Making Sense of Clinical Quality Reporting

April 5, 2016 – 1-2 pm MDT

Presented by:
Mary Erickson, RN, HIT/QI Consultant

HTS, a department of Mountain-Pacific
Quality Health Foundation

Welcome!!!

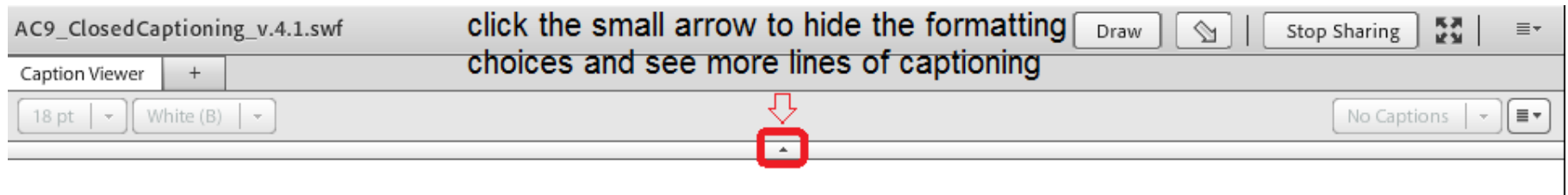- Thank you for spending your valuable time with us today!
- You can put questions in the chat box or wait for open microphone time at the end.
- A link to both presentation slides and recording on our website will be sent to attendees following the webinar today.
- Your feedback is greatly appreciated and can be provided via the post-webinar survey.

Closed Captioning

▶ Closed captioning will appear under today's presentation. To see more lines of captioned text, click the small arrow below.
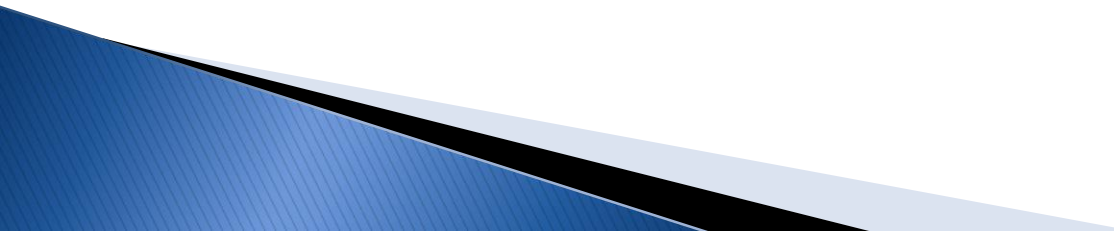
mountain-pacific quality health
HEALTH TECHNOLOGY SERVICES
3404 Cooney Drive, Helena MT 59602 | www.gotohts.org | 406.457.5897
transforming health care through innovative technology

- Health Technology Services (HTS) is a department of Mountain-Pacific Quality Health (MP). M-P is the QIN/QIO for MT/WY/AK/HI.
- We can help to:
  - Simplify and streamline quality reporting requirements
  - Stay current on changing regulations for Meaningful Use, PQRS, MACRA, etc.
  - Simplify HIPAA compliance
  - Advance and leverage your EHR usage to advance care delivery
  - Enhance patient engagement and satisfaction
  - Improve health outcomes to maximize value based performance payments

Introduction of speaker

- Mary Erickson, BSN, MSM (Montana):
  - Student in the MT Tech HCI post-grad certificate program – almost done!
  - RN for18 years with the last10 years spent in risk management, performance improvement and operations/administration. Works with hospital and clinic organizations on various improvement projects from EMR implementations to CMS survey readiness.
  - Email: merickson@mpqhf.org
  - Phone: (406) 521 – 0488

Goals for today!

- Understand hospital and eligible professional quality reporting requirements for the 2016 meaningful use reporting year.
- What is the connection between MU Clinical Quality Measure Reporting and other quality reporting programs (PQRS & IQR).
- Review recommended steps to align quality monitoring and reporting for improved efficiency.

Just so we're all clear…

- Today's discussion is strictly referring to the Clinical Quality Measures associated with Meaningful Use. It is **NOT** going to be about the Core Objectives! These are **two sets** of measures that are BOTH required for Meaningful Use.

- This presentation will connect the dots between reporting programs, but we are not discussing PQRS & IQR reporting requirements in great detail.

