Introduction

This white paper examines how new technologies are creating a fully connected point of care ecosystem in outpatient facilities that promises to enhance the interaction between patients and caregivers. It offers suggestions for how the connected point of care ecosystem can provide a solid foundation to implement and achieve performance goals tied to emerging value-based models of payment. One such model, which we focus on later in this paper, is the Merit-Based Incentive Payment System (MIPS), which is a part of the Medicare Access and CHIP Reauthorization Act (MACRA).
Connected Point of Care Ecosystem

A fully connected point of care ecosystem integrates processes, equipment and caregivers to create a seamless, well-coordinated patient experience and positively impact clinical outcomes.

The point of care ecosystem (see Figure 1) is more than just the direct interaction between patients and caregivers. It encompasses everything that happens within the practice or clinic and has recently grown to include experiences occurring outside this environment (e.g., expansion of the patient-centered medical home, retail clinics). For many healthcare organizations, exam and procedure rooms are comprised of disconnected processes, devices and components that often negatively impact patient experiences and create inefficiencies, communication breakdowns and human errors.

A fully connected ecosystem is becoming more of a reality as new technologies continue to integrate processes, equipment and caregivers at the point of care to significantly enhance patient and caregiver experiences and improve the quality of ambulatory care. This connected point of care ecosystem ensures a more satisfying and seamless patient experience by providing a platform where organizations can leverage new technologies, incorporate best practices and employ greater standardization to improve care and outcomes.

For a more detailed explanation of the connected point of care ecosystem and the benefits of this type of ecosystem, including greater visibility, a standardized approach, greater efficiency and enhanced patient-caregiver interaction information, see Midmark’s previous white papers on the topic.
The Rise of Value-Based Payment Models

Since the passage of the Patient Protection and Affordable Care Act in 2010, value-based payment models have gained traction as consumer, healthcare and government groups work together to identify and track metrics that will improve the quality of care. According to a recent study on the growth of value-based models of payment, surveyed payers reported that 58 percent of their business has already shifted to value-based reimbursement. This is a 10 percent increase from the previous year.¹

MACRA, which the U.S. Congress passed in 2015 to change the way Medicare pays caregivers, is driving much of this growth. It replaced many pay-for-performance programs with a single system of incentive payments for reducing costs, improving outcomes and enhancing the patient experience.

MACRA established two new value-based reimbursement structures: Alternative Payment Models (APMs) and MIPS. Initially, most providers and health systems will start their MACRA journey in the MIPS program since it allows them to progressively adapt to value-based incentives. Over time, as their proficiency in at-risk payments becomes more secure, many will choose to convert to an Advanced Payment Model option within MACRA, where shared savings are more significant (but so is the financial risk).

MIPS adjusts provider payment based on a final score calculated using quality metrics in four weighted categories that will shift in importance as the program progresses:

- **Quality** – Based on the Physician Quality Reporting System (PQRS)
- **Cost** – Based on the Value-Based Payment Modifier (VBPM)
- **Advanced Care Information (ACI)** – Based on the Medicare Electronic Health Records (EHR) Incentive Program (Meaningful Use)
- **Improvement Activities (IA)** – New category that contains activities similar to the functions of a patient-centered medical home (PCMH)²

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A Foundation for Value-Based Care

Forward-thinking caregivers and healthcare systems that begin the journey toward a more connected point of care ecosystem will be better prepared to succeed in the new value-based payment world. A connected point of care ecosystem strengthens the focus on the patient by enhancing the patient/caregiver relationship and improving the quality of ambulatory medical care.

A connected ecosystem in the ambulatory setting helps with the transition to a value-based reimbursement model in four key areas:

**CLINICAL OUTCOMES**
- Decrease of human variables that contribute to inaccurate diagnosis
- Consistent and accurate vital signs acquisition to set the stage for appropriate diagnoses and care planning
- Promotion of clinical standardization with the incorporation of established best practices for common office procedures
- Enhanced clinical data management among care team members

**PATIENT SATISFACTION**
- Seamless, well-coordinated patient-centered experience
- Optimized time spent on patient needs by the entire care team
- Confidence in clinical data accuracy at the point of care
- Accessibility to data for patient education and treatment discussion

**COST OF CARE**
- Platform for incorporating best practices to drive more efficient workflows
- Insight for data-driven business decisions to improve performance
- Reduction of transcription errors
- Automation of key processes, where possible, to gain efficiency and precision

**PROVIDER SATISFACTION**
- Consistent processes and standardization across exam rooms and networks
- More quality time spent with patients
- Improved workflows that helps care teams work more closely together
- Confidence in data accuracy needed to strengthen disease management
The Connected Ecosystem and MIPS

While a connected ecosystem does not guarantee a higher MIPS score or better reimbursement, leveraging a connected care ecosystem can be helpful in achieving some of the quality metrics the model uses as part of its calculation.

