

MHA/PIN/DPHHS
PIN “Unleashing the Power”
(PIN UP) of the EHR Project
LESSONS LEARNED

Tuesday, June 28, 2016 1–2 PM MDT

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HTS, a department of Mountain Pacific
Quality Health Foundation

Welcome!!!

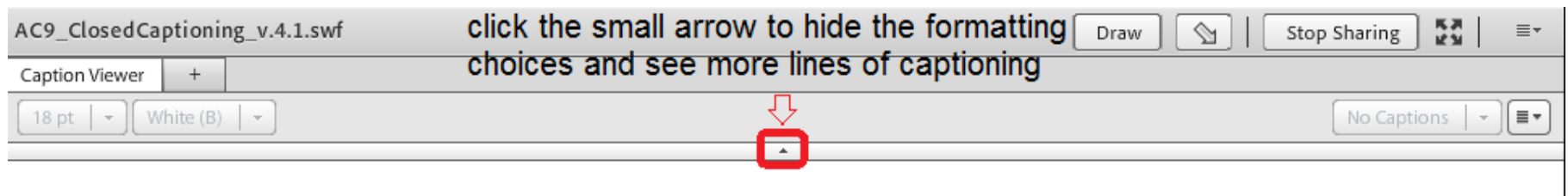
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- A link to both presentation slides and recording on our website will be sent to attendees following the webinar today.
- Your feedback is greatly appreciated and can be provided via the post-webinar survey.



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 division 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

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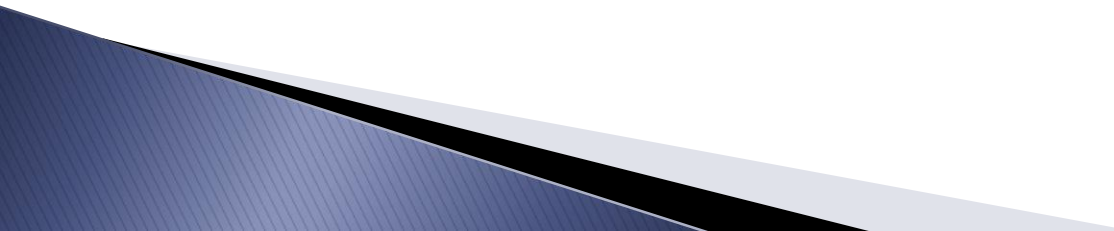
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Introduction of speaker

- Mary Erickson, BSN, MSM (Montana):
 - Student in the MT Tech HCI post-grad certificate program – almost done!
 - 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.
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Agenda for today!

- Review of the PIN UP goals
 - Review project activities
 - Learn of EHR reporting best practices
 - Project takeaways from the funding sponsors
 - What remaining activities will take place?
 - Continued funding / assistance update
- 



THANK YOU FOR YOUR SUPPORT!

We greatly appreciate the opportunity to
collaborate on this project with MHA PIN &
DPHHS!

25 PIN UP Project Facilities

Barrett Hospital
Beartooth Billings Clinic
Broadwater Health Center
Cabinet Peaks Healthcare
Central MT Medical Center
Madison Valley
Dahl Memorial
Daniels Memorial Healthcare
Deer Lodge Medical Center
Glendive Medical Center
Liberty Medical Center
Livingston Healthcare
Missouri River Medical

Mountain View Medical Center
Northern Rockies Medical Center
Phillips County Hospital
Pioneer Medical Center
Pondera Medical Center
Roosevelt Medical Center
Rosebud Healthcare Center
Roundup Memorial
St. Luke Community Healthcare
Stillwater Billings Clinic
Teton Medical Center
Wheatland Memorial

PIN UP Goals:

- Collaborative effort between DPHHS, HTS and MHA to support quality improvement efforts
- Identify CAH quality reporting requirements
- Reduce reporting administrative burden by aligning programs and leveraging EHR capabilities
- Payment reform preparation and alignment

SOW Outline

Task One - Assessment

- Assessment of EHR use for data reporting

Task Two – Data Collection & Alignment

- review and improve reports for utilization in QI projects related to PIN Benchmarking Studies, or other quality reporting

Task Three – Quality Improvement

- **Fall Precaution Effectiveness:** specific QI project related to PIN Clinical Benchmarking Studies, DPHHS/NQF Measures, PQRS, or Hospital Reporting requirements

Task Four – Education & Outreach

- 3 group webinars to provide guidance for the members of the PIN in their efforts toward 2015 Meaningful Use attestation.

