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INDEPENDENT PRACTICE ASSOCIATION

Transformation to Value:

Lessons from Small and Independent Practices

Tuesday, September 25, 2018

Introduction

CENTRAL OREGON
INDEPENDENT PRACTICE ASSOCIATION

- We represent 692 Providers in a territory of 40,000 square miles
- Our provider members care for ~280,000 lives

Providers by Area

Central Oregon: 563

Columbia Gorge: 108

Eastern Oregon: 21

Part 1: Defining "value" in independent practices
- Divya Sharma, MD, COIPA Chief Medical Officer

Part 2: Value-based quality measurement and reporting
- James McCormack, PhD, COIPA Director of Clinical Informatics

What is clinical value?

Value = Quality / Cost

Payor perspective

Keep costs down

Meet/exceed yearly quality measure targets as set forth by state/federal guidelines

Excel in patient satisfaction

Clinic perspective

Prompt access to care and ability to support each patients needs in timely manner

Adequate resources to do the job

Keep costs down

Excel in patient satisfaction and positive outcomes

Patient perspective

Adequate time spent with provider/staff

Prompt response/action for healthcare needs

Keep out of pocket expenses down

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Choosing clinical quality measures (CQMs)

National and State

*Merit Based Payment system (MIPS)

*Coordinated Care Organization (CCO)

*Accountable Care Organization (ACO)

*Patient Centered Medical Home (PCMH)

*Patient Centered Primary Care Home (PCPCH)

*Comprehensive Primary Care Plus (CPC+)

*Alignment across all LOB

Why measure

Payors moving from fee for service to value based payment (shared savings)

Provides insight to improve patient outcomes

Opportunity to improve clinical workflows and identify missing or needed resources

Potential to lower cost of care over time at best or not increase cost further at minimum

Knowing the specs

Critical for configuring and using Electronic Health Record (EHR) for value-based reporting.

Helps define changes to clinical workflows

Coding for maximum reimbursement - sustainability

Data collection

Capturing and reporting high quality data is critical to support initiatives that drive value-based care

Practices often have multiple data sources and reporting options (EHR dashboards, quality data registries, and population health tools.

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Barriers to transformation in small practices

Process and technical challenges go hand-in-hand:

- Providers aren't getting credit for the work they already do:
  - Quality and consistency of data entry is critical for reporting
  - Data must be captured in the "right" way to count
- Practices may have to change their workflows and EHR configurations to support accurate and timely reporting
- The burden of data collection for quality reporting often falls to clinicians and staff (more clicks)

What does it take to transform?

Acknowledge need to transform

Provider/staff engagement

Identifying a champion

Who/what makes an ideal champion?

*Passion for Quality

*Patient-centered

*Clinical leader who is directly providing patient care

Resources and tools to succeed

Know community partners

Common goal

Clear plan of action

Each party aware of tasks

Follow-up to change and assess need for ongoing modifications

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Central Oregon: Transformation project to improve hypertension control

Uncontrolled hypertension

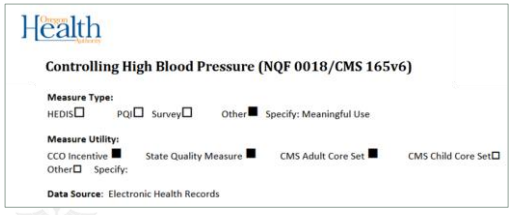
Measure applies to multiple quality programs (CCO, MIPS)

Tri-county impact

Rural, FQHC and densely populated communities

Issues:

- Measure had never met target benchmarks for any LOB
- Diverse knowledge base of Provider best practices for HTN management
- Poorly functioning clinical workflows
- Inconsistent MA training to take and record proper B/P
- Variable data quality for blood pressure readings in EHRs
- Patients at risk for complications



Health

Controlling High Blood Pressure (NQF 0018/CMS 165v6)

Measure Type:
HEDIS☐ PQI☐ Survey☐ Other■ Specify: Meaningful Use

Measure Utility:
CCO Incentive■ State Quality Measure■ CMS Adult Core Set■ CMS Child Core Set☐
Other☐ Specify:

Data Source: Electronic Health Records

https://www.oregon.gov/oha/HPA/ANALYTICS/CCOData/Controlling-Hypertension-2018.pdf

Central Oregon: Transformation project to improve hypertension control

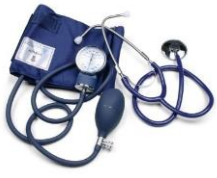


Image Credit: https://americanqualityhealthproducts.com

- Simultaneous efforts began in January 2017 and continue to date.
- Community acknowledged need via Health council, clinical site visits and Practice transformation partners.
- Various clinicians and Cardiovascular regional health improvement workgroup developed patient facing and clinical training materials.
- Grant funded Provider education best practice from Million Hearts Champion recipient
- Practice Transformation coaches provided MA training on proper B/P technique and data entry
- EHR enhancements/updates to capture 2nd B/P in structured fields, built custom reporting query
- Adjusted clinical workflows to support patient engagement/education in self-management of blood pressure.

