

Making Sense of Clinical Quality Reporting

June 21, 2016

8 – 9 AM (Hawaii Time)

10 – 11 AM (Alaska Time)

Noon – 1 PM (Mountain Time)

Presented by:

Mary Erickson, RN, HIT/QI Consultant

HTS, a department of Mountain-Pacific
Quality Health Foundation

Welcome!!!

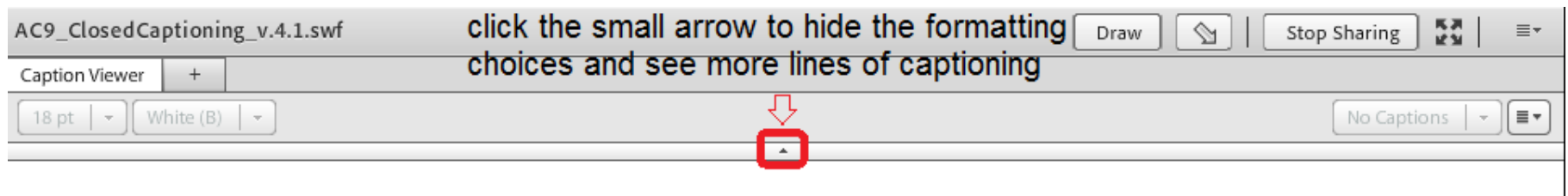
- Thank you for spending your valuable time with us today!
- You can put questions in the chat box or wait for open microphone time at the end.
- A link to both presentation slides and recording on our website will be sent to attendees following the webinar today.
- Your feedback is greatly appreciated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



thank
you!

Closed Captioning

- Closed captioning will appear under today's presentation. To see more lines of captioned text, click the small arrow below.



- 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

Disclaimer

This presentation was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

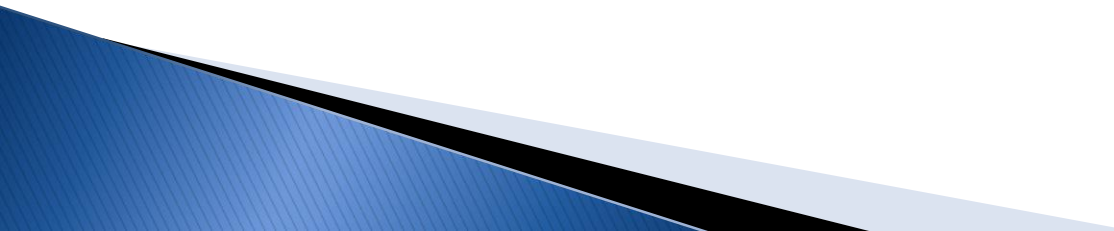
This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Introduction of speaker

- Mary Erickson, BSN, MSM (Montana):
 - RN for 18 years with the last 10 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@mpghf.org
 - Phone: (406) 521 – 0488

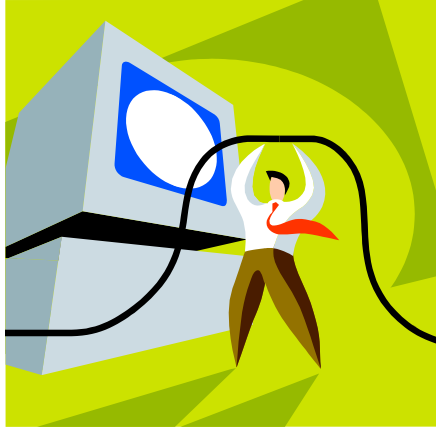


Goals for today!

- 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 different 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 Clinical Quality Reporting

Intentions of Meaningful Use:

