on generating quality outcome, cost savings, we want to share those stories along the network. So I spend a lot of my time talking to clinicians out in the field and really just asking them, you know, what are they doing improve quality.

And when I talk to them, I also ask them about if they're working on patient family engagement, if they're working on physician burnout, clinician burnout and then also of course on, you know, how they doing getting ready for QPP.

And then other – you know we have such a large network. There's just lots of lessons we learn like how are people tackling the opioid crisis and things like that.

So in general, the methodology is trying to bubble up the best practices across the network and then – and then share those throughout the group. Any other questions?

Operator: There are no further questions over the phone at this time.

Paul Rosen: All right. And another lesson is, you know, we have these 29 networks that have practices. But their projects really wouldn't be where it is without the support of these other clinician groups like AMA and ACP and others because they have at – a lot of resources that are really supporting our practices with. And we give some examples.

The American College of Emergency Physicians have quality modules where, you know, docs are ordering less imaging if it's unnecessary. And our American Psychiatric Association has an initiative to integrate behavioral health into primary care.

So these 10 other clinician groups and then the nurse – nursing coalition – they're working on a team based approach in the practice. So all these groups really help us move the project forward. So we're real thankful to have all these groups participating with us.

Well, I think – I think that's a sort of a good general overview. And you know if there's other questions, you know it – I'd be open to a future call or an e-mail of course. And thank, Gene, to have me on this call.

Eugene Freund: Thank you very much for joining us. I'm – I'm hoping that we can have more discussions as time goes on. I mean much is it's great to be receiving updates from CMS. It's a hope that we continue, being more a smaller forum.

We can have discussions and then some of that back and forth. So thank you, Paul. And thank you, Jan, for providing interesting ideas for discussion too.

At this point, I think Lisa Wilson is not able to be here to provide an update on the exchanges. Please interrupt me, Lisa, if you've called in to the speaker line and will be.

But we don't have announcements. We weren't sure we were going to have announcements at the – at this point on the – on the exchange both – did have it on the agenda.

We do have Joseph Shultz for Alisha Banks to talk about the upcoming National Provider Enrollment Conference. So go ahead, Joe.

Joseph Shultz: Yes. Thank you very much, Gene. And, yes, Joseph Shultz here. I'm very excited to announce to the folks here that we are holding our inaugural CMS sponsored National Provider Enrollment Conference this year. It is September 6th and 7th and at Charleston, South Carolina.

For those of you that are familiar with the 855 applications or PECOS, this conference allows you to have face to face time with CMS and Medicare Administrative Contractor provider enrollment experts as well as attend a general session and your option of different breakout sessions that are application focused and topic focused.

The conference is free to register. Again, it's September 6 and 7th in Charleston, South Carolina. Registration is now open. You can register at www.palmgpa.com/events/npec2017/.

Again, this conference is free. And we're excited to do it for our very first time. So if you have any questions, I'd be glad to answer. That's all I have.

Operator: Again, if you would like to ask a question, press star, one on your telephone keypad.

Joseph Schultz: I can now submit additional information. Some of the topics we'll be covering are revalidation. We're also going to cover how to avoid delays with your application.

We're going to have sessions on the CMS 855A application. That's for part A provider, suppliers to enroll in the program, 855B, all the application types and many other things as well.

So we'll have about 15 people there from them – from CMS. And we'll have representatives from each of the Medicare Administrative Contractor there as well as people to support the folks at the conference in getting set up for using online PECOS as an enrollment tool. So we'll have a lot to offer. And we're excited to see you there.

Eugene Freund: OK. Thank you. And I'll send out the web link. Actually, I'm pretty sure I got it. And we'll send that out in a follow up e-mail with some other web links and some things we've – we've going on. Thank you, Joseph.

Joseph Schultz: Thank you, Gene.

Eugene Freund: And then I've talk with a few of you about this. But I'm going to move to the QIP reporting tool pilot. We're trying to move into a little more modern age way of capturing the types of things that comes into QIP, maybe hope that more things come into the QIP effort.

And so what we've done is we have set up a little reporting tool. It's on the QIP webpage. And I will send you the link – the link after this meeting to everybody who got an invitation to the call.

So it actually links to Salesforce. In fact, I had misplaced the link right now. But I don't know if you really want me to read it over the phone anyway.

But I will – I will forward on that link after the meeting. You can also go to the CMS QIP webpage. And you'll see to report an issue to QIP. It's very simple form.