- **Please contact us if you have further questions about either of these items!**

Connecting Meaningful Use and Quality Reporting

The Best Intentions:

- Understand that Meaningful Use is intended to serve as the foundation to advance quality improvement and improve patient outcomes on a larger scale
  - Creation of common language standards for all EHRs
  - Advancing interoperability
  - Quality reporting and value based purchasing

Quality Reporting Alignment

▸ **A word from the Federal Register:**

◦ "We expect that the electronic submission of quality data from E.H.R.'s under the E.H.R. Incentive Program will provide a foundation for establishing the capacity of hospitals to send, and for CMS to receive, CQMs via CEHRT for certain Hospital IQR Program measures." – FR Vol.78,No.160 50903, August 19, 2013
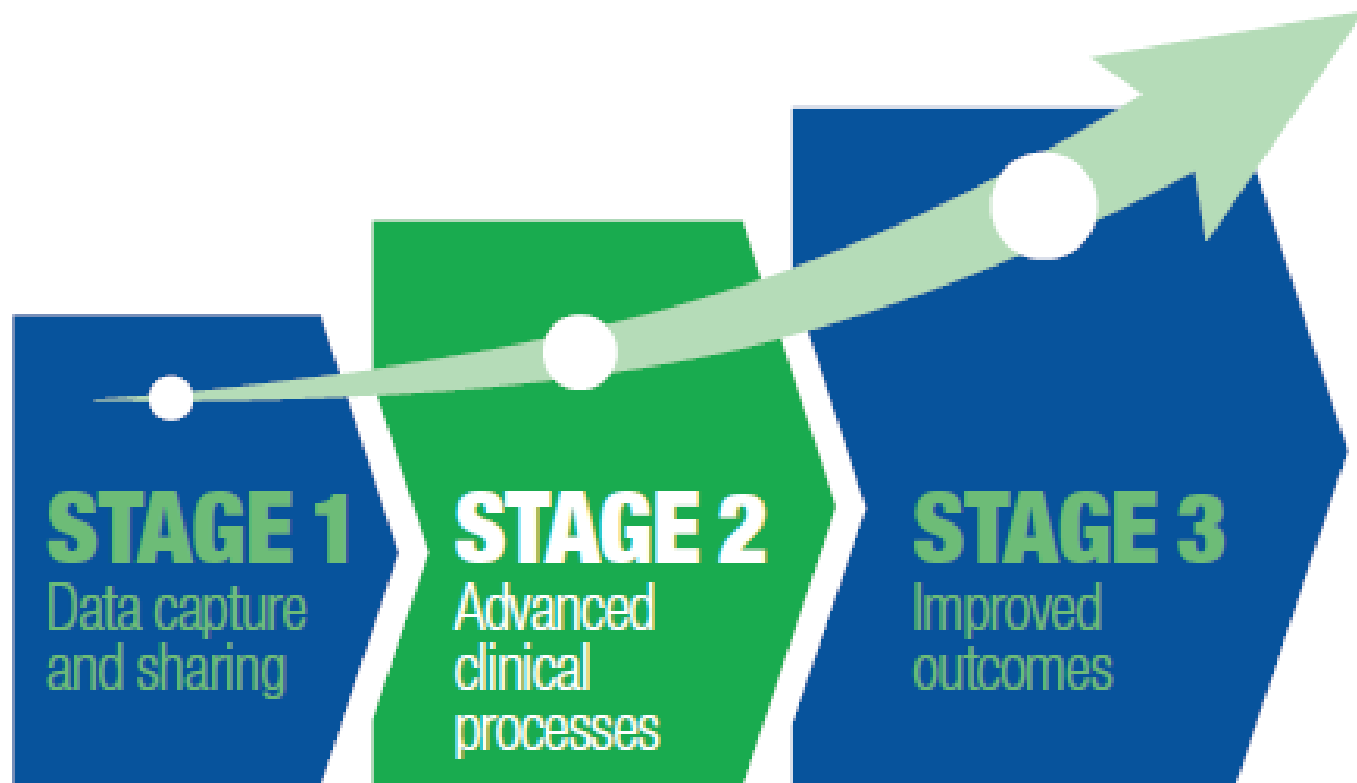
If you thought it was going away:

- Section 101(b)(1)(A) of **MACRA** amended section 1848(a)(7)(A) of the Act to **sunset** the **meaningful use payment adjustment** for EPs at the end of CY 2018.