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Outcomes of the hypertension project

Approximately 230 providers received Best practice training to treat and manage Hypertension.

All MA training was complete by September 2017 with minimal remediation.

Patient education posters in 90% of C.O. clinics

Audited B/P data in EHRs & standardized workflows for data entry by 3rd quarter 2017.

Custom queries built to extract and compare quality data from multiple EHRs.

2017 CCO Uncontrolled Hypertension measure was met for the first time in Central Oregon resulting in increased shared savings.

Waiting on 2017 final Medicare STAR data to determine impact of change over multi-payor reach

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Value-based quality measurement and reporting

James McCormack, PhD, COIPA Director of Clinical Informatics
jmccormack@coipa.org

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Medical practices must assess and improve the accuracy, consistency, and completeness of their clinical data to transform toward value-based payment models.

Image credit:
http://www.cusolution.com

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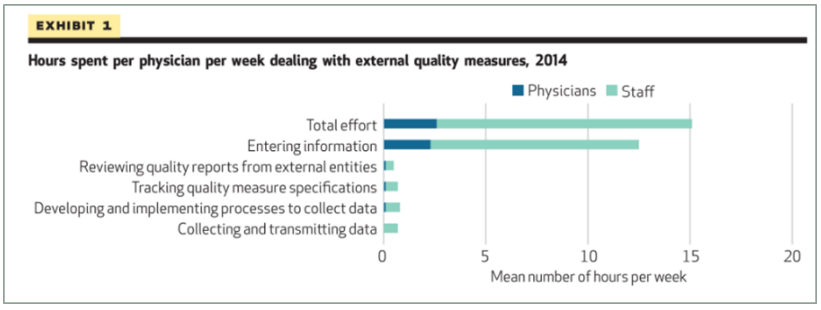
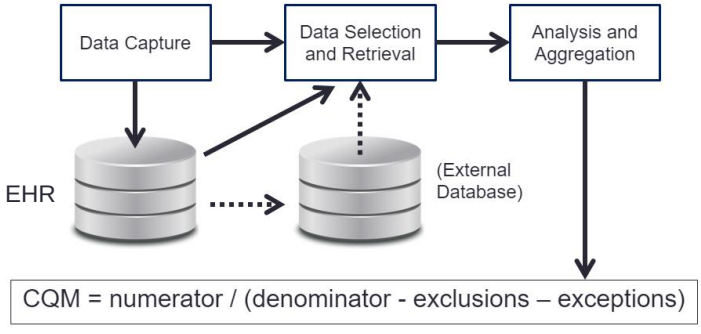
Measuring and reporting clinical quality from EHRs requires significant time and effort...



US Physician Practices Spend More Than $15.4 Billion Annually To Report Quality Measures.
Casalino LP, et al. Health Affairs (2016)

...and a robust data and IT infrastructure.



Quality reporting capabilities of certified EHRs vary widely...

Certified Health IT Product List

https://chpl.healthit.gov

CHPL Product Number: 14.02.02.2968.A027.02.01.1.170117

ONC-ACB Certification ID: IG-2999-17-0002

Developer

[redacted]

Address

Line 1: 1010 E Arapaho Rd, Suite 100
Line 2:
City: Richardson
State: TX
Zip: 75081
Country: USA

Contact information

[redacted]

Previous Developer

[redacted]

Version

16.0.16

Certification Edition

2014

Clinical Quality Measures (60 met)

Version	Quality Measure
v3	CMS2: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
v2	CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
v2	CMS50: Closing the Referral Loop: Receipt of Specialist Report
v2	CMS52: HIV/AIDS: Pneumocystis Jirovecl Pneumonia (PCP) Prophylaxis
v2	CMS56: Functional Status Assessment for Total Hip Replacement
v3	CMS61: Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed
v2	CMS62: HIV/AIDS: Medical Visit
v3	CMS64: Preventive Care and Screening: Risk-Stratified Cholesterol -Fasting Low Density Lipoprotein (LDL)
v3	CMS65: Hypertension: Improvement in Blood Pressure
v2	CMS66: Functional Status Assessment for Knee Replacement
v3	CMS68: Documentation of Current Medications in the Medical Record
v2	CMS69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
v3	CMS74: Primary Caries Prevention Intervention as Offered by Primary Care Providers, Including Dentists
v2	CMS75: Children Who Have Dental Decay or Cavities
v2	CMS77: HIV/AIDS: RNA control for Patients with HIV
v1	CMS82: Maternal Depression Screening
v3	CMS90: Functional Status Assessment for Complex Chronic Conditions
v2	CMS117: Childhood Immunization Status

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...and using EHRs to measure and report quality performance remains challenging.

