



SIM

Quality Metrics

Work Group

Monday, March 28, 2016

Agenda



- **Introductions**
- **Quality Performance Reporting and Payment Reform Environment**
- **Overview of eCQMs**
- ***Proposed* HIE Tool for Reporting**

Objectives and Discussion

- Review work group progress
 - Are there any additional topics the District should consider?
- Understand the current quality performance reporting and payment reform landscape
 - Does anything stand out that the District should consider?
- Discuss the steps the District should take in over the next 5 years
 - What opportunities does the District have if it pursues?
 - What barriers/challenges exist?
 - What steps are needed to overcome these obstacles?
 - How can the District align the HIE tool with other reporting initiatives?
 - What features should the reporting interface include?

Progress Report

November &
December

- **Environmental Scan**
 - Compile Inventory of Quality Performance Measures and Reporting Initiatives
 - Understand CareFirst PCMH program and Quality Scorecard

January &
February

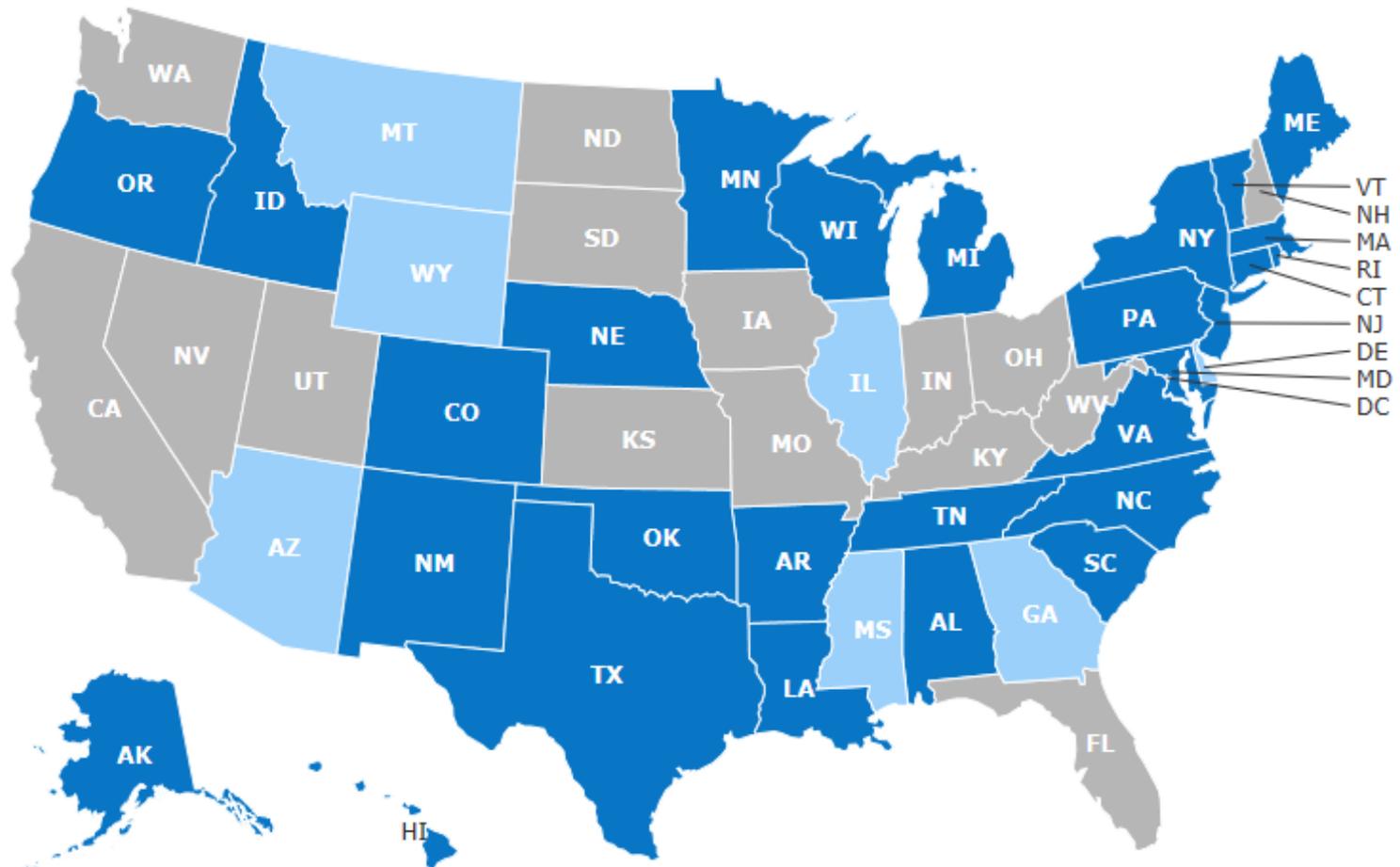
- **Health Home 2**
 - Review CMS Health Home Core Measure Set
 - Recommend adding three measures to the Health Home