- Section 101(c) of MACRA added section 1848(q) of the Act requiring the establishment of a Merit-Based Incentive Payment System (**MIPS**), which would **incorporate meaningful use.**

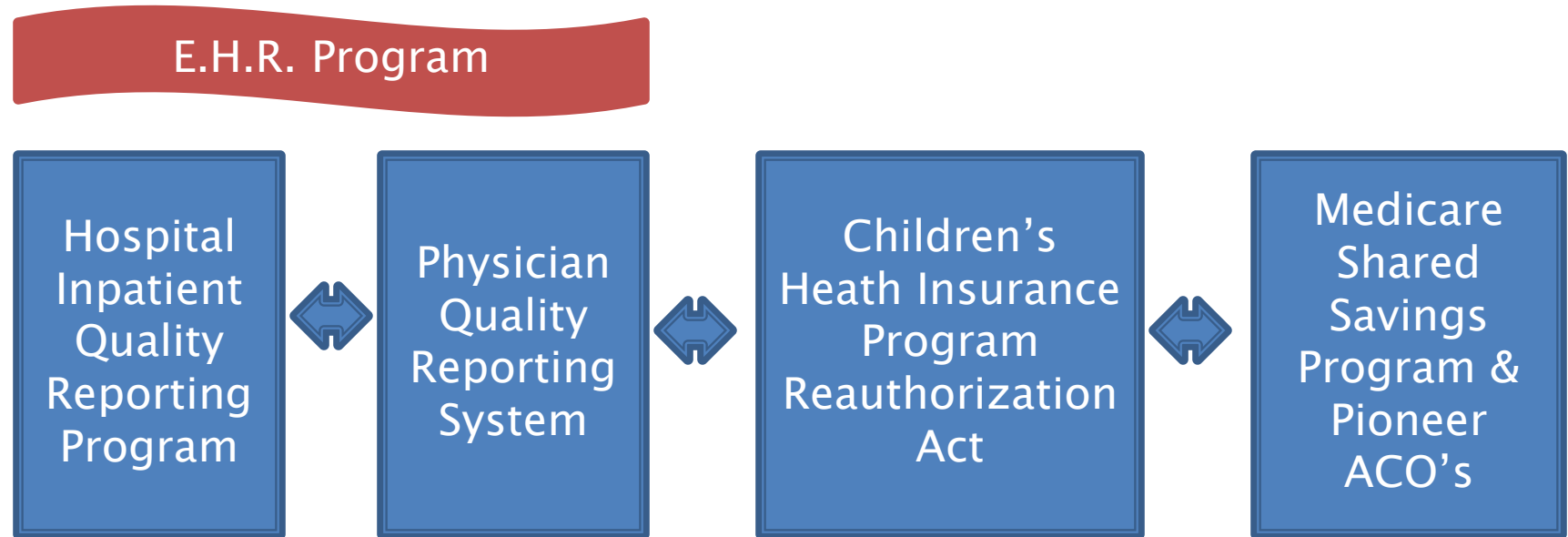*This information was released in the federal register in Oct of 2015.

EHRs as a foundation – MU Stages

STAGE 1
Data capture and sharing

STAGE 2
Advanced clinical processes

STAGE 3
Improved outcomes

Quality Reporting Alignment

CMS's commitment to alignment includes finalizing the **same CQMs used in multiple quality reporting programs for reporting** beginning in 2014:

E.H.R. Program

Hospital Inpatient Quality Reporting Program	Physician Quality Reporting System	Children's Heath Insurance Program Reauthorization Act	Medicare Shared Savings Program & Pioneer ACO's

^From HIMSS Virtual Event: Medicare & Medicaid E.H.R. Program, October 2012
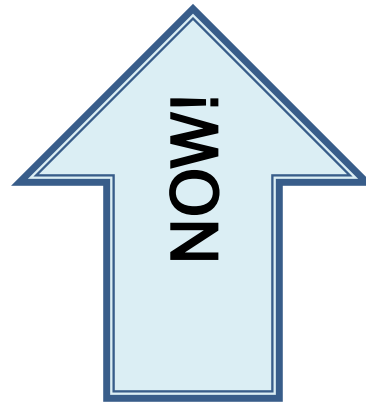
Advancement of CQM Reporting

PAST

← **pre 2014**

2014 EHR software certification standards included **ability** to electronically report data to CMS. Reported CQMs through manual attestation.

Electronic reporting of CQMs is still **optional for some.**

↑ **NOW!**

PRESENT

VERY NEAR FUTURE!

2018 & beyond →

Electronic reporting of available eCQMs will be required of everyone!