Challenges with using electronic health records (EHRs) for quality measurement and improvement

Challenge	Specific problems
GENERAL CHALLENGES	
Inability to produce clinical quality reports that align with quality improvement needs	ONC-certified EHRs for meaningful use do not provide customizable measure specifications, date ranges, and frequency of reports.
	Vendors are resistant to making changes to EHRs beyond what is required for ONC certification and meaningful use, and any changes are expensive and take too much time to deliver.
	Most practices lack the technical expertise to extract and prepare data and cannot afford external consultants.
Inability to produce clinical quality reports at practice, clinical team, clinician, and patient levels	Most EHRs lack this functionality, which is necessary to compare clinicians and produce lists of patients in need of services or of services needed by individual patients.
	Purchasing this functionality is an upgrade expense that smaller practices cannot afford.
	When this functionality is present, smaller primary care practices usually lack the necessary health IT expertise to make use of these tools.
Data from EHR reports are not credible or trustworthy	EHR design features lead to suboptimal documentation of clinical quality measures (for example, EHRs lack consistent or obvious places to document the measures).
	Clinical team documentation behavior leads to incomplete extraction of clinical quality variables.
Delays in modifying specifications when guidelines or measures change	Delays in government revision of value sets after changes occur.
	Delays in vendor programmatic changes per value set changes.
	Delays in practice EHR upgrades.

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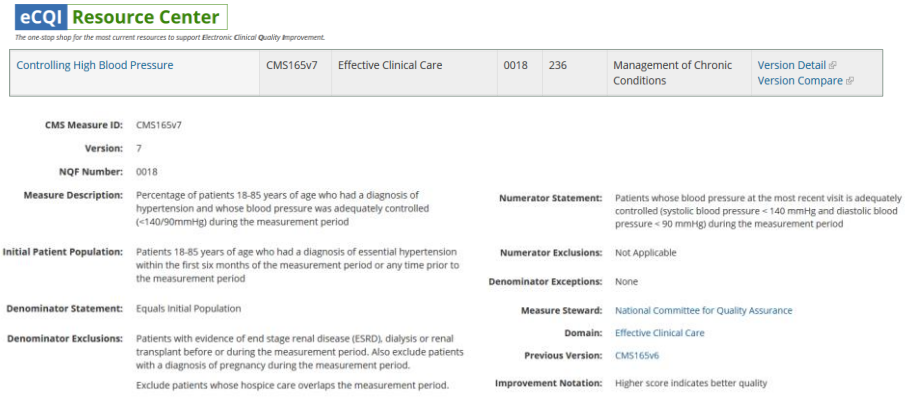
Primary Care Practices' Abilities And Challenges In Using Electronic Health Record Data For Quality Improvement. Cohen, DJ, et al. Health Affairs (2018)

Data to measure quality performance must be systematically assessed.

1. Obtain and review detailed CQM specifications for all chosen measures (specifications may be unique to the payer or program!)



eCQI Resource Center

The one-stop shop for the most current resources to support Electronic Clinical Quality Improvement.

Controlling High Blood Pressure	CMS165v7	Effective Clinical Care	0018	236	Management of Chronic Conditions	Version Detail Version Compare

CMS Measure ID: CMS165v7

Version: 7

NQF Number: 0018

Measure Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period

Initial Patient Population: Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period

Denominator Statement: Equals Initial Population

Denominator Exclusions: Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also exclude patients with a diagnosis of pregnancy during the measurement period.

Exclude patients whose hospice care overlaps the measurement period.

Numerator Statement: Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period

Numerator Exclusions: Not Applicable

Denominator Exceptions: None

Measure Steward: National Committee for Quality Assurance

Domain: Effective Clinical Care

Previous Version: CMS165v6

Improvement Notation: Higher score indicates better quality

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https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms

Data to measure quality performance must be systematically assessed.

2. Identify all of the required data elements for each measure
   - Denominator inclusion criteria (e.g., diagnosis and visit codes, age, etc.)
   - Numerator inclusion criteria (e.g., lab values, immunizations, screenings, etc.)
   - Exceptions and exclusions (e.g., patient refusal, hospice care, etc.)

3. Audit current workflows for data capture and entry
   - Are all needed data elements being entered accurately and consistently?
   - Are they in the format needed to satisfy the measure (e.g., structured data, codes)?
   - How are outside data (e.g., labs, preventive screening tests) obtained and entered?