February &
Beyond

- **Monitoring and Evaluating SIM and Future Initiatives**
 - Identify Priority Areas and Align with District Initiatives
 - **Identify Reporting Infrastructure Needs (Today's Topic)**
 - Identify Measures to Assess Disparities and Care Integration

Medicaid Delivery System and Payment Reform

Alternative models require quality measurement



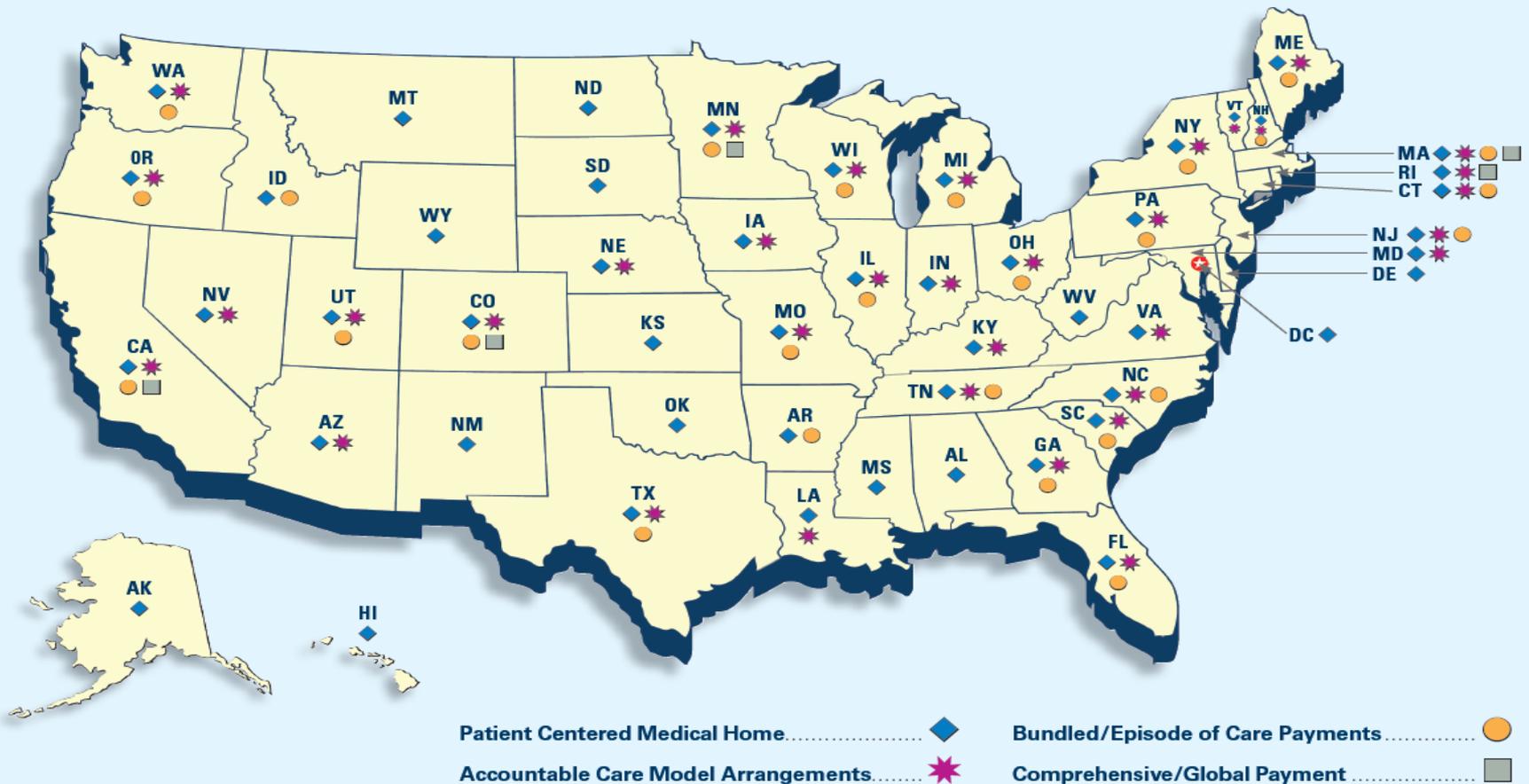
In Place in FY 2014 **Plan to Implement in FY 2015** **No Plans to Implement**