Assessment Process

- Assess the following at the facility:
 - Level of EHR access, expertise and vendor resource availability
 - Ability to generate, understand and utilize reports and data from the EHR
 - Ability to make changes in the EHR in support of individual QI projects
 - What feedback reports is the facility able to provide staff and providers
 - The most pertinent project the facility would like assistance
- Review of current reports / data flow
- Ability to provide data to outside entities as required / needed

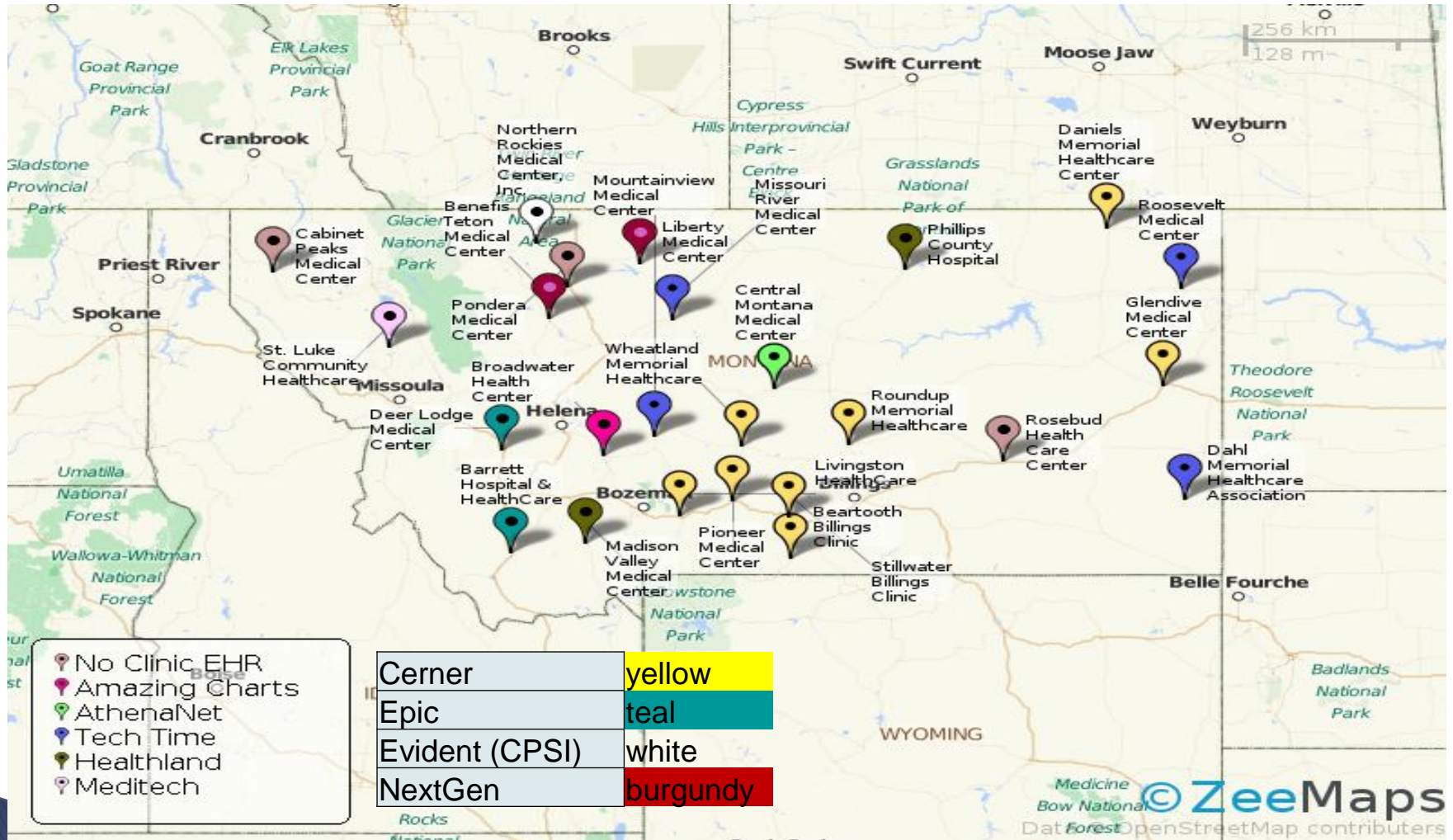