- **Controlling Blood Pressure (BP), Hypertension: Improvement in Blood Pressure, and Preventative Screening for High Blood Pressure.** These three quality metrics reward providers for properly screening and managing patient hypertension. A connected point of care ecosystem facilitates the repeatable adherence to a health system’s clinical guidelines for proper BP measurement techniques to achieve more accurate, consistent and reliable BP measurement for all patients. The new level of connectivity protects the quality of data by virtually eliminating the risk of human errors occurring at the keyboard. (For more details on vital signs and the connected point of care ecosystem, see “Midmark IQvitals Zone Technology: Connecting Vitals Acquisition within the Point of Care Ecosystem”)

- **Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation.** This metric measures how many patients with a diagnosis of COPD receive a spirometry test. As the connected point of care ecosystem evolves, diagnostic equipment will become more integrated into the exam process. Diagnostic tests will be streamlined and easier to perform, with the data automatically transferred to the EHR to ensure accuracy.

- **Patient-Specific Education and Patient-Generated Health Data.** These two metrics reward providers for using an EHR to identify patient-specific educational resources and incorporating patient-generated data into the EHR system. A connected ecosystem minimizes connectivity challenges at the point of care and enables caregivers to effortlessly and securely connect their tablet or laptop to the device upon entering the exam room. This allows caregivers to easily incorporate EHR usage into the exam and quickly access data to share with patients without negatively impacting patient/caregiver interaction.
■ **Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents.** This gives incentives for percentage of young patients with height, weight and BMI percentile documentation. A connected point of care ecosystem ensures a reliable and standardized vital signs acquisition process that requires minimal clicks for data entry, efficient workflows and accurate data transmission. Using an exam chair with an integrated scale connected to the EHR system can eliminate any patient anxiety or stigma of being weighed in a hallway or public station and helps ensure consistent and accurate data.

■ **Completion of the American Medical Association (AMA) Steps Forward Program.** This metric rewards physicians for optimizing space designs for medical facilities, implementing team-based care or improving quality with effective change management. While the point of care ecosystem encompasses experiences and interactions that occur outside the practice or clinic, the exam room is still the primary place where caregivers sit with patients, talk with them, listen to their concerns and work with them on treatment plans and next steps. Implementing an effective, patient-centered exam room design can increase efficiency and optimize workflow to support better processes and the delivery of high quality care. *(See “Five Key Factors to an Effective Exam Room Design”)*

■ **Engagement of Patients, Family and Caregivers in Developing a Care Plan.** This metric incentivizes providers incorporating the patient and family in prioritizing goals. A connected point of care ecosystem helps create a comfortable environment that fosters group discussion around care needs of the patient. It provides a platform where more efficient workflows can be implemented to ensure adequate time for caregiver/patient interaction. For instance, with vital signs acquisition streamlined and simplified through automated data transfer and a new level of connectivity, caregivers can spend less time clicking and logging in and more time listening and engaging the patient.

■ **Implementation of Documentation Improvements for Practice/Process Improvements.** This metric rewards providers for tracking all clinical staff involved in an outpatient procedure. A key component of a connected point of care ecosystem, real-time locating systems (RTLS), can be used in combination with patient flow software to monitor and gain insight into patient/caregiver interaction and the utilization of equipment, rooms and staff. Data gathered by the technology can be viewed historically for trending insights within a practice or to compare processes between multiple practices.

■ **Implementation of Formal Quality Improvement Methods, Practice Change... or Leadership Engagement in Regular Guidance and Commitment for Implementing Practice Improvement Changes.** These two metrics reward healthcare systems that train staff in quality improvement methods or engage all staff in identifying and testing changes. A connected point of care ecosystem provides the framework needed for healthcare organizations to establish both practice- and network-wide operational and clinical standards. Within this type of structured, consistent environment, it is often easier to identify opportunities to improve workflows and processes and gather data to monitor those changes for effectiveness.
Conclusion

It’s important that caregivers remember that MACRA/MIPS is a journey and not a destination. The ambulatory environment is the centerpiece of an effective value-based care strategy as providers transition away from fee-for-service structures and into value-based models of payment.

As the healthcare industry moves toward value-based payment models, a fully connected point of care ecosystem positions caregivers for success by creating an environment that drives repeatable clinical standardization, helps ensure consistent high patient and provider satisfaction, and supports better outcomes. While providing a platform to help providers and their teams with the fundamentals of effective patient encounters, the connected ecosystem plays a valuable role in any MACRA strategy by supporting specific MIPS quality metrics.