Source: <http://kff.org/interactive/delivery-system-and-payment-reform/>

Private Sector Payment Reform Initiative



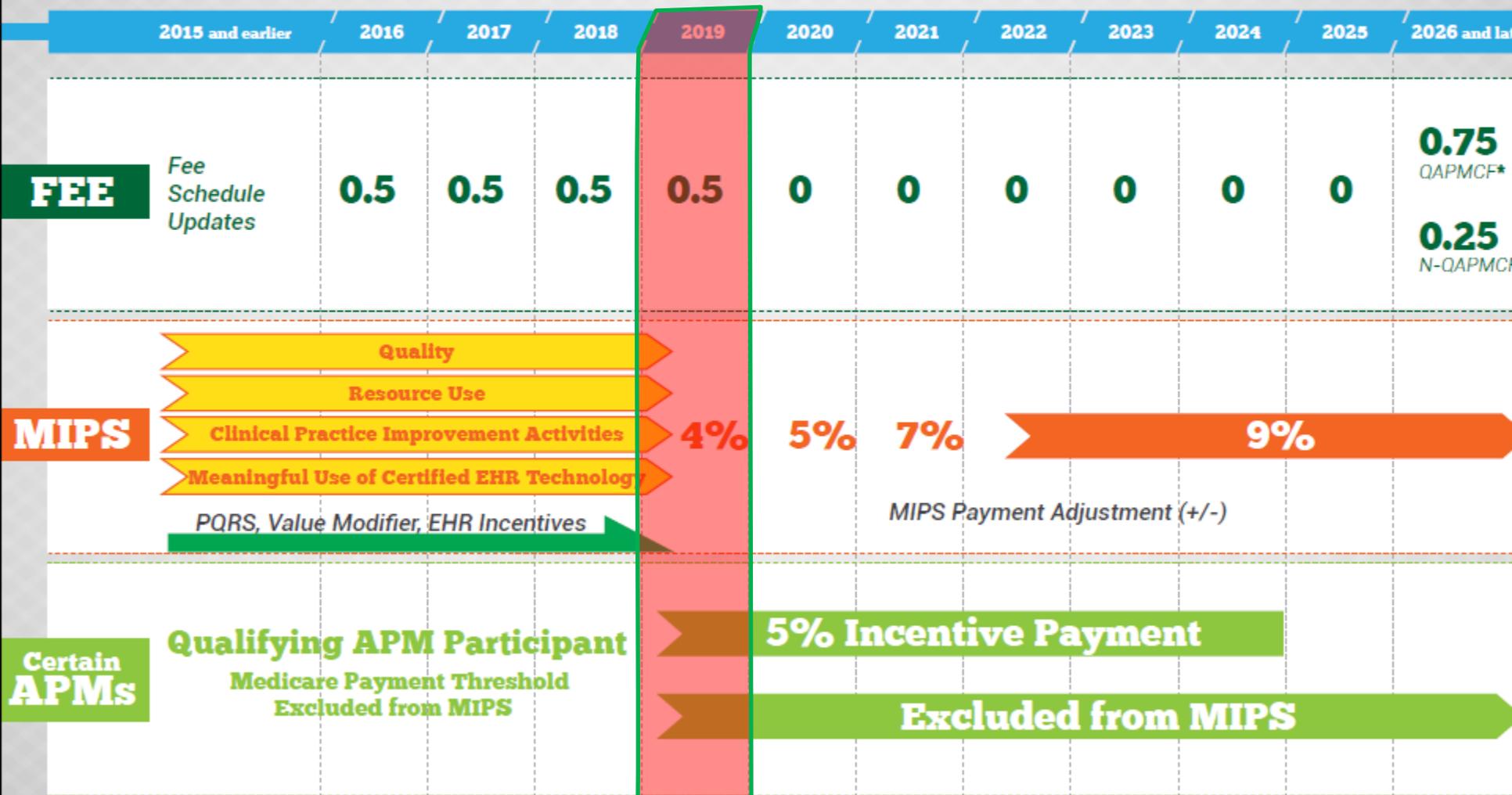
Delivery and Payment Models—Private Sector Initiatives