A NOTE ABOUT THE DATA

- The information on the following slides is only inclusive of the 25 PIN UP participants that completed the EHR and Data Use Assessment. No other facilities are included in this data.

CAH VENDOR MAP



CLINIC VENDOR MAP

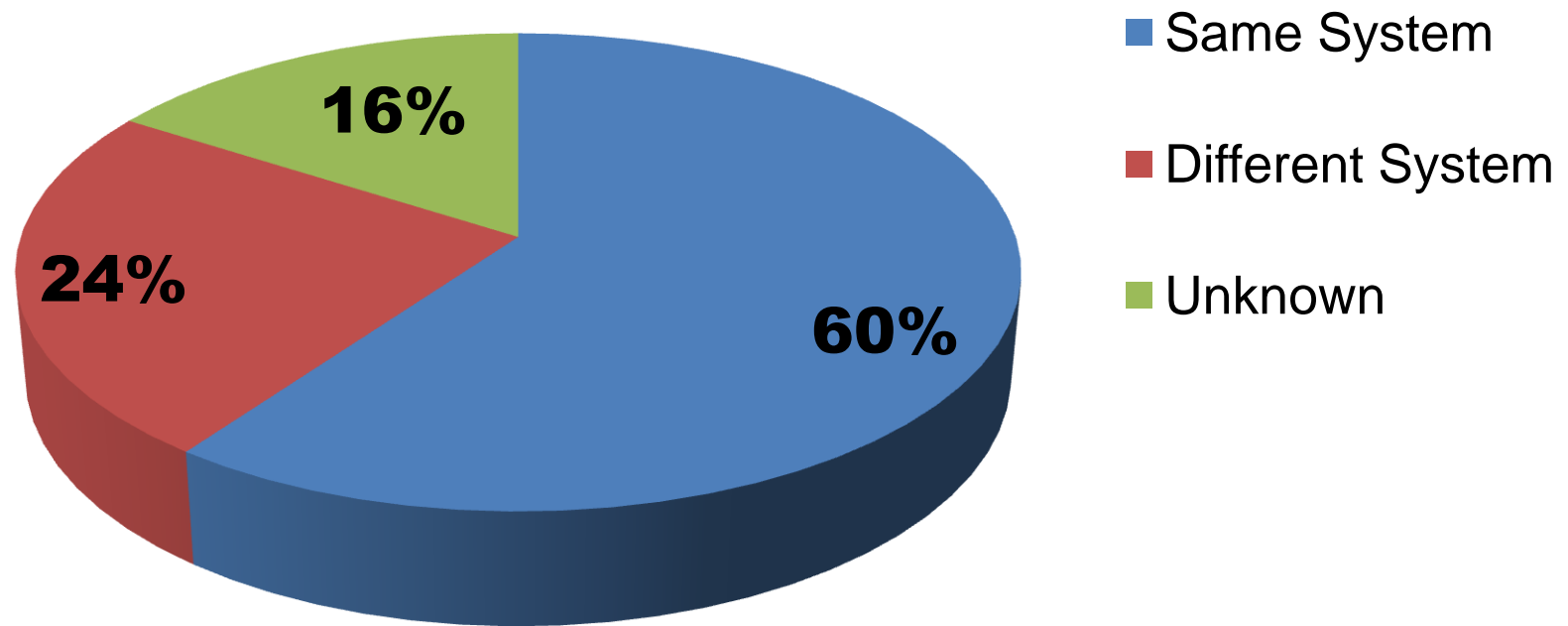


FACILITY LEVEL REPORTING CAPABILITIES

Functionality Description	Facilities able to complete in house
Standard reports generated internally (primarily MU reports)	84%
Custom reports generated internally	64%
Data flow process w/ feedback to staff / providers	52%
EHR supports QI in facility	16%

