

The 2017 performance year for the Quality Payment Program was:

- The first year of the program
- A transition year for many clinicians
- Implemented gradually through “Pick Your Pace”
- Focused on flexibility to reduce participation burden

Mean and Median Final Scores

	SR GROUPS	CMS GROUPS
MEAN	93.31 points	76.2 points
MEDIAN	93.7 points	91.04 points

Mean and Median Strategic Radiology* Final Scores for MIPS

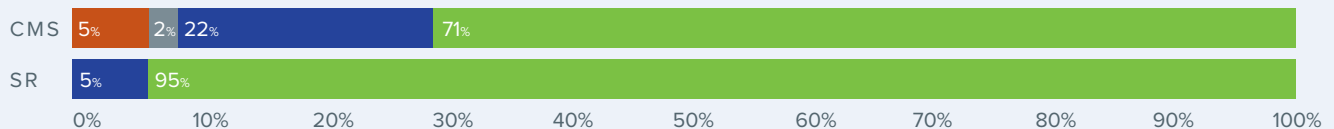
MEAN	MEDIAN
93.31 points (out of 100 points) was the overall SR mean score for the MIPS 2017 performance year	93.7 points (out of 100 points) was the overall SR median score for the MIPS 2017 performance year
94.12 points for clinicians participating in MIPS (not through an APM)	100 points for clinicians participating in MIPS (not through an APM)
88.99 points for clinicians participating in MIPS through an APM	88.71 points for clinicians participating in MIPS through an APM

*SR Members Reported Data for a Total of 19 Taxpayer ID Numbers.

Mean and Median Final Scores for Large, Rural, Small, and SR Practices

	LARGE	RURAL	SMALL	SR PRACTICES
MEAN	74.37 points	63.08 points	43.46 points	93.31 points
MEDIAN	90.29 points	75.29 points	37.67 points	93.7 points

SR Payment Adjustment Highlights



	Negative* 0 pts	Neutral 3 pts	Positive Only >3.01 - 69.99 pts	Positive with Additional Adjustment for Exceptional Performance ≥70 - 100 pts
Min Adjustment	0.00%	0.00%	0.00%	0.28%
Max Adjustment	-4.00%	0.00%	0.20%	1.88%
Min Final Score	0.00	3.00	3.01	70.00
Max Final Score	2.99	3.00	69.99	100

*For negative payment adjustments only: The Minimum Final Score is associated with the Maximum Payment Adjustment.

100% of SR Practices received a positive payment adjustment, with 95% exceptional.

Quality Categories

8 Mean measures submitted

↳ 6.6 High priority measures

79.12 Mean quality score

85 Median quality score

REPORTED MEASURES INCLUDED:

- #76 CVC Insertion Protocol
- #145 Radiation Exposure
- #146 Inappropriate use of “Probably Benign”
- #147 Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy
- #225 Reminder System Mammograms
- #405 FU Incidental Abdomen Lesions
- #406 FU Incidental Thyroid nodules
- #195 Stenosis Management
- #436 Dose Lowering Methods
- #130 Documentation Current Medications
- #322 Cardiac Stress Testing Appropriateness
- #323 Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention
- #324 Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention
- #361 Reporting Radiation Index Registry
- #364 FU CT Pulmonary Nodules

Improvement Activity Category

All Strategic Radiology groups received full credit equal to 15 points towards final score (APMs = 20). The following improvement activities were reported in five categories:

PATIENT SAFETY AND PRACTICE ASSESSMENTS

- Participation in AHRQ listed PSO (IA_PSPA_1)
- Participation in MOC Part IV (IA_PSPA_2)
- Use of patient safety tools (IA_PSPA_8)
- Measurement and improvement at the practice and panel level (IA_PSPA_18)
- Implementation of formal quality improvement methods, practice changes or other practice improvement processes (IA_PSPA_19)
- Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes (IA_PSPA_20)

EXPANDED PRACTICE ACCESS

- Provide 24/7 access to eligible clinicians or groups who have real-time access to patient’s medical record (IA_EPA_1)

POPULATION MANAGEMENT

- Chronic Care and Preventive care management for empaneled patients (IA_PM_13)

CARE COORDINATION

- Implementation of improvements that contribute to more timely communication of test results (IA_CC_2)
- Implementation of documentation improvements for practice/process improvements (IA_CC_8)
- Care transition standard operational improvements (IA_CC_11)

BENEFICIARY ENGAGEMENT

- Collection and follow-up on patient experience and satisfaction data on beneficiary engagement (IA_BE_6)