The Connecting Link is – Electronic Clinical Quality Reporting

CQM vs eCQM – what's the difference?

- Additional set of measures defined by CMS to measure quality.
- Reported through Meaningful Use attestation.
- Must use CEHRT to generate CQM report and submit data to CMS (CMS defined data elements)

- Same set of measures, but not all are available to report electronically.
- CMS defined data elements
- Use CEHRT to generate CQM report, extract into QRDA format and upload electronically to CMS portal.

Clinical Quality Measure

Electronic Clinical Quality Measure

A Word about eCQMs:

- eCQMS = clinical quality measures reported DIRECTLY from the EHR to CMS
- Manually entering data into an online CART or data abstraction tool is NOT electronic reporting!
- An eligible professional, eligible hospital or Critical Access Hospital must use the current Reporting Period version of the eCQMs
  - Updated annually
  - 2016 QRDA Implementation Guides are available for eligible professionals and hospitals at:
    - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

2016 Clinical Quality Measure Requirements for Eligible Professionals

EP: CQM Basic Requirement for Meaningful Use

▸ Full year reporting period, unless you're a provider in your very first year of Meaningful Use.

▸ Must report 9 measures over 3 domains:
  1. Patient and Family Engagement
  2. Patient Safety
  3. Care Coordination
  4. Population/Public Health
  5. Efficient Use of Healthcare Resources
  6. Clinical Process/Effectiveness

EP CQM Reporting Options:

- **Options that only apply for the EHR Incentive Program:**
  - Option 1: Attest to CQMs through the EHR Registration & Attestation System
  - Option 2: eReport CQMs through [Physician Quality Reporting System (PQRS) Portal](#)
- **Options that Align with Other Quality Programs:**
  - Option 3: Report individual eligible professionals' CQMs through PQRS Portal
  - Option 4: Report group's CQMs through PQRS Portal
  - Option 5: Report group's CQMs through Pioneer ACO participation or Comprehensive Primary Care Initiative participation

*Information obtained 3/31/16 from: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ReportingCQMsin2015.html

PQRS vs Meaningful Use

- Manually enter data from CQM report into attestation system.
- Data MUST come from EHR generated report – no manipulation (keep for audits).
- **This method does not meet PQRS reporting requirement.**

- EHR reporting method **ONLY** and **NOT** the registry method, will meet the Meaningful Use eCQM method.
- Providers still have to attest to the Meaningful Use Core Objectives!

Meaningful Use CQM Attestation

Using PQRS to Meet MU

Provider Attestation Screenshot

Home   **Registration**   **Attestation**   **Status**

Clinical Quality Measures

Reporting Clinical Quality Measures

Please select one of the options below to indicate how you would like to submit your clinical quality measure data:

Timothy Bradford Richards
Tax Identifier: XXX-XX-3414 (SSN)
NPI: 1841283785
Program Year: 2015

○ **Option 1:** I will submit clinical quality
electronically using the Medicare EHR In
the most recent versions) for the calend
data using the Comprehensive Primary C
more information regarding eReporting a
instructions on how to determine the CQ
please click here.

○ **Option 2:** I will submit my clinical qu
through attestation. By selecting op
receive credit for submitting quality mea
Program, not for any other quality meas

Option 1: I will submit my CQM data electronically using the Mediare EHR Incentive eReporting option (using the most recent versions) for the calendar year OR I will submit my CQM data using the Comprehensive Primary Care (CPC) attestation module.

Question? Please reference the Clinical Qua
related information.

Please select the **Previous** button to go ba
Attestation Progress button to view your
topics. Please note that any changes that y
saved. Select the **Save & Continue** button to save your entry and proceed.

◀ Previous   Return to Attestation Progress   Save & Continue ▶

Web Policies & Important Links   Department of Health & Human Services

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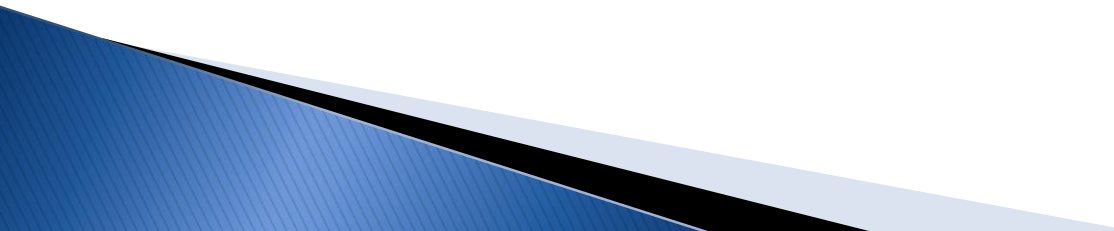
Option 2: I will submit my CQM data right now through attestation. By selecting option 2, I understand I will only receive credit for submitting quality measures for the EHR Incentive Program, not for any other quality measurement program.