NOTE: Icons may represent multiple partnerships within the state

*The map is current as of August 2013. As new programs are identified the map will be updated accordingly.

Timeline



*Qualifying APM conversion factor

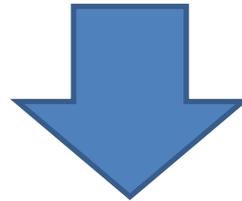
**Non-qualifying APM conversion factor

THE MEDICARE ACCESS & CHIP REAUTHORIZATION ACT (MACRA)

Physician Quality
Reporting
Program (PQRS)

Value Based
Payment Modifier

Medicare EHR
Incentive Program



Merit-Based Incentive Payment System

CMS Draft Quality Measure Development Plan (MDP)

- Applies to multiple payers
- Coordinate and Align Measure Development Process
- Use Clinical Practice Guidelines
- Evidence Base for Non-endorsed Measures
- Applicable across Healthcare Settings
- Clinical Practice Improvement Activities
- **Consideration for Electronic Specifications**
- Five quality domains:
 - Clinical care
 - Safety
 - Care coordination
 - Patient and caregiver experience
 - Population health and prevention

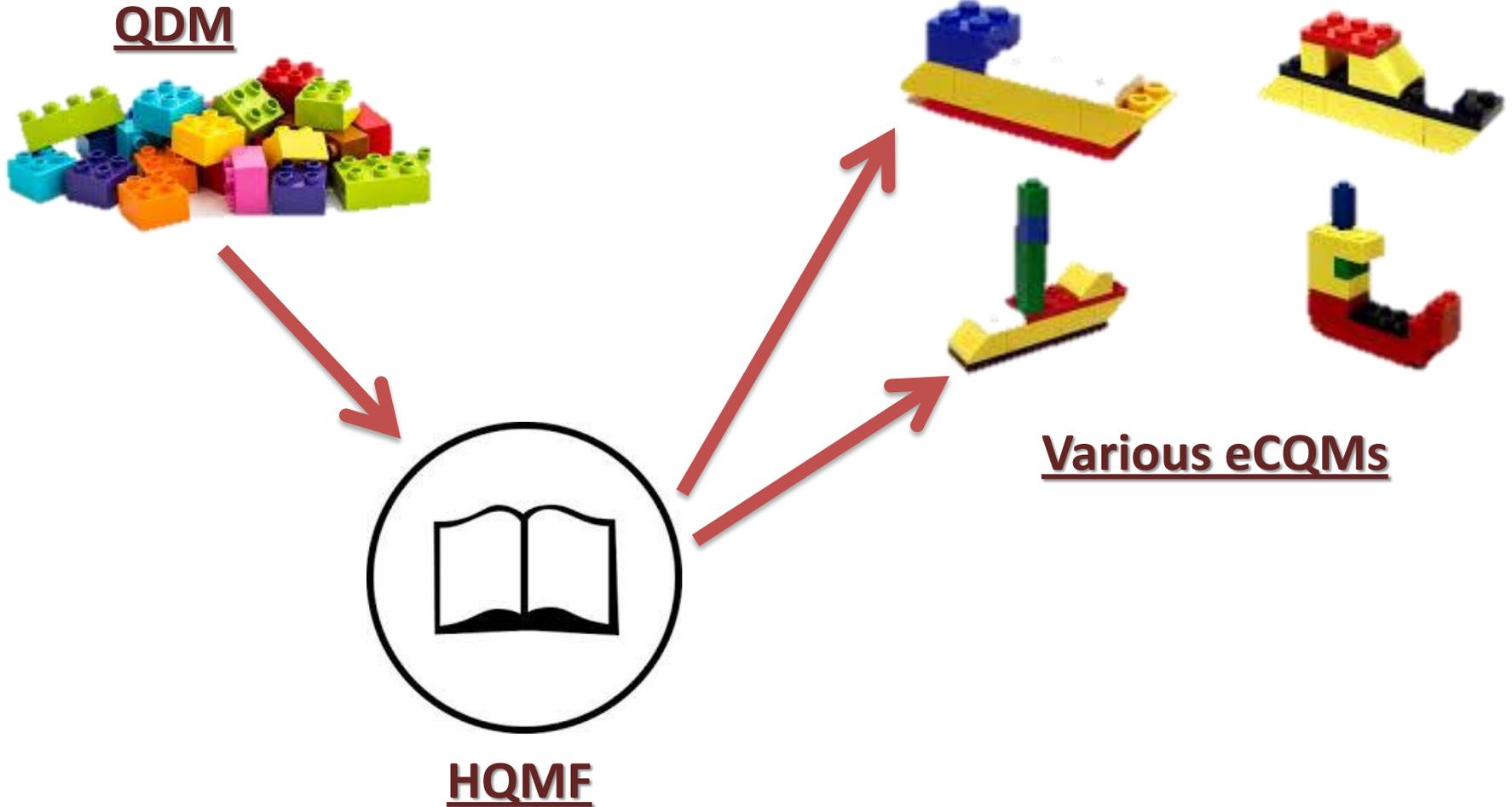
Why Electronic Measures?

