Teammates,

Thank you for all your efforts to LSI’s MACRA participation, our results would not be possible without **your obvious dedication!**

Though final results are not distributed by CMS until the summer of 2019, our tallies show we improved in *4 of our 6 measures*.

(021, 047, 048, 131 – details below)

These are some of the key highlights of 2018 compared to 2017:

* + Overall Score: **2018 Year End:** 88.9%  vs. **2017 Year End**: 69.63%   **{+19.27%}**
  + Key Measures 2018 improvement:  \*131 Pain Scale: 91.74% **{+54.94%}**
  + \*047 Advance Directives Q4 80.61%  **{+35.03%}**

As this is a new year, MACRA data collection restarted 1/1/2019. Our results become more important this year, as scores are accessible to the public year round.

To ensure 2019 continues on a positive path, **please review the attached file (Provider Dashboard 1.27.19); to identify and coach all your providers with scores under 85% {this includes coaching their designated permitted scribes, as applicable}.**  *If you need help with this, or any MACRA requirement,**PLEASE, be in touch.*

Our 2017 / 2018 data is shown below, along with the related gain/loss compared to our previous report, November 23rd:

(\*See the end of this email for details on the attached trainings and report.)

**QM 047** Advance Directives: **12/31/2017:** 45.58% **9/18/2018:** 76.19% **{+30.61%} 10/23/2018:** 78.46% **{+2.27%} 11/23/2018:** 78.84% **{+0.38%} 1/27/2019:** 80.61% **{+1.77%}**

**QM 130** Medication Documentation: **12/31/2017:** 86.46%**9/18/18:**90.77% **{+4.31%}**

**10/23/2018:** 91.1% **{+0.33%} 11/23/2018:** 79.85% **{-11.25%} 1/27/2019:** 80.87% **{+1.02%}**

**QM 048** Urinary Incontinence – Kudos for your Excellent Performance! Please congratulate all providers for outstanding results on this measure, and continue the great work!

**12/31/2017:** 99.67%**9/18/2018:**99.17% **{-0.5%} 10/23/2018:** 99.15% **{-0.02%}**

**11/23/2018:** 99.18% **{+0.03%} 1/27/2019:** 99.22% **{+0.04%}**

**QM 238:** Medication Documentation (Use of High Risk Medications in the Elderly):Please continue documentation according to training instructions. (This is an ‘inverse’ measure, therefore lower scores are better.) **12/31/2017:** 13.96%**9/18/18:** 16.65% **{+2.69%} 10/23/2018:** 17.02% **{+0.37%} 11/23/2018:** 23.61% **{+6.59%} 1/27/2019:** 19.01% **{-4.60%}**

**QM 021:** Perioperative Care: Selection of Prophylactic Antibiotic -  Continue documentation according to training instructions. Great results protecting our patients! **12/31/2017:** 88.83% **9/18/18:** 97.38% **{+8.55%} 10/23/2018:** 97.13% **{-0.25%}  11/23/2018:** 97.09% **{-0.04%}  1/27/2019:** 97.03% **{-0.06%}**

**QM 131**: Pain Assessment: Excellent results! This is obvious proof we can reach perfection!

**12/31/2017:** 36.8%**9/18/18:**90.67%**{+53.87%} 10/23/2018:** 91.38 **{+0.71%} 11/23/2018:** 91.21% **{-0.17%} 1/27/2019:** 91.74% **{+0.53%}**

\*Though the attached training references 2017, this also applies to 2018 and 2019.

\*\*QM 047 Advance Directives measure is now also performed by our Hospitality Associates, in addition to the ASC.

\*\*\*The Provider Dashboard Report lists ‘all’ LSI providers, including providers that are not involved in these measures. If a provider is listed showing a denominator of ‘**0’**, this means the provider is not responsible for the measure.  To identify your providers only, use the dropdown in column A of the report. To check performance for each measure, click on each Tab at the bottom of the report.

\*\*\*\* TheTraining document provides detailed report instructions, to help you monitor and coach the specific staff members, who are not entering the data correctly, on specific visits.

Help with any of this is a call or email away – please be in touch with the MACRA Committee or me.

Thank you!!

SHELLEY TIMKO, CHC CHPC Regulatory Compliance Manager and Privacy Officer