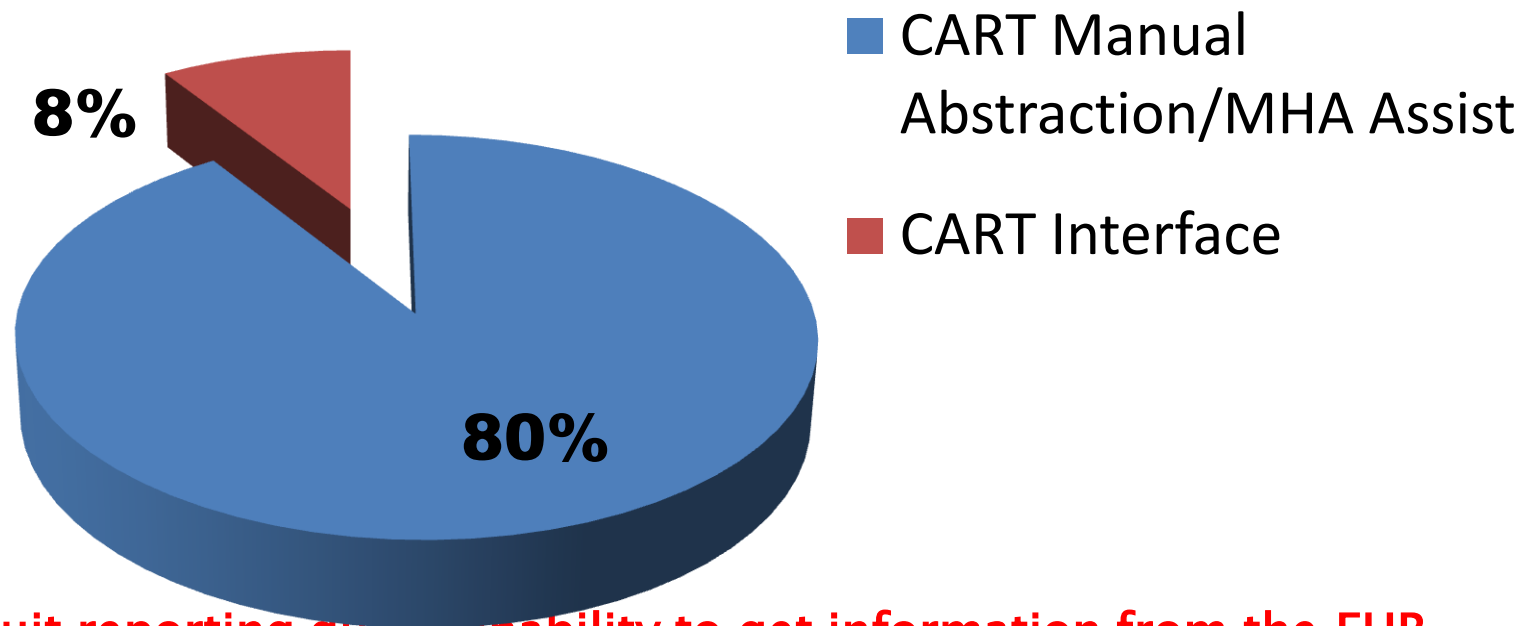
This is why we needed this project!!!!

