

How are you preparing for 2025's new quality measures?

It might feel like 2025 is a long way off — that is, until you think about what it takes to implement a new data management system in healthcare. Now, does 2025 still feel far away?

The truth is that electronic quality measures will dictate accountable care organization (ACO) reimbursements before you know it. Although implementing a quality scoring approach is challenging, you can be ready for the 2025 changes if you start thinking about these three things now.

1 Understand the complex quality scoring rules for ACOs

Value-based payment models are complex. The key to getting on track and staying on track for 2025 is planning. Set yourself up for successful quality submissions by considering what you can do today to build an understanding of the rules.

Keep in mind that you need to grasp the upcoming CMS reporting requirements now — and later. The quality scoring rules change frequently, so you'll need to stay up to date.

Another benefit: You'll have a much easier time adapting to those frequent changes if your quality performance approach is already running. As you design your approach to quality performance, consider:

- Which scoring approach is best for which ACO?
- How will you ensure you've collected all the data for quality scoring?

- How will you know when the data you've gathered is enough to do a measure calculation?
- What is the process for de-duplication of patient records?
- How will your quality scoring approach affect performance?

Of course, understanding the rules will get you only so far. Once you have the thinking under control, you need to do the work.

2 Get the right data from practices

Many ACOs don't have the expertise to gather, normalize, calculate, and report on data constantly. Then, consider the volume of data and the dozens of different EHRs among practices, all the responsibility of people whose core competency is not data management. It's enough to make most people's heads spin.

The Centers for Medicare & Medicaid Services (CMS) says that if you're delivering quality care, you must prove it across your entire patient population for MSSP ACOs. How will you know you meet the CMS quality measures at the entity level?

A good place to begin is with your ACO's practices. How much do your they know about the quality measures they'll support in 2025? Partnering with them is vital to creating an effective, sustainable quality performance approach.

You can set practices on the right path by educating providers about things they can — and should — do to ensure a solid quality performance. For example, depression screens often fall by the wayside for busy providers. By 2025, you'll need to be in lockstep about recording such data every time.

At the ACO entity level, think about the data you'll need from the practices and how you'll collaborate. Ask yourself these questions:

- How can you make it easier for practices to provide quality data?
- How will you guide practices through the process?
- How can you make sure the platform you choose for your quality approach is sustainable?
- How will you manage patient matching, so you identify the right patient across multiple EHRs and de-duplicate to ensure you report on them only once?

In the past, you may have focused on a smaller population for specific quality measures — and maybe it worked. In 2025, though, you'll have to report on the entire patient population for all payers.

To support your measure calculation across practices' different EHRs, you need to normalize the data for "apples to apples" comparison. The result is that all your data, from every EHR, ladders up to a single, normalized population you can view as a whole.

3 Evaluate and choose a partner

Do you truly have the expertise to ensure that you gather and process the complete dataset? Implementing a quality scoring approach can be a difficult task, especially if you're lacking the expertise.

If entity-level data management isn't your core competency, you're not alone — and it doesn't mean you'll fail. However, it does mean you should begin. The earlier you do, the more you'll know about your patient population and how you need to adjust to meet your target quality scores, with enough time to do so effectively.

Consider partnering with an organization that has a history of success and focuses on the quality scoring approach. They should provide a true end-to-end solution within their service offering, including aggregation, performance, and submittal. An expert partner can help you:

- determine your quality scoring approach
- assess your entity-level processes
- bring your practices up to speed
- streamline your data management
- coordinate the workflow through data aggregation, normalization, performance, and analysis
- manage your quality submission

Even with an expert on your side, preparing for the new regulations is a long process, like any data-related implementation in healthcare. That's why it's critical to give your organization time to fine-tune your approach. Don't wait until 2025 to get started.

The new quality measures aren't a place to gamble — and you don't have to tackle them alone. Partnering with an organization that specializes in end-to-end data management and quality performance reduces the strain on your organization and maximizes your profitability.

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