

Evaluating the impact of MIPS on marginalized populations

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INTRODUCTION

US MACRA legislation signals a transition from fee-for-service to value based payment. Whether this shift will actually enhance the primary care function, improve quality of care and reduce disparities is unknown. We evaluated measures proposed in MACRA's Merit Based Incentive Program (MIPS) using a quality framework to try and identify gaps in this new pay for performance program.

METHODS

We used a directed content analysis of MIPS measures utilising a pre-existing quality framework as the coding matrix. The coding matrix included 12 domains that represented intersecting dimensions of health care (structure, process and outcome) and dimensions of quality (access and effectiveness). We used rank order comparison to numerically describe the categories that were coded.

FINDINGS

There are 143 measures in MIPS that apply to primary care. 78% of the measures relate to effectiveness of clinical care and 12% relate to health status measurements that reflect effectiveness. Five domains had less than five measures each and a further five domains had no measures coded against them. Measures of the structure of clinics, i.e. the organisational aspects that provide an opportunity for people to receive health care, were absent.

DISCUSSION

A lack of measures relating to affordability, access and interpersonal relationships may result in MIPS exacerbating inequalities for marginalized populations. This suggests a need to apply a theoretical framework to the development of pay for performance programs to incentivize addressing health inequalities

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