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Eligible Professional eCQMS

▸ Table available at: https://ecqi.healthit.gov/system/files/ecqm/2015/EP/EPMeasuresTableMay2015.pdf

▸ 64 available electronic measures

▸ Talk to your vendor!
  ◦ Finding out which measures they have certified to report electronically is a **CRITICAL FIRST STEP** towards electronic reporting!

2016 Clinical Quality Measure Requirements for Eligible Hospitals

EH: CQM Basic Requirement of Meaningful Use

▸ Full year reporting period, unless you're in your very first year of Meaningful Use.

▸ Must report 16 measures over 3 domains:

1. Patient and Family Engagement
2. Patient Safety
3. Care Coordination
4. Population/Public Health
5. Efficient Use of Healthcare Resources
6. Clinical Process/Effectiveness

EH CQM Reporting Options:

- Option 1: Electronic submission of data for four eCQMs through the *QualityNet Secure Portal*
  - Satisfies the CQM requirement of the Medicare EHR Incentive Program and aligns with IQR Program requirements
- Option 2: Aggregate reporting of 16 eCQMs for a full year through the CMS Registration and Attestation System
  - Available for facilities that do not participate in the Hospital IQR program
  - Satisfies the CQM requirement of the Medicare EHR Incentive Program

IQR vs Meaningful Use

- Manually enter data from CQM report into attestation system.
- Data MUST come from EHR generated report – no manipulation (keep for audits).
- This method **does not meet** <u>all</u> **the IQR** reporting requirements.

- eCQM reporting of 4 measures directly from EHR will meet the Meaningful Use CQM requirement.
- Using CART online, does NOT meet this requirement!
- Still have to attest to the Meaningful Use Core Objectives!

Meaningful Use CQM Attestation

Using IQR to Meet MU

Hospital Attestation Screenshot

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

My Account | Log Out | Help

Welcome

| Home | Registration | **Attestation** | Status |

Clinical Quality Measures

Reporting Clinical Quality Measures

Please select one of the options below:

○ Option 1: I have submitted my clinical qu... electronically through Hospital Inpatient Qu... Program(IQR).

○ Option 2: I will sub...it my clinical quality... now through online attestation

Please select the **Previous** button to go back a page... **Attestation Progress** button to view your progress... topics. Please note that any changes that you have... saved. Select the **Save & Continue** button to save...

◀ Previous | Return to Attestation Progress | Save & Continue ▶

Tax Identifier:

Option 1: I have submitted my clinical quality measure data electronically through Hospital Inpatient Quality Reporting (IQR) Program.

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Hospital Attestation Screenshot

Medicare & Medicaid EHR Incentive Program
Registration and Attestation System

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Clinical Quality Measures

Reporting Clinical Quality Measures

Please select one of the options below:

Tax Identifier:
NPI:
CCN:
Program Year: 2015

○ Option 1: I have submitted my clinical quality m... electronically through Hospital Inpatient Quality R... Program(IQR).

○ Option 2: I will submit my clinical quality meas... now through onmi... attestation.

Option 2: I will submit my CQM data right now through online attestation.

Please select the **Previous** button to go back a page. Sele... **Attestation Progress** button to view your progress throu... topics. Please note that any changes that you have made... saved. Select the **Save & Continue** button to save your entry and proceed.

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Eligible Hospital eCQMS

- Table available at: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EHMeasuresTableMay2015-.pdf
- 29 available electronic measures
- Talk to your vendor!
  - Finding out which measures they have certified to report electronically is a **CRITICAL FIRST STEP** towards electronic reporting!

Hospital Based eCQMs
Available eCQMs

ED-1	STK-5	AMI-8a	VTE-5	SCIP-INF-2a
ED-2	STK-6	AMI-10	VTE-6	SCIP-INF-9
ED-3*	STK-8	VTE-1	PC-01	EHDI-1a
STK-2	STK-10	VTE-2	PC-05	HTN
STK-3	AMI-2	VTE-3	CAC-3	PN-6
STK-4	AMI-7a	VTE-4	SCIP-INF-1a	

*ED-3 is an outpatient measure and not applicable for IQR.

