



Healthy People, Healthy Communities
Providing Better Care at Lower Cost

Quality and Improvement Activities

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QPP Webinar Series

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HealthInsight

Our business is redesigning health care systems for the better

HealthInsight is a private, non-profit, community based organization dedicated to improving health and health care in the western United States.



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Mountain-Pacific Quality Health

We are the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for

- Montana
- Wyoming
- Hawaii
- Alaska
- Guam
- American Samoa
- The Commonwealth of the Northern Mariana Islands



MIPS Category: Quality



- 60 percent of Final Score in 2017
- 270+ measures available
 - **Most participants:** Report up to six quality measures, including an outcome measure, for a minimum of 90 days.
 - **Groups using the web interface:** Report 15 quality measures for a full year. To submit data as a group through the CMS Web Interface, [you must register your group](#) between April 1 and June 30, 2017.
 - **Groups in APMs qualifying for special scoring under MIPS, such as Shared Savings Track 1 APM or the Oncology Care Model one-sided risk APM:** Report quality measures through your APM. You do not need to do anything additional for MIPS quality.
- Replaces PQRS program



How to Choose Quality Measures?

- Pull quality measures from electronic health record (EHR)
- Identify top measures and select six measures, including one outcome measure
 - <https://qpp.cms.gov/measures/quality>
- If an outcome measure is not available that is applicable to your specialty or practice, chose another high priority measure
- Compare your measures to the current national benchmark data
 - <https://qpp.cms.gov/resources/education>
- Select measures where the participant can exceed a benchmark that is not topped out



Benchmark and Scoring

- MIPS eligible clinicians should demonstrate improved quality above a baseline level, known as the performance benchmark.
- The performance benchmark is based on historical or performance period data (or potentially based on 2017 performance data for quality measures with no historic benchmark).
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/QPP-MIPS-Quality-and-Cost-Slides.pdf>
 - Slides 19-25



Quality Benchmarks

Measure_Name	Submission_Method	Decile 3	Decile 4	Decile 5
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Claims	11.54 - 30.67	30.68 - 62.08	62.09 - 94.03
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	EHR	1.22 - 2.93	2.94 - 5.93	5.94 - 11.09
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Registry/QCDR	2.01 - 5.26	5.27 - 14.88	14.89 - 32.90



MIPS Category: Improvement Activities



- 15 percent of Final Score in 2017
- Attest to participation in activities that improve clinical practice
 - Examples: Shared decision making, patient safety, coordinating care, increasing access
- Choose 1-4 activities from 90+ in nine subcategories:

Expanded Practice Access	Population Management	Care Coordination
Beneficiary Engagement	Patient Safety and Practice Assessment	Participation in an APM
Achieving Health Equity	Integrating Behavioral and Mental Health	Emergency Preparedness and Response



MIPS Category: Improvement Activities

Special consideration for:

Participants in **certified patient-centered medical homes**, comparable specialty practices, or an APM designated as a Medical Home Model: **Automatically earn full credit**

Current participants in **APMs, such as MSSP Track 1**: **Automatically receive points based on the model - full or half credit**

Groups with 15 or fewer participants, non-patient facing clinicians, or if you are in a rural or health professional shortage area: Lesser requirements - attest that you completed two activities for a minimum of 90 days.



Improvement Activities

- The MIPS Improvement Activities performance category assesses how much you participate in activities that make clinical practice better. Examples include:
 - Activities related to ongoing care coordination
 - Clinician and patient shared decision making
 - Regular use of patient safety practices
 - Expanding practice access
- Your documentation used to validate your activities should demonstrate consistent and meaningful engagement within the period for which you attested.
- MIPS Data Validation Criteria:
[https://qpp.cms.gov/docs/QPP MIPS Data Validation Criteria.zip](https://qpp.cms.gov/docs/QPP_MIPS_Data_Validation_Criteria.zip)



Improvement Activities

- Identify improvement activities that apply to the eligible clinician
 - <https://qpp.cms.gov/measures/ia>
- Look at workflow and identify improvement activities that are currently being done
- Work with state QIN-QIO
 - Improving cardiac health
 - Diabetes care
 - Care coordination
 - Antibiotic Stewardship
 - Immunizations
 - Behavioral Health
- Quality measures and improvement activities should overlap



Quality Measures and Improvement Activities

Quality Measures

- Preventive Care and Screening:
Unhealthy Alcohol Use: Screening and Brief Counseling
- Depression Screening
- Preventive Care and Screening:
Tobacco Use: Screening and Cessation Intervention
- Controlling High Blood Pressure
- Avoidance of Antibiotics
Treatment in Adults with Acute Bronchitis

Improvement Activities

- Unhealthy alcohol use
- Depression screening
- Tobacco use
- Participation in CMMI models such as the Million Hearts
- Implementation of an antibiotic stewardship program



How to Improve Quality Measures?

The screenshot displays the eClinicalWorks software interface. The main window title is "eClinicalWorks (Willis, Sam, MD)". The menu bar includes "File", "Patient", "Schedule", "EMR", "Billing", "Reports", "CCR", "Fax", "Tools", "Community", "Lock Workstation", and "Help". The sidebar on the left contains navigation options: Admin, Practice, Recalls, Patient Recall, Lookup Encoun..., Registry, Registry Reports, Quality Measures, Define Measure, Referrals, Messages, Documents, and Billing. The main content area is titled "Registry" and has several tabs: Immunization, Encounters / Visits, Structured Data, Saved Reports, Referrals, and Generate Reports. Under the "Vitals" tab, there are input fields for Height (IN), Weight (LBS), BP (SYS/DIA), Heart Rate, HC, Temp, and BMI Percentile. A "Vitals Date Range" is set from 2/22/2003 to 2/22/2008. Below these fields are buttons for "Migrate Vitals", "Save Queries", "Run Subset (NOT)", "Run Subset", and "Run New". A table lists patient data:

<input checked="" type="checkbox"/>	Patient Name	