- Meaningful Use was 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



Meaningful Use and Quality Reporting Alignment

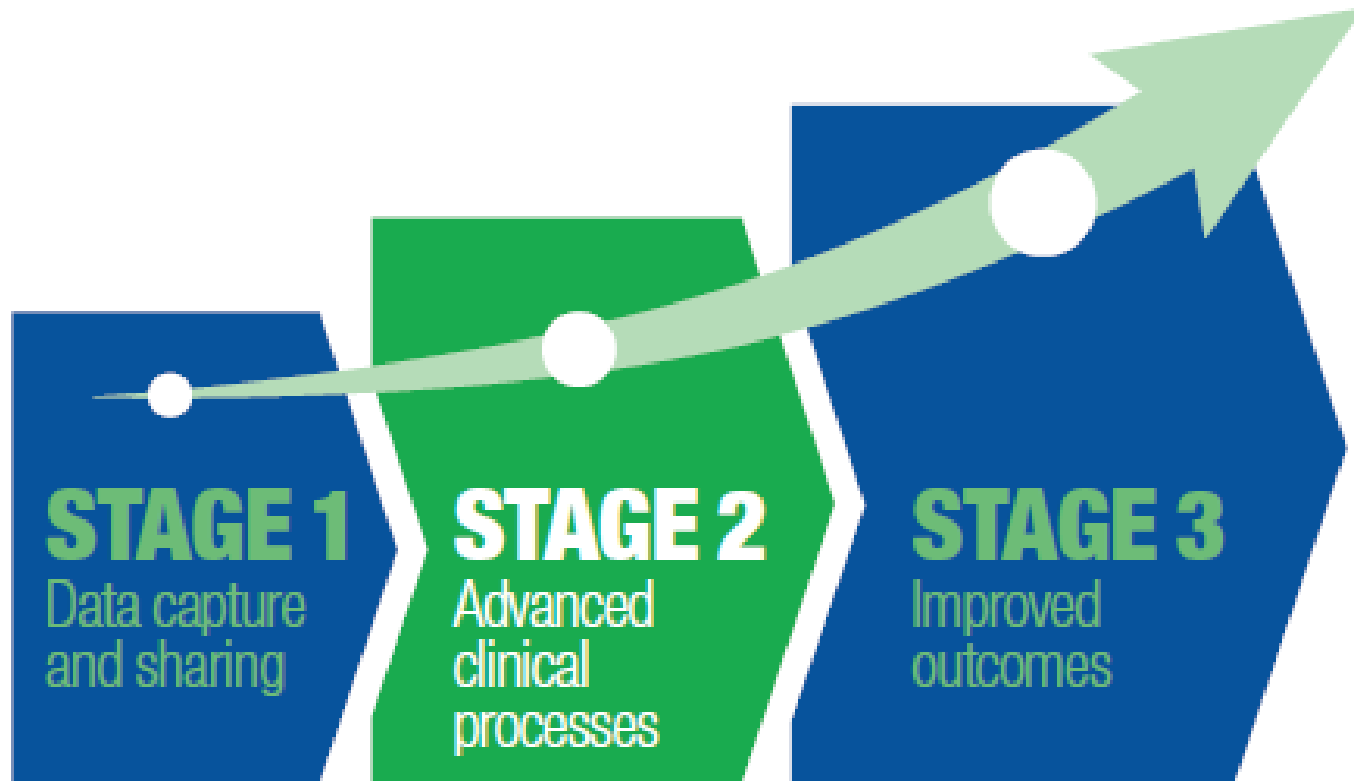
- **A word from the Federal Register:**
 - “We expect that the electronic submission of quality data from E.H.R.’s under the E.H.R. Incentive Program will provide a foundation for establishing the capacity of hospitals to send, and for CMS to receive, (Clinical Quality Measures) CQMs via CEHRT for certain Hospital IQR Program measures.” – FR Vol.78, No.160 50903, August 19, 2013

MACRA & MIPS: The Future of Meaningful Use

- 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**.

