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

- **Moving to Value**
  - Implementation to begin in 2021

### Fully Implemented Pathways
- **Value**
  - 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.

- Clinician/Group Reported Data
- CMS Provided Data

Goal is for clinicians to report less burdensome data as MIPS evolves and for CMS to provide more data through administrative claims and enhanced performance feedback that is meaningful to clinicians and patients.