# 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

**Quality**

**Improvement Activities**

**Cost**

**Foundation**
- Promoting Interoperability
- Population Health Measures

### Fully Implemented Pathways

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

**Quality and IA aligned**

**Value**

**Cost**

**Foundation**
- Promoting Interoperability
- Population Health Measures
- Enhanced Performance Feedback
- Patient-Reported Outcomes

### 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?