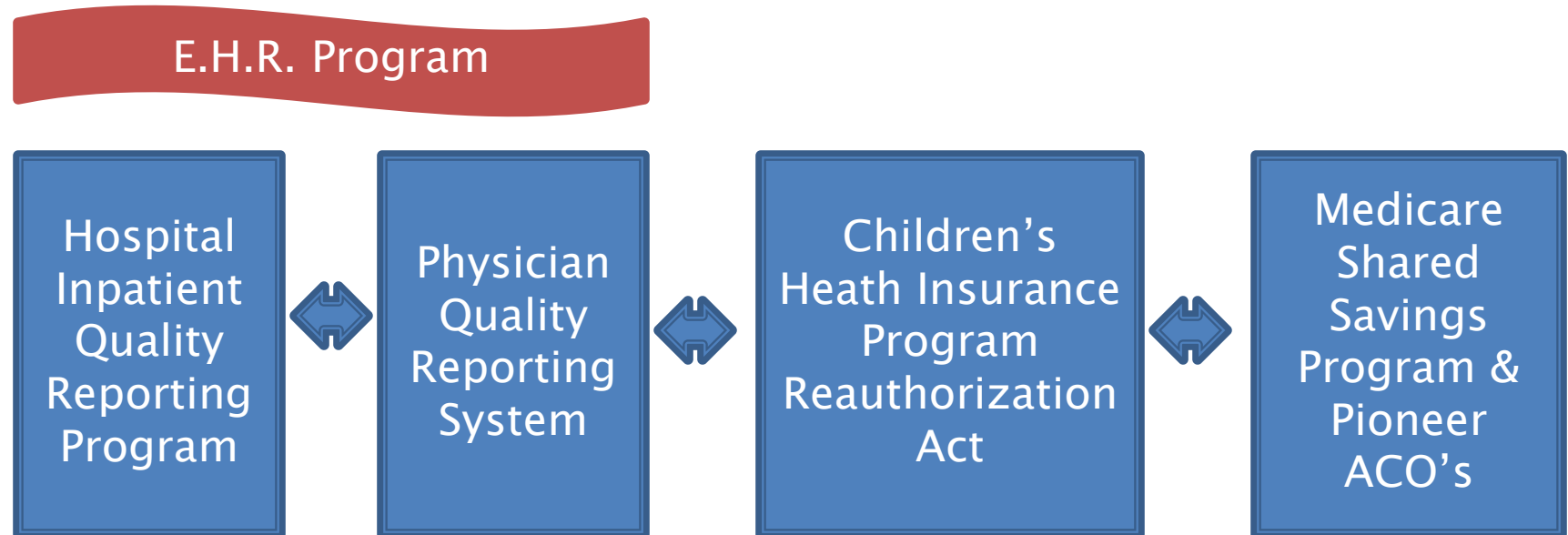
*This information was released in the federal register in Oct of 2015.

EHRs as a foundation – MU Stages



Quality Reporting Alignment

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



*From HIMSS Virtual Event: Medicare & Medicaid E.H.R. Program, October 2012

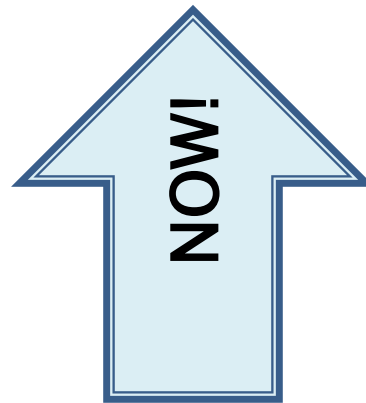
Quality Reporting Timeline

PAST



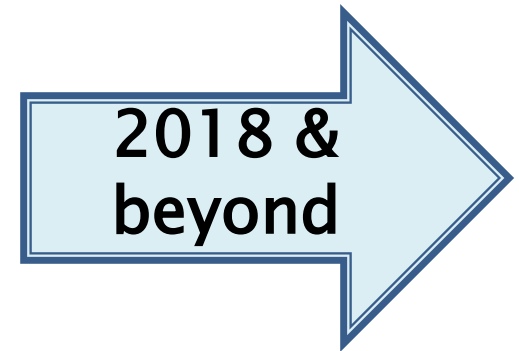
2014 EHR software certification standards included **ability** to electronically report data to CMS. CQMs also reported through manual attestation.

Most facilities report CQMs electronically (still optional)



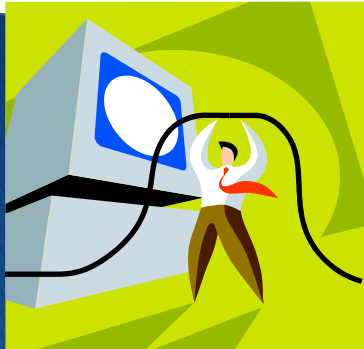
PRESENT

VERY NEAR FUTURE!



Electronic reporting of available eCQMs will be **required of everyone!**

The connecting link
between clinical quality
reporting and meaningful
use quality measures is
electronic clinical quality
reporting!



CQM vs eCQM – what's the difference?

Clinical Quality Measure

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

Electronic Clinical Quality Measure

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

eCQM Tips and Hints:

- eCQMS are clinical quality measures reported DIRECTLY from the EHR to CMS
- Manually entering data into online CART or data abstraction tool is NOT electronic reporting!
- An eligible professional, hospital or Critical Access Hospital must use the current Reporting Period version of the eCQMs:
 - Updated annually
 - 2016 QRDA Implementation Guides:
 - 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

- Reporting period is full year (after the 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

Eligible Professional Clinical Quality Measure Reporting Options



Options that meets only the EHR Incentive Program requirement:

- Option 1: Attest to CQMs through the EHR Registration & Attestation System
- Option 2: electronically report CQMs through Physician Quality Reporting System (PQRS) Portal

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

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

Meaningful Use CQM Attestation

- 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.**

Using PQRS to Meet MU

- 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!

