Institution

Student’s name

Course

Date

**Value Based, MIPS and APM Programs**

The law requires a Content Management System (CMS) to start a quality program known as the Quality Payment Program. The program rewards the outcomes and values in two ways. One of them is the Merit-based Incentive Payment System (MIPS) and the other one is Advanced alternative Payment Models (APM). In MIPS, clinicians are included if at all they qualify to be of clinician type and have the requirements specified (Sanghera et al 2016). This involves the charges allowed in covering professional services that are found in the Medical Physical Fee Schedule and the size of patients’ services that are found in the Medical Physician Fee Statement.

 In measuring the performance, reports from the clinicians' data are used which cover different aspects. This includes Cost, Quality, and Improvement in different activities and Promoting Interoperability. MIPs are developed in such a way that they can update and intergrade other previous programs like Value-Based Payment Modifier, Medical Electronic Health Record among others. The final score is collected from the data collected from various categories. One of them is Quality. Under quality, various aspects are looked at including quality of care delivered and this is based on the measures created by the CMS and other group members. Six performance measures are picked with good suits the practice.

Another category is the PI (Promoting Interoperability), which is being renamed after Advancing Care Information Performance. This category focuses on the engagement of patients and the exchange of electronic information through the use of Certified Electronic Health Technology. The category is being used instead of the previous form which was known as the Meaningful Use. PI is achieved through comprehensive sharing of information with other patients or the clinicians. Some of the information shared include the testing results, a summary of the number of visits paid and the therapeutic plans of the patient.

We also have the category of Improvement Activities. This involves the entry of activities that check on the measures being taken to improve the care processes, enhancing patient engagement as well as increasing the access to care. Appropriate activities can be chosen from the inventory. They include enhancement of Coordination care, decision making and expansion of the practice access. The last category involved is on the cost. This category takes the position of VBM. CMS calculates the cost of care provided basing on the medical claims. MIPS makes use of cost measures in finding the total cost of care spend used on annual basis or the period of the hospital stay.

The aim of MIPS is simply to link payments to efficient cost care, foster improvements in the healthcare processes and the results or the outcomes, reduce the amount of cash spend of healthcare and also to increase the usage of healthcare information. The Performance of MIPS starts of first January and ends on 21st December. By 31st March every year, program participants must provide the data collected during the previous year. This is important in order to avoid having their payments reduced in the preceding year.

Alternative Payment Model (APM) is another system of medical compensation, where an additional amount of cash is awarded for the higher quality provided by the health workers (Braunstein 2018). The level of cost efficiency observed is also put under consideration when it comes to compensation. Such payment models may be applied to episodes of care or even in healthcare populations. We also have value-based programs. In this program, payments are made basing on the health outcomes of the patients. In this case, healthcare workers are rewarded for improving the health conditions of their patients. This also involves reducing the effects of various diseases like cancer and other chronic diseases. In value-based healthcare systems, the ‘value’ is derived from health outcomes and not the cost used in delivering the outcomes.

There are various ways in which value-based can factor both MIPS and APMS programs. For instance, looking at the main focus of value-based programs is to improve the final outcomes of the patient. Apparently, MIPS and APM program also have the same goal, only that the concentrate much on meeting various standards set (Agarwal, et al 2018). In AMP, for instance, cost efficiency is rewarded. In this case, if Value based programs are incorporated in these systems then definitely the target of reducing cost will be attained. This is because, in value-based, more concentration is on providing the best services so that the patients can improve on their health condition. If at all this happens, then it is expected that fewer costs will be incurred since less medical resources will be utilized by the patients and also the time spent in the medical institutions will significantly reduce.

In a value-based model, the health workers achieve efficiency and great patient satisfaction. This is due to the good interaction created between the patients and the health workers. As a way of ensuring that the health condition of the patient is well restored, then other factors like providing psychological support and being friendly to the patients must also come in. If at all good relationship between the patient and the doctors are created, then there are high chances of obtaining quality results due to the kind of cooperation that would be enhanced. This means that as much as other programs focus on attaining different goals, some of the key strategies that are being practiced in the value-based program need to be used in order to attain the objectives set.

As much as MIPS and APMS are relevant in the medical institutions, there are various barriers that prevent them from being implemented or rather maintained for a longer period of time. One of them is the lack of adequate resources needed to transform value-based techniques into MIPS and AMPS (Sanghera et al 2016). In order to transform fully into the use of electronics when dealing with the patients, a lot of costs must be incurred and also the records of both the people in the society and the health workers need to be moved into the system. This means that there will be a need for spending a high amount of cash in installing various technical devices and also maintaining them.

Another barrier is lack of adequate skills among most of the health workers when it comes to dealing with complicated electronic gadgets like the desktops. Most of them are used to traditional methods of taking care of the patients, where much concentration is only on attempts to improve the health condition of the patient. It would, therefore, require all health workers to gain more education on various skills required in order to fully transform into the use of MIPS and APM.

Access to stared data is also another problem. Health providers who are not part of larger organizations may experience difficulties in accessing the shared patient information. Because of this, the rate of providing a various report will also reduce since much time and resources would be used in gaining access to the required data. Therefore as much as there will be sharing of data, it won’t be easier for all users to operate efficiently. For this reason, there is the need of having most of the things being first out into consideration. This includes the training of the health workers among other things.

The recommendation I would give to a physician who must choose between participating in MIP or APM is to participate in MIPS. This is because MIPS is closer to the fee-for-service. In this model, CMS is allowed to increase the compensation basing on the clinical quality scores, practice improvement, and important electronic records. The performance of the physicians will be compared to peers or even to them themselves in determining the number of resources they have utilized. In this program, the compensation is not very high as compared to those that would be expected in APM. The good thing with this approach is that the chances of being compensated are high. In the APM model, the risks are high since there is no reward to the physicians who fail to meet the matrices set by the ACO.

Generally, value-based programs are helpful when it comes to reducing healthcare cost. For instance, in this approach healthcare work as much as they can in ensuring that the patient's outcomes are improved and apart from that, the chances of having the same health issues are also reduced. If at all this is done to all patients then it is an indirect way of having the whole society being transformed into a healthy society. Less medical resources will, therefore, be used in patient treatment. In this approach, patients are also encouraged to lead a better kind of lifestyle, thereby reducing the chances of contracting diseases that might arise in issues like taking an unhealthy diet. Basically, the value-based approach is the best when it comes to ensuring that the health costs are reduced. The idea of aiming at long-term solutions is also another strategy of ensuring that minimum resources are being utilized on patients. Other than that, technological items that are associated with this approach are also less, thereby less cost when it comes to maintenances.

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