FUNCTIONALITY ACROSS SYSTEMS: FINANCE



PARTICIPATION IN REPORTING INITIATIVES

88% of facilities reported Hospital Inpatient Quality Reporting data in 2014 –

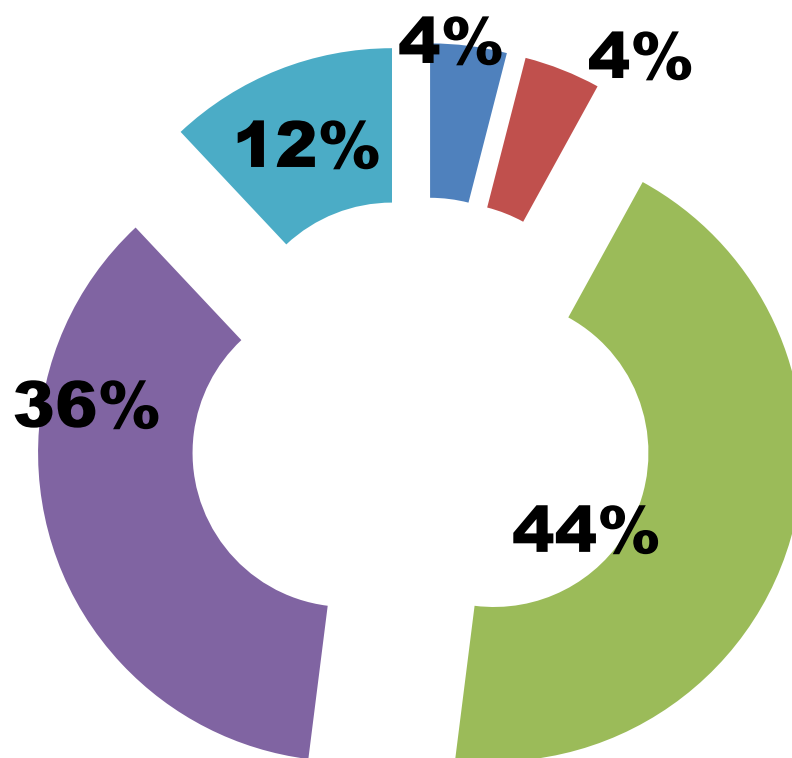


***2 facilities quit reporting due to inability to get information from the EHR and are now starting to report!**

REPORTING DIFFICULTIES

- ▶ Question: EHR Reporting is difficult because....

- Do not trust the data in reports is right
- EHR Reports are confusing
- Multiple parts to EHR that don't "talk"
- Never received report training
- Other



Data Validity

- 52% (13 of 25) facilities responded they have not done data validation of EHR generated reports as they were unsure of how to do it

Data Collection & Alignment: Methodology

- Review of reporting and data collection methods to reduce administration and insure consistency
- Review of available vendor resources (user guides, online tools, etc) and determine current level of available functionality/access
- Coaching the facility on how to work with their vendor
- Assist with troubleshooting, analysis and data collection
- Assisting in the building of reports
- Provide webinars and education related to data collection and EHR set up as needed.
- **Assist to build a network of resources at facilities with similar EHRs – started 6 vendor workgroups!**

Data Collection & Alignment

- Vendor Workgroups –
 - Focused on reporting – looked at specific measures
 - Show and tell between users regarding report building and how they are used
 - Sharing of best practices regarding workflows
 - Collaborative voice on custom form development
 - Collaborative HIT for QI workshop with Medworx
 - Occasionally we discovered functionality was broken or not turned on for a facility
 - From here, individual coaching was provided to work through report building and data validation

How many measures?

- Quality measure profile compiled for each facility = average 120 – 150 measures per facility
- Only included measures for the following programs:
 - DPHHS – Trauma, Stroke, Asthma
 - PIN – Benchmarking, MBQIP & Improvement Studies
 - CMS – IQR, OQR, HCAHPS
 - HEN 2.0

Data Collection & Alignment Best Practices

- Internal capability and control of your data repository definitely gives you a “hand up” in collection and ability to report more efficiently
- A person on staff interested in report writing can be trained in reporting functionality. It can be anyone, just make sure it's someone!
 - Medical Records, coding
 - Business Office
 - Quality Improvement
 - IT
 - Lab personnel
 - Pharmacist
 - Any one of these is a potential informaticist, it does NOT need to be a nurse!