Eligible Professional eCQMS

- 64 available electronic measures
- CMS EP eCQM Measures:
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
- Find out from your software vendor:
 - Have the CQMs been updated to current reporting year in your system?
 - What are the specific measures they have certified to report electronically?

Provider Attestation Screenshot

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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:

☐ Option 1: I will submit clinical quality data electronically using the Medicare 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.

☐ Option 2: I will submit my clinical quality data through attestation. By selecting option 2, you will receive credit for submitting quality measures to the Medicare EHR Incentive Program, not for any other quality measures program.

Question? Please reference the [Clinical Quality Measures](#) related information.

Please select the **Previous** button to go back to the **Attestation Progress** button to view your attestation progress. Please note that any changes that you make will not be saved. Select the **Save & Continue** button to save your entry and proceed.

Previous

Return to Attestation Progress

Save & Continue

Timothy Bradford Richards

Tax Identifier: XXX-XX-3414 (SSN)

NPI: 1841283785

Program Year: 2015

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Provider Attestation Screenshot

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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:


☐ 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 option receive credit for submitting quality Program, not for any other quality meas

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.


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

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.

2016 Clinical Quality Measure Requirements for Hospitals

EH: CQM Basic Requirements of Meaningful Use

- Reporting period is full year (after 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

Eligible Hospital Clinical Quality Measure Reporting Options



photo © 2010 o5com, Flickr

Option meets only the EHR Incentive Program Requirement:

- **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 EHR Incentive Program

Option that aligns with other quality programs:

- Electronic submission of data for four eCQMs through the *QualityNet Secure Portal*
 - Satisfies the CQM requirement of the EHR Incentive Program and aligns with IQR Program requirements

****Information obtained 2/16/2016 from:**

CY 2016: Aligning Hospital IQR and Medicare EHR Incentive Programs through eCQMs, Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)
February 16, 2016

PPS Hospital eCQM Requirement

- For the IQR Program for CY 2016 (Calendar Year) reporting, an *IPPS* hospital is *required* to:
 - Report minimum of 4 of the 28 available eCQMs for one quarter (Q3 or Q4) of 2016
 - Submit 2016 data by February 28, 2017
 - Successful CY 2016 reporting will apply to FY 2018 payment determinations for IPPS hospitals **ONLY!**

IQR vs Meaningful Use CQMs

Meaningful Use CQM Attestation

- 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 the IQR** reporting requirements.

Using IQR to Meet MU

- 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!

Eligible Hospital eCQMS

- 28 available electronic measures
- CMS EH eCQM Measures:
https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
- Find out from your software vendor:
 - Have the CQMs been updated to current reporting year in your system?
 - What are the specific measures they have certified to report electronically?

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.

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:

- ☐ Option 1: I have submitted my clinical quality measure data electronically through Hospital Inpatient Quality Reporting (IQR) Program.
- ☐ Option 2: I will submit my clinical quality measure data now through online attestation.

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

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Tax Identifier:

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

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Tax Identifier:
NPI:
CCN:
Program Year: 2015

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

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Submitting IQR using eCQMs

- For CY 2016/Fiscal Year (FY) 2018 reporting, any data submitted as an eCQM **will not be posted on the *Hospital Compare website***
- 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 at: gotohts.org

IQR gets 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
- Electronic reporting of the 4 measures does not eliminate the requirement to submit data for the chart–abstracted, web–based, and claims–based measures
- Each IQR component has its own submission methods, requirements and deadlines!

Publicly Reported Data

- Public Reporting of eCQM data will be addressed in future rule making.
- Feedback on quality measures can be provided during rule making comment periods – MIPS comment period open until June 27, 2016.
- Quality measure feedback can also be submitted to the AHRQ Health Information Knowledge base:

<https://ushik.ahrq.gov/mdr/portals?system=mdr&enableAsynchronousLoading=true>

How to move forward with electronic reporting



Setting Goals:

- Set the goal of achieving eCQM reporting :
 - Focus your improvement priorities for value based purchasing success
 - Focus facility and vendor efforts to address issues affecting reporting capability:
 - Poor workflows
 - Broken report mapping
 - Certification of missing measures
 - Low end user satisfaction & poor use of the system
 - Lack of internal report availability and control

