

American Society of  
Anesthesiologists®

## PSH – ASA’s Goals & Concerns

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Context  
Why  
What  
Concern  
Q&A

*“It is not the strongest species that survive, nor the most intelligent, it is the one most adaptable to change”*  
-Charles Darwin

**I skate to where the puck is going to be, not where it has been.**  
- WAYNE GRETZKY

## The National Quality Strategy

APPROVED  
MAR 2, 2010  
**UPHELD**  
JUNE 2012  
*Barack Obama*

The strategy is to concurrently pursue three aims:

### NQS Priority

1. Making care safer by reducing harm caused in the delivery of care
2. Ensuring that each person and family members are engaged as partners in their care
3. Promoting effective communication and coordination of care
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
5. Working with communities to promote wide use of best practices to enable healthy living
6. Making quality care more affordable for by developing and spreading new health care delivery models

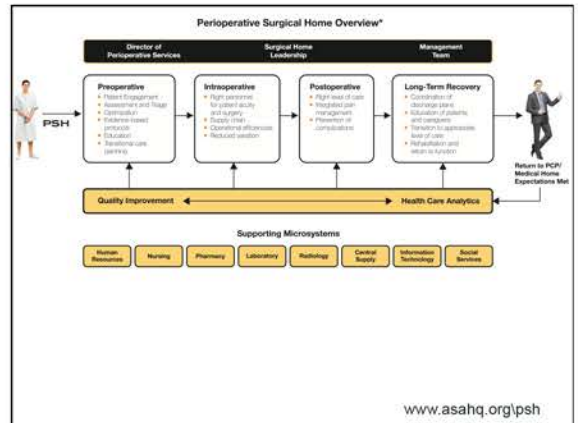
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# Perioperative Surgical Home



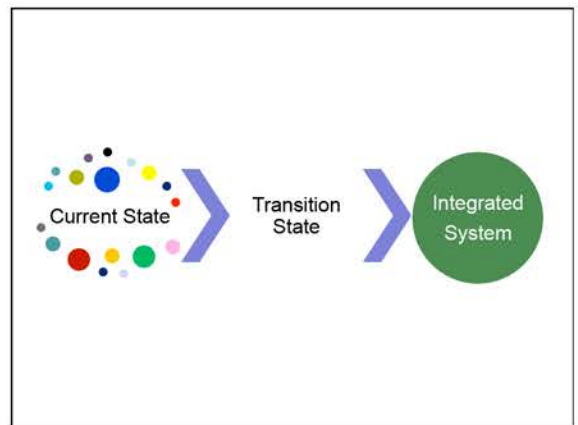
Strategy without  
tactics is the slowest  
route to victory.  
Tactics without  
strategy is the noise  
before defeat.

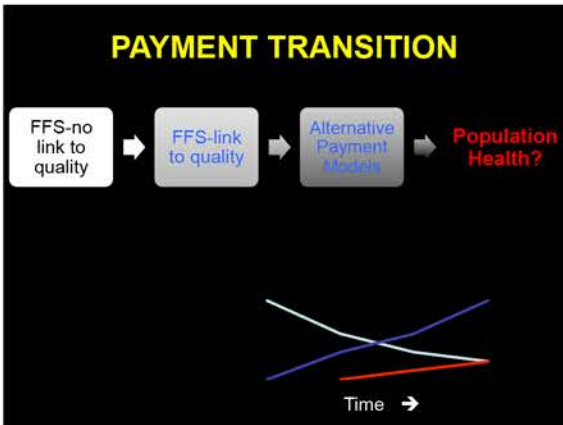
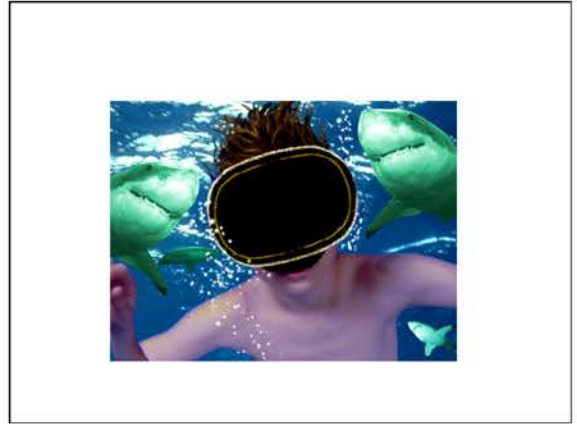
Sun Tzu



## PSH-Why

- Quality & Safety**
  - Decrease complications
  - Decrease readmissions
  - Decrease mortality
- Improve Operational Efficiency**
  - Cost
- Strategically Positions our Specialty**
- Aligns with Alternative Models of Payment**





**The new Merit-based Incentive Payment System helps to link fee-for-service payments to quality and value.**

**The law also provides incentives for participation in Alternative Payment Models in general and bonus payments to those in the most highly advanced APMs.**

#### New HHS Goals

Year	FFS linked to quality and value	APMs
2016	30%	55%
2018	50%	80%

- All Medicare fee-for-service (FFS) payments (Categories 1-4)
- Medicare FFS payments linked to quality and value (Categories 2-4)
- Medicare payments linked to quality and value via APMs (Categories 3-4)
- Medicare Payments to those in the most highly advanced APMs under MACRA

CMS.GOV

### SGR Repeal Creates Two Tracks for Providers

**Track One: Merit-Based Incentive Payment System (MIPS)**

2015 – 2019: 0.5% annual update	2020 – 2025: Frozen payment rates	2026 and on: 0.25% annual update
2019: -4% to +12% at risk	2021: -7% to +21% at risk	
2020: -5% to +15% at risk	2022 and on: -9% to +27% at risk	

**Track Two: Advanced Alternative Payment Models (APM)**

2015 – 2019: 0.5% annual update	2020 – 2025: Frozen payment rates	2026 and on: 0.75% annual update
2019 – 2024: 5% participation bonus		
APM revenue requirements:	2019 - 2020: 25% Medicare	2021 - 2022: 50% Medicare OR 50% all-payer
		2023 and on: 75% Medicare OR 75% all-payer

### Multiple Medicare Incentives Aggregated Into MIPS<sup>1</sup>

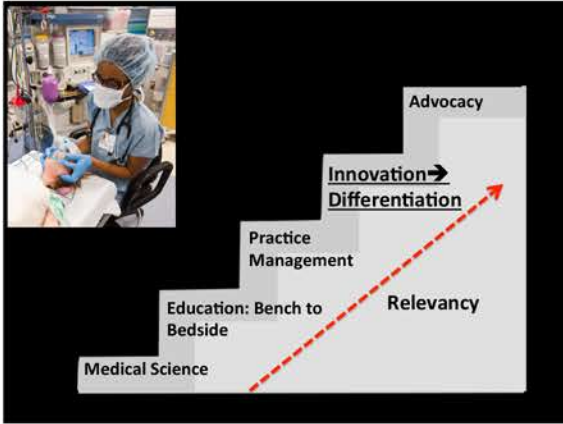
**MIPS Score Comprised of Four Categories**

Year	Meaningful Use	Clinical Practice Improvement	Resource Use	Quality
Year 1	25%	15%	10%	50%
Year 2	25%	15%	10%	50%
Year 3+	25%	15%	10%	50%

**Score Will Determine Medicare Payment Adjustment**

High performers receive 30% additional incentive

Non-reporting providers (non-eligible scores) receive 10% penalty



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**Thank You!**