Submitting IQR using eCQMs

- For the IQR Program for **CY 2016** reporting, an IPPS hospital will be required to:
  - Report a minimum of 4 of the 28 available eCQMs
  - Report for only one quarter (Q3 or Q4) of CY 2016
  - Submit between October 2016 and February 2017
  - All data must by submitted by **February 28, 2017**
- **Does not eliminate the requirement to submit data for the chart-abstracted, web-based, and claims-based measures**

Submitting IQR using eCQMs (cont)

- For CY 2016/Fiscal Year (FY) 2018 reporting, any data submitted as an eCQM **will not be posted on the** *Hospital Compare website*
- Success with CY 2016 reporting will apply to FY 2018 payment determinations for IPPS hospitals
- National Quality Strategy Domain distribution will not be required
- *Slide information obtained from:
  - CY 2016: Aligning Hospital IQR and Medicare EHR Incentive Programs through eCQMs presented on February 16, 2016
  - Slide deck available on our website: gotohts.org

IQR is more complex…

- Required Data Submission for:
  - Clinical and Healthcare-Associated Infections (HAIs)
  - Population and Sampling
  - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
  - Structural Measures
  - Web-Based Measures
- **Each component has its own submission methods, requirements and deadlines!**

You need to be aware –

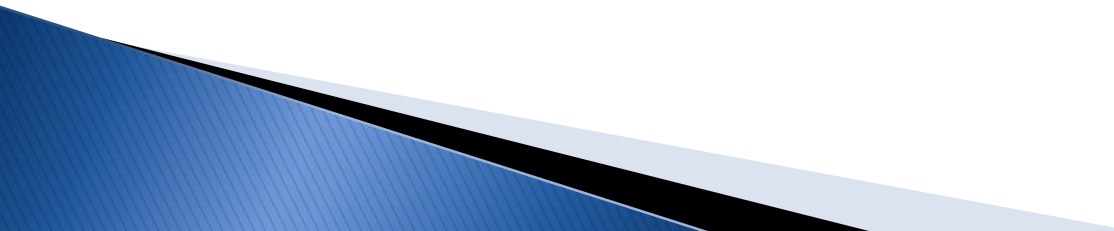## Public Reporting of eCQM data will be addressed in future rule making.

Quality Program Alignment at Your Organization

Set your sites on electronic reporting….

- Setting the goal of achieving eCQM reporting will:
  - Focus your improvement efforts & priorities in alignment to be successful at value based purchasing
  - Focus facility and vendor efforts address the issues preventing "reports from being accurate"
    - Workflows
    - Broken report mapping
    - Certification to additional measures
    - End user satisfaction & improved use of the system
    - Internal report availability and control

How to get started:

1. Start using EHR generated CQM reports and measures for internal improvement initiatives
2. Begin to understand the measure specifications behind your reports, available at the eCQM Library at CMS.gov (support links page)
3. Ask your vendor for your EHR specific workflows that contribute to CQM reporting
4. Run CQM reports and understand the data they contain
5. Validate the data contained in the report
6. Use eCQI process and methodology to make change happen one or two measures at a time.

Electronic Enabled Clinical Quality Improvement Process

1. Identify Project Scope
2. Choose a project team
3. Create Change Backlog (a list of possible changes that will help improve the outcome measure)
4. Prioritize Change Backlog based on "value" of each change
5. Create Sprint Backlog (identify item(s) to be included in first "sprint" or PDSA Cycle)
6. Plan "Sprint"/PDSA Cycle, perform workflow analysis
7. Complete PDSA Cycle
8. Perform a Sprint Review
9. Review, update and reprioritize Change Backlog
10. Begin new Sprint

eCQI is another webinar altogether!

Questions??????

Support Links

▸ 2016 Meaningful Use Program Requirements:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2016ProgramRequirements.html

▸ eCQM Library start page:

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

Support Links (cont)

▸ AHRQ Health Information Knowledge base: https://ushik.ahrq.gov/mdr/portals?system=mdr&enableAsynchronousLoading=true

▸ Eligible Professional table of measures: **https://ecqi.healthit.gov/system/files/ecqm/2015/EP/EPMeasuresTableMay2015.pdf**

▸ eCQI Resource page: https://ecqi.healthit.gov/

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