4. Validate data format and accuracy
   - By conducting chart audits
   - By extracting and analyzing raw data from the EHR

5. Create an action plan to address incorrect or missing data
   - This may require significant changes to workflow and/or EHR configuration!
   - Develop processes to audit ongoing data quality and provide feedback to clinicians and staff

Example: Improving CQM performance for NQF 0018 in Central Oregon

Symptom:

- Clinics showed mixed performance on NQF 0018 (Controlling hypertension) in practices known to deliver high quality care for patients with hypertension.

Data problems identified:

- Observed workflows for entering BP values
- Created a custom report to extract raw BP values
- Found frequent entry of non-numeric BP data
- Found staff used a single field for repeat entries

Corrective Action Plan:

- Increased awareness and training
- Configured EHR to use a validated field for BP entry
- Turned on feature for multiple readings
- Provided on-going feedback on data quality

Encounter Date	Vital Name	BP
1/3/2017	vital_bp	112/70 lg cuff
1/3/2017	vital_bp	120/62 lg
1/3/2017	vital_bp	136/88
1/3/2017	vital_bp	144/76 lg cuff
1/3/2017	vital_bp	138/82 large cuff
1/3/2017	vital_bp	128/88 large cuff
1/3/2017	vital_bp	118/80 lg
1/3/2017	vital_bp	112/64 large cuff
1/3/2017	vital_bp	134/72
1/3/2017	vital_bp	138/72
1/3/2017	vital_bp	160/60 adult
1/3/2017	vital_bp	110/70
1/3/2017	vital_bp	102/68 adult cuff 109/73 own cuff
1/3/2017	vital_bp	126/70 lg cuff
1/3/2017	vital_bp	142/84 lg
1/3/2017	vital_bp	116/76 large cuff
1/3/2017	vital_bp	158/90 lg
1/3/2017	vital_bp	112/64 large cuff
1/3/2017	vital_bp	155/80
1/3/2017	vital_bp	118/85 adult cuff
1/3/2017	vital_bp	130/78
1/3/2017	vital_bp	92 doppler
1/3/2017	vital_bp	130/62

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EHRs and quality: Common data hazards

EHR Data Hazards	Real-world Examples
Incorrect data	Non-numeric data are entered in numeric fields
	Repeat observations are recorded in a single data field
	Clinical observations are not captured as structured data
	Coding system used for diagnoses, visits, or clinical observations don't meet CQM specifications
Missing data	Needed data elements are not available to the practice
	Needed data elements are not entered into the EHR
	Needed data elements are lost in narrative text or scanned reports
EHR configuration issues	Labs, vital signs, and structured clinical observations are not properly mapped to EHR-recognized concepts or codes
	Structured data for clinical observations appear in multiple chart locations

Image credit: www.amazon.com/StickerPirate

Other Data Hazards
Missing diagnosis, visit codes, and surveillance codes on claims
Incomplete data provided to payers with claims or extracted to registries
Incorrect attribution logic

Beyond CQMs: Can MIPS help you create an IT infrastructure for value transformation?

CMS.gov
Centers for Medicare & Medicaid Services

Promoting Interoperability Performance Category Score

Required Measures for 50% Base Score
Security Risk Analysis
e-Prescribing
Provide Patient Access*
Send a Summary of Care*
Request/Accept Summary Care*

Measures for Performance Score
Provide Patient Access*
Send a Summary of Care*
Request/Accept Summary Care*
Patient Specific Education
View, Download or Transmit (VDT)
Secure Messaging
Patient-Generated Health Data
Clinical Information Reconciliation
One of the Public Health and Clinical Data Registry Reporting Measures

PI Measures & Scores

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https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Promoting-Interoperability-Fact-Sheet.pdf

Lessons learned

- No change without a designated champion
- Not enough to focus on education alone
- Resources must be in place for change to occur — Multiple projects happening simultaneously(provider education, MA training, patient education materials into clinics, EMR enhancements)
- EHR must align with technical specs — IT can run reports, but need clinic investment to engage staff
- Staff training is key not only for data entry, but also understanding of how value based payments work. (shared savings= financial sustainability)
- Must have defined staff roles to support clinical workflows — Differences rural vs. urban
- Patient engagement and education is key to success

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Conclusion: Next steps

Track and communicate quality scores and improvement results with clinicians and staff

Choose your quality measures wisely

Provide ongoing feedback for process improvement and workflow adjustment using a team-based approach

Assess and improve the accuracy, consistency, and completeness of clinical data used for all reported EHR and claims-based quality measures

Questions?

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