

# MIPS Value Pathways

## Current Structure of MIPS (In 2020)

- Many Choices
- Not Meaningfully Aligned
- Higher Reporting Burden

## New MIPS Value Pathways Framework (In Next 1-2 Years)

- Cohesive
- Lower Reporting Burden
- Focused Participation around Pathways that are Meaningful to Clinician's Practice/Specialty or Public Health Priority

## Future State of MIPS (In Next 3-5 Years)

- Simplified
- Increased Voice of the Patient
- Increased CMS Provided Data
- Facilitates Movement to Alternative Payment Models (APMs)

### Building Pathways Framework

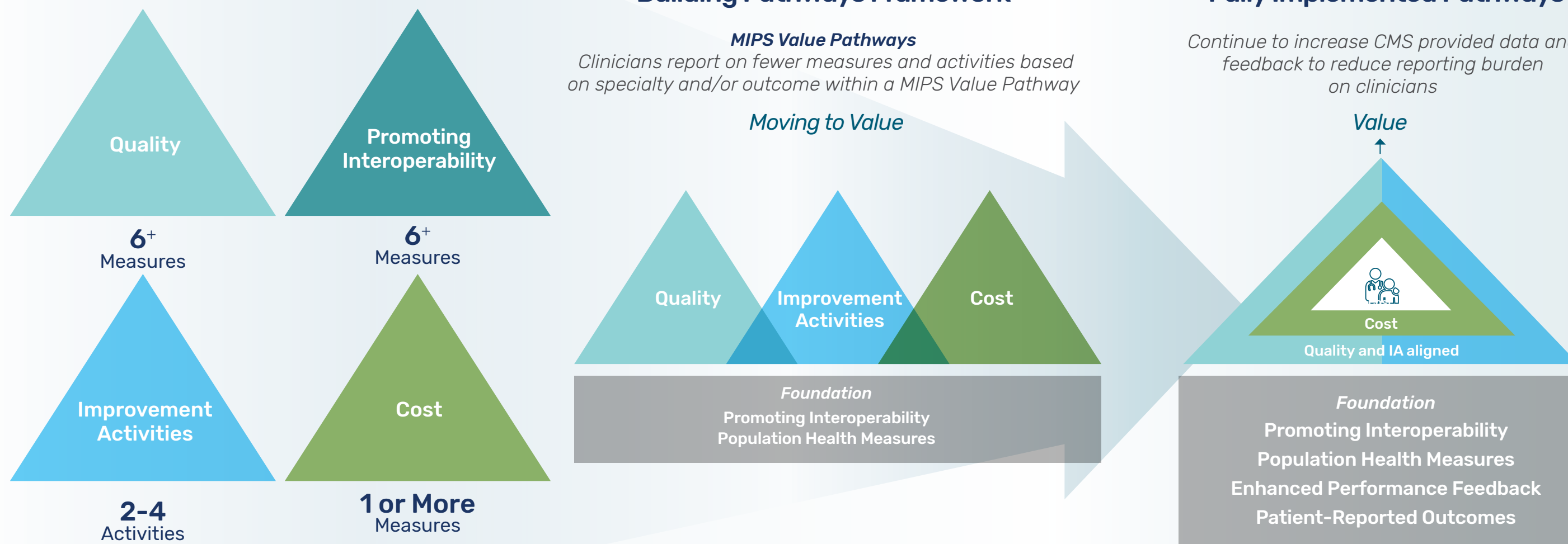
#### MIPS Value Pathways

Clinicians report on fewer measures and activities based on specialty and/or outcome within a MIPS Value Pathway

#### Moving to Value

### Fully Implemented Pathways

Continue to increase CMS provided data and feedback to reduce reporting burden on clinicians



**Population Health Measures:** a set of administrative claims-based quality measures that focus on public health priorities and/or cross-cutting population health issues; CMS provides the data through administrative claims measures, for example, the All-Cause Hospital Readmission measure.



### We Need Your Feedback on:

#### Pathways:

What should be the structure and focus of the Pathways?  
What criteria should we use to select measures and activities?

#### Participation:

What policies are needed for small practices and multi-specialty practices?  
Should there be a choice of measures and activities within Pathways?

#### Public Reporting:

How should information be reported to patients?  
Should we move toward reporting at the individual clinician level?