- Claims-based measures only capture activity, not quality
 - Example – How many visits for blood pressure? vs What is the actual blood pressure reading?
- Abstraction is cumbersome and expensive
 - Paper-based abstraction measures, especially hospital core measures, are costly to run
 - Claims and chart abstractions (e.g., HEDIS+) are pricey (\$75/chart)

What are eCQMs?

- Measures of health care quality using data captured from electronic health records (EHRs) or other health information technology systems
- Format includes two parts:
 - *Quality Data Model* (defines clinical concepts)
 - Data Elements
 - Relationships
 - Functions
 - *Healthcare Quality Measure Format* (defines content & structure of measure)
 - Metadata
 - Human readable
 - Machine readable

What are eCQMs? (Con't)



Who uses eCQMs?

– Over 20 Federal Programs

- Centers for Medicare and Medicaid Services (CMS)
 - EHR Incentive Program (MU)
 - Merit-based Incentive Payment System (MIPS)
- The Agency for Healthcare Research and Quality (AHRQ)
- The National Library of Medicine (NLM)
- The Office of the National Coordinator for Health Information Technology (ONC)
- Veteran’s Health Administration

– State Programs

- Connecticut, Illinois, Maryland, Wyoming

– Private Payers

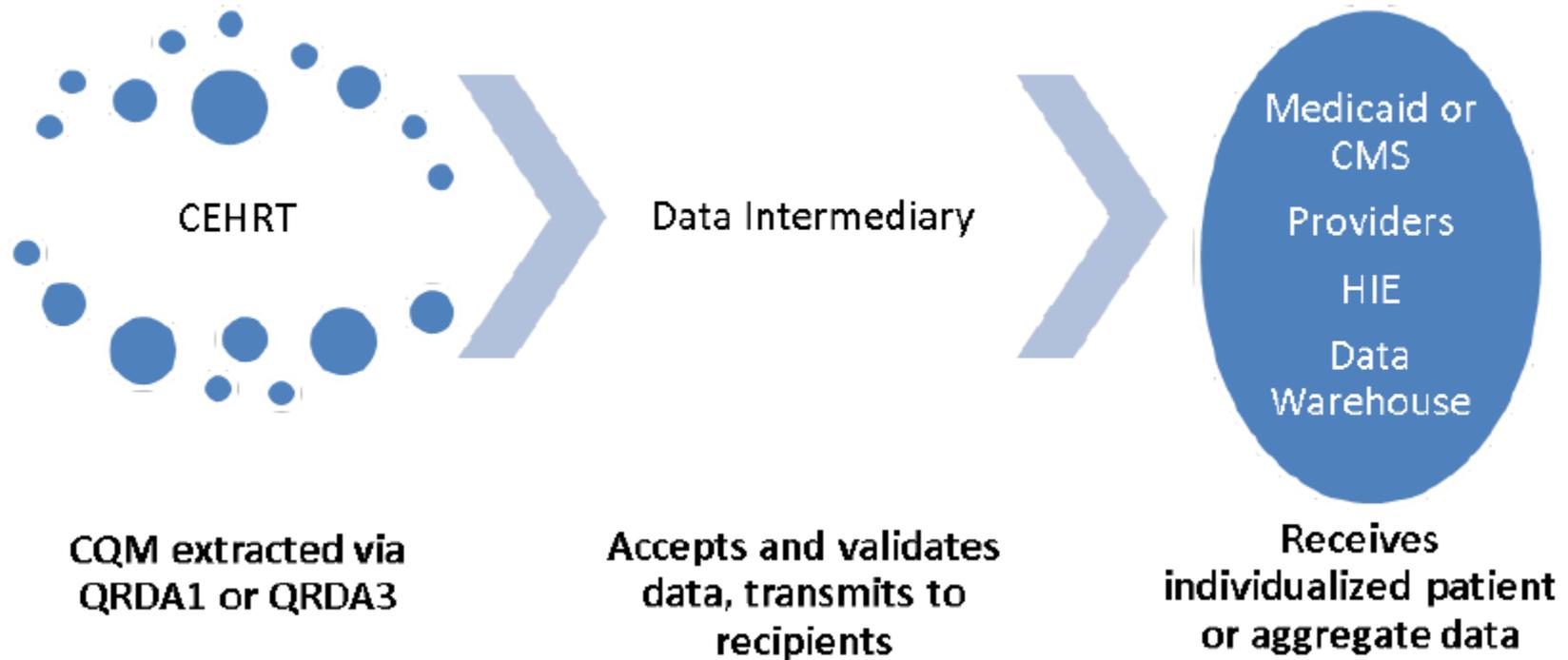
- Integrated Healthcare Association, Core Quality Measure Collaborative (AHIP and its members)

How are eCQMs reported?

DC

State
Innovation
Model

Better Health Together



Potential Models for Reporting

- **Model 1:** Apply Analytics to SLR/MMIS
- **Model 2:** Build Quality Reporting into HIE
- **Model 3:** Enhance APCD to Integrate Quality
- **Model 4:** Blended Models

Model 2 (HIE) for Reporting

- Using Federal IAPD funding (90/10 Match) to implement a practice and population-level dashboard for specific practices
 - Claims data and/or CCDs can be routed to help facilitate measure calculations and various reporting requirements by MU and other Federal/state programs
- Providers/Hospitals will be given access to through a web-based portal
 - Ability to view measure data specific to their attributed patients, both on an individual and/or practice level