Data Collection & Alignment Best Practices (cont)

- Internal capability to build custom forms is great, but internal capability to build custom forms that have coded data fields is **AWESOME!** Not every system allows this, but it should always be a consideration when working with your vendor on custom forms to allow you to pull data from the forms later.
- Building custom form that allows for a consistent data collection point, ex: EMTALA form to collect ED Transfer data

Data Collection & Alignment Best Practices (cont)

- Streamlining CART reporting:
 - Two computer screens ☺ if using the online tool
 - Fully understanding where all the necessary data elements are located in your EHR
 - Move towards xml file uploads (see St. Luke's CART Webinar in our webinar archive) for CART and for eCQM reporting
 - Start with uploading demographic data then move to measures (per St. Luke's advice)

QI Project – Fall Clinical Improvement Study: Data Collection

- Assistance with baseline data collection involved providing direction regarding what kinds of reports might already be available to narrow case finding for data abstraction.
 - Most systems could not pull reports from the fall assessments
 - Patients with PT orders after a fall, using post-fall evaluation in the order description

QI Project – Fall Clinical Improvement Study: EHR Documentation Improvement Ideas

- Some facilities made custom document changes to start including a post-fall assessment.
- Triggering a patient list of all patients that were high risk to generate to the risk manager daily for safety rounds.

Additional QI Projects Underway

- Medication Computerized Provider Order Entry to improve EHR inpatient med management & discharge instructions
- Improving registration in the outpatient and clinic setting to improve all points of data collection
- Bar code scanning and electronic med administration record in the ER

eCQI Toolkit

- ▶ Developed by HTS with DPHHS funding for PIN UP and other projects
- ▶ Available at:
<http://mpqhf.com/corporate/health-and-technology-services/ecclinical-quality-improvement/ecqi-resources/>
- ▶ Intended to be a resource guide for using the EHR to advance quality improvement and provide project management related tools

Take away from the activities

- The real intention of the chart, is for it to be a communication tool between:
 - Members of the care team throughout the continuum of care
 - Care team and the patient
 - Care team and the payer
- If this is how the EHR is ALWAYS treated, then everything else begins to fall into place

Lessons Learned – MHA/PIN

- ▶ “Our takeaway from the project has been a more broad-based understanding of the issues contributing to reporting difficulties but no specific lessons learned. For us, it’s been more about having a clearer picture of the contributing factors that can help drive the direction of the reporting improvement activities we offer or support.” – **Gina Bruner, FLEX Grant Director**

Lessons Learned – DPHHS

- Requested and participated in their own eCQI workshop!
- Increased awareness of the CMS Clinical Quality Measures (IQR, PQRS, etc) and specifications to try and align their programs with those measures

The remainder of this project cycle

- Project **hard end date** will be August 31, 2016 to allow for:
 - QI project follow up
 - CART File upload technical assistance – will be done by vendor workgroup. Invites coming soon!
 - Development and distribution of a data reporting information flow diagram (thank you St. Luke's aka Kitty Strowbridge 😊)
 - Report out to facility CEO's
 - Report out to funding sponsors

Continued DPHHS Funding

- Thank you DPHHS Chronic Disease bureau for funding 2016 – 2017 eCQI projects!
- We are currently developing the scope of work around improvement in these areas:
 - Tobacco cessation
 - Childhood immunizations
 - Colorectal screening
 - Blood pressure control/heart disease
 - Diabetes
 - Asthma
 - Transition of care
 - Patient engagement & self management
 - Improved health outcomes projects (as approved by DPHHS)

Questions?



Electronic Clinical Quality Improvement Tools:

- **Toolkit:**

<http://mpqhf.com/corporate/health-and-technology-services/ecclinical-quality-improvement/ecqi-resources/>

- **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.

- HCAHPS – Hospital Consumer Assessment of Healthcare Providers and Systems
 - 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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Check out our new website!

www.gotohts.org

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time today!