Polling Question #1

- Does your organization currently review Clinical Quality Measure report generated by the EHR on a regular basis?
 - Yes
 - No
 - I don't know

Polling Question #2)

- What are the reasons you may not be using your EHR generated CQM report or what problems have you found with the reports?
 - Measures are not relevant to my facility/provider
 - Data is “inaccurate”
 - Unsure who, how or where to get the report from
 - We find the reports useful, question does not apply
 - I don't know

Getting Started:

- Use EHR generated CQM reports!
- Understand the data contained in CQM reports by familiarizing your organization with measure specifications available at:
 - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
- Obtain EHR specific workflows for CQMs from your software vendor.
- Validate the data contained in the report.

A 3D white figure is running to the right, holding a magnifying glass over a trail of coins. The figure is in a dynamic, forward-leaning pose, suggesting a search or investigation. The magnifying glass is held in the figure's right hand, and its lens is focused on the ground. A series of small, round coins are scattered along the ground, forming a path that leads from the bottom left towards the center. The background is a plain, light gray, and the overall scene is brightly lit, casting soft shadows.




Field Data

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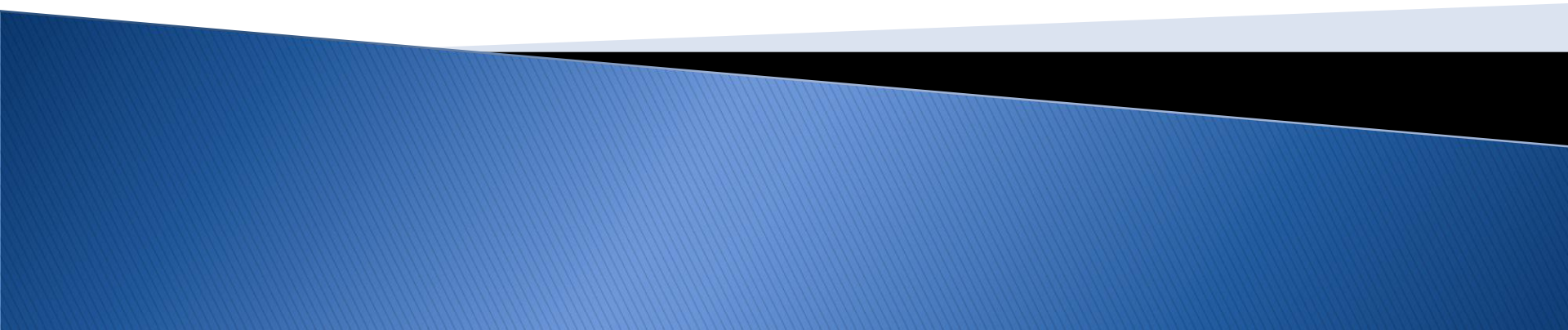
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<input checked="" type="checkbox"/> 2	0	12.419	1.0000	0.0000
<input checked="" type="checkbox"/> 3	0	18.137	1.0000	0.0000
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**Now, put the validation
process together with
known QI concepts to
improve your ability to align
and report quality measures
more efficiently!**