Proposed HIE Tool for eCQMs

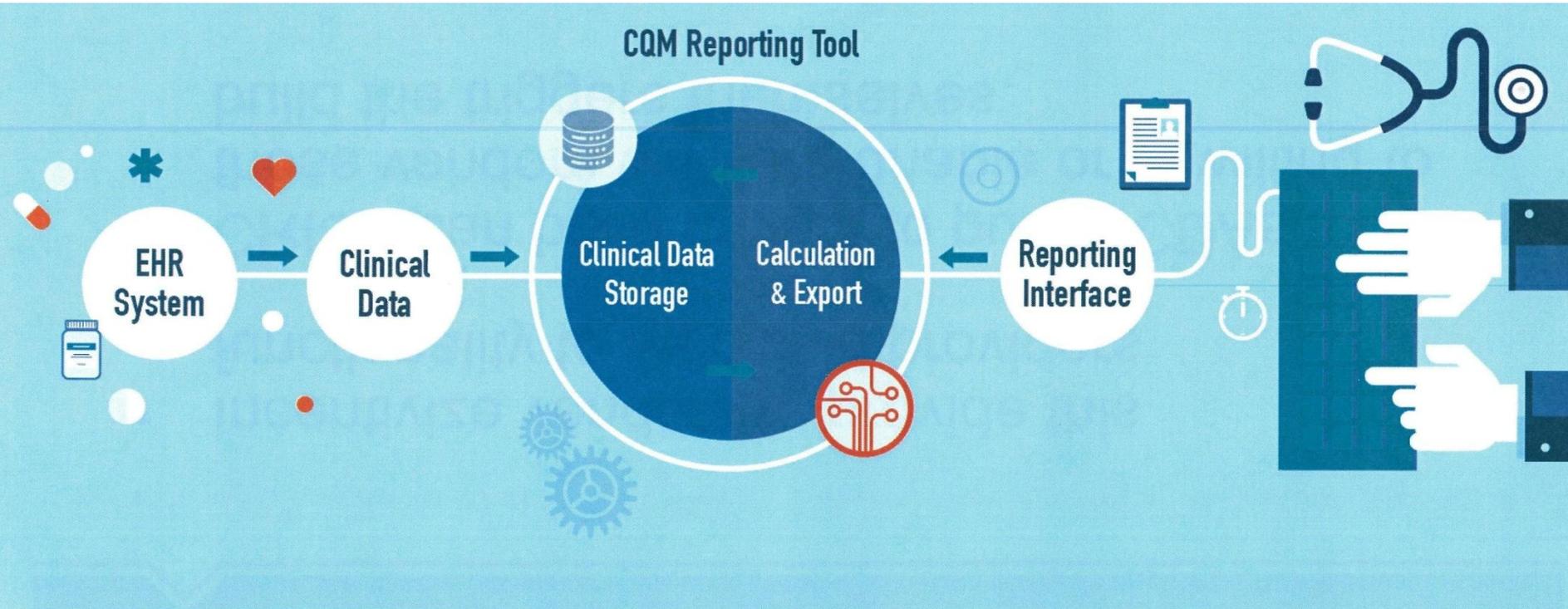
DC

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Innovation
Model

Better Health Together



CQM Reporting Tool



Sample Interface for eCQM Tool


CRISP CQM Reporting Tool
User-ID

Organization:
ABC

Practice/Group:
ABC

Provider:
Select a Provide

Period:
Aug 2, 2015 - Aug 31, 2015

Calculate

Last Calculated : May 10, 2015
Reporting Period: May 20, 2015 to July 22, 2015
CQMs Selected: 2
Export




- + Effective Clinical Care
- + Patient Safety
- + Efficiency and Cost Reduction Use of Healthcare Resources
- + Community, Population and Public Health
- + Person and Caregiver-Centered Experience Outcomes
- + Communication and Care Coordination

Effective Clinical Care

CMS122v3: Diabetes: Hemoglobin A1c Poor Control. ✔

Population 0	1%	—	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid #ccc;">Numerator</td> <td style="border-bottom: 1px solid #ccc;">Denominator</td> </tr> <tr> <td style="font-size: 0.8em;">Count</td> <td style="font-size: 0.8em;">Count</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </table>	Numerator	Denominator	Count	Count	0	0	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid #ccc;">Initial Patient Population</td> </tr> <tr> <td style="font-size: 0.8em;">IPP</td> </tr> <tr> <td style="text-align: center;">0</td> </tr> </table>	Initial Patient Population	IPP	0
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CMS123v3: Diabetes: Foot Exam. ✔

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CMS124v3: Cervical Cancer Screening. ⤴

Challenges for eCQMs

TYPES OF EXCLUSIVE DATA	EXAMPLES
Discrete value available in electronic format, but usually in devices or standalone software systems	Ejection Fraction from Echocardiogram; PR/QT intervals in ECG
Structured data captured, but available in different setting of care/EHR system	Ambulatory or Long Term Care data not available in Acute Care Hospital EHR
Data usually captured on paper and not electronically	Clinician Notes
Data captured electronically but not as structured elements	Transcribed Notes