It doesn't ask for a whole lot of information. But if you are seeing the kinds of issues sometimes you call me about a particular problem, then you can – you can use that tool as another way of reporting and getting some information there.

E-mail is still good. We've also set up a QIP e-mail box to which basically comes to me also. We're – we're trying to do it in a way that, you know, gives you multiple doors to come into CMS and address some of the problems you see but also helps us kind of do a better job of recording what those issues are.

And I really want feedback. It's basically a pilot. We're not doing a large effort to market this tool this particular group, which is reasonably broad but

not super large as a great group to send that out to, and look forward to hearing from you regardless of how you choose interact with us.

And if you're having trouble getting into this call, just send an e-mail to me. But as far as transactional issues regarding CMS, that's what the tool is for.

Something that I suspect very few of you missed is the ACI hardship exemption form is now online. And I will send that notice out or forward that out.

Actually, Stefanie) is going to forward that out to the list after the meeting. And that also has an announcement of the August 16th QPP office hours, which is another forum to discuss QPP issues with CMS.

So those are two other things that I have to report. I'll open it up for questions at this point if you have any questions.

Operator: Again, if you would like to ask a question, press star, one on your telephone keypad. You have a question from (Jan Towers). Please go ahead. Your line is open.

Eugene Freund: Go ahead, Jane.

Jan Towers: OK. I want to correct something has – drive me nuts. The name's Jan.

Eugene Freund: Jan, I am so sorry. Thank you.

(Jan Towers): Apologize to any other Janes out there that like their name. Anyway, I would...

Eugene Freund: But your name is Jan. Sorry about that.

Jan Towers: The API – when you're talking about the hardship exemption, we had a question here related to that. Is the hardship exemption only for those people who have exceeded the threshold to still get out of putting together their data? Or does that include people like that?

Eugene Freund: I'm ...

Eugene Freund: ... not a subject matter expert on the exemption. But I believe that it is the former.

If you are not required to participate in this, you don't need as I understand it to submit the exemption form. And that that's also on the exemption form site about that. And ...

Jan Towers: OK.

Eugene Freund: as I review those materials. There is actually several Q&As. And one of the Q&As that's a little related to what you said, Jan, is that if you get the exemption but then ultimately end up submitting to qualify for that, that will basically override your exemption if you ultimately decide that you want your quality payment to be based in part on that. So – but there are some pretty helpful Q&As associated with that rollout.

Jan Towers: OK. We'll take a look.

Male: Better than a (Pridal) little threshold at solution in.

Eugene Freund: That's correct – that's correct. The hardship exception is for those who aren't...

Jan Towers: Exemption ...

Eugene Freund: ...who...

Jan Towers: ... keep).

Eugene Freund: ... yes, who aren't – ineligible for some other reason or who are ineligible, yes, so yes, who are eligible otherwise. That's correct. And that was Jan's question. Thank you.

Operator: There are no further questions over the phone at this time.

Eugene Freund: OK. Our next meeting is scheduled for the 1st of September. That is the Friday before Labor Day.

I got asked if we're moving more toward teleconferences. The answer to that is no. I really like having people coming in person unless I start getting feedback that's "why do we have to come in person?"

Well, you don't have to come in person. But if you decide you don't want to come in person, let me know. But I think we'll be able to figure that out after a few months.

But we are doing September 1st as a teleconference only mainly because I don't think it's a good idea with all the stuff coming down the pike to just up and cancel it.

A lot of times in previous years, during the summer, when people are on vacation and things are a little bit sleepy, we've actually cancelled them.

I'm a little loathe to do that because I don't know what we might want to have on the agenda. So we're going to have that. But just in case that is sleepy, we're going to just do it by teleconference.

And so that's – that's the plan. Looking toward future first Fridays and going forward for a number of months, first Friday pretty much works to be both on the phone and with definitely encouraged in person option.

So I'll open up for any other questions. This might be a time to suggest something you'd like to see on the agenda. But you can always send me those by e-mail, otherwise, I'm hearing a bit of a call that may be a discussion about how virtual groups can work.

Might be helpful to this group. So I'm thinking about that for future agenda, maybe not September 1st just because it might be a slow one. We could open it up for questions. And then we could close.

Operator: Again, if you would like to ask a question, press star, one on your telephone keypad. There are no further questions at this time.

Eugene Freund: OK. Everybody, thank you for coming and calling in. And this concludes our call. Thank you.

Female: Thank you.

Eugene Freund: Thank you. Thanks for the (help).

Female: Thank you.

Operator: This concludes today's conference call. You may now disconnect.

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