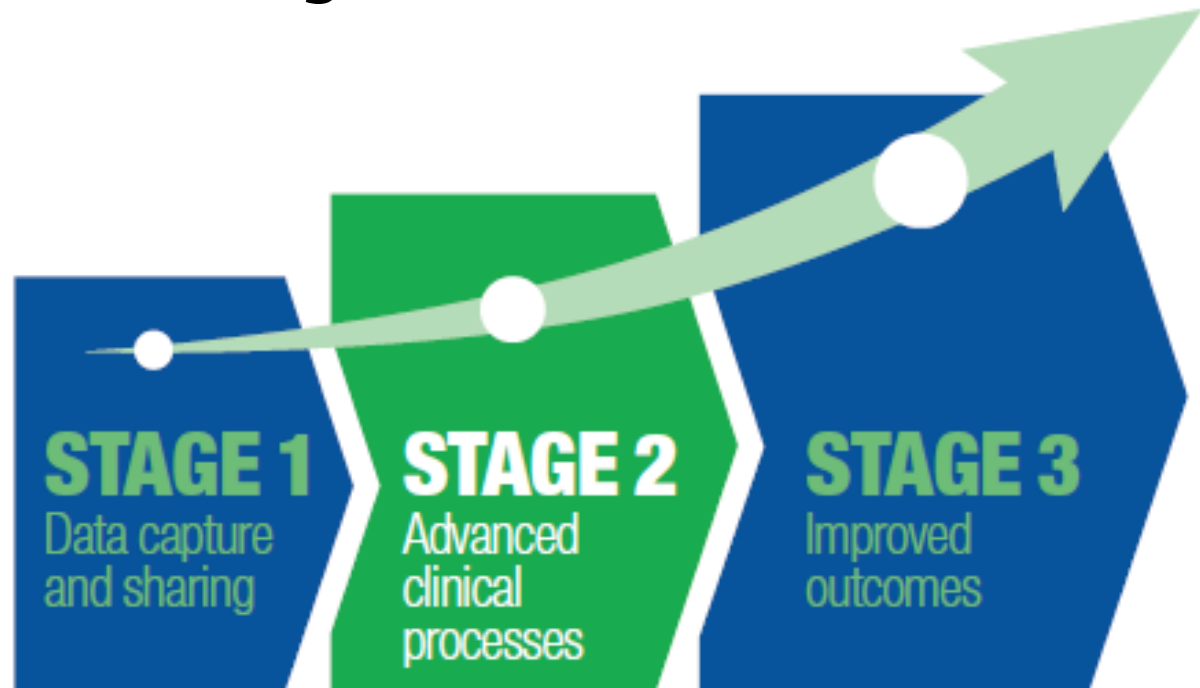


Clinical Quality Improvement Process

1. Identify problem statements
 2. Choose a project team
 3. Create Change Backlog (a list of changes to improve the outcome measure)
 4. Prioritize Change Backlog based on “value” of each change
 5. Create Change Backlog (identify item(s) to be included in first PDSA Cycle)
 6. Plan PDSA Cycle, perform workflow analysis
 7. Complete PDSA Cycle
 8. Perform a PDSA Review
 9. Review, update and reprioritize Change Backlog
 10. Begin new PDSA cycle
- 

Conclusion

Electronic reporting is a motivating factor to moving healthcare forward in the use of EHRs as tools in our organizations.





Questions??????

References and Resources

- 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

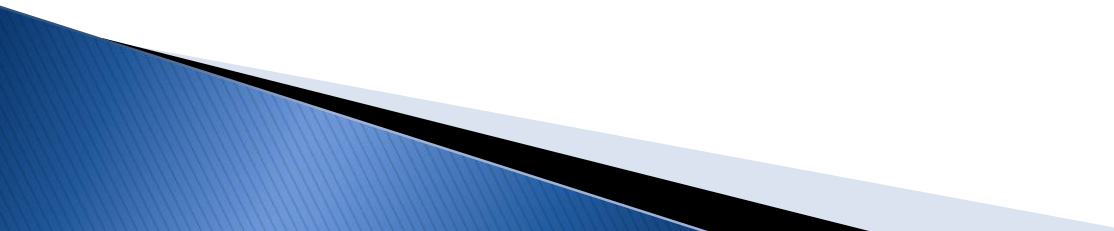
References and Resources

- IQR electronic reporting checklist:
http://www.qualityreportingcenter.com/wp-content/uploads/2016/06/CY-2016-Available-eCQMs-Table_6.1.16_Final.508.pdf
- AHRQ Health Information Knowledge base:
<https://ushik.ahrq.gov/mdr/portals?system=mdr&enableAsynchronousLoading=true>
- eCQI Resource page:
<https://ecqi.healthit.gov/>

Acronyms/Terms

- CDS – Clinical Decision Support
- CMS – Centers for Medicare & Medicaid Services
- CPOE – Computer Provider Order Entry
- CQM – Clinical Quality Measures
- eAccess – Electronic access to health records – Patient Portal
- eCQI – Electronic Enabled Clinical Quality Improvement
- eCQM – Electronic Clinical Quality Measures
- EH – Eligible Hospital
- EHR – Electronic Health Record
- EP – Eligible Provider
- eRX – Electronic prescribing
- HIT – Health Information Technology

Acronyms & Terms, cont.

- IQR – Inpatient Quality Reporting
 - MU – Meaningful Use
 - NHSN – National Health Safety Network
 - NQF – National Quality Forum
 - ONC –The Office of the National Coordinator
 - OQR – Outpatient Quality Reporting
 - PCMH – Patient Centered Medical Home
 - PMS – Practice Management System
 - PQRS – Physician Quality Reporting System
 - QRDA – Quality Reporting Data Architecture
- 

Presenter:

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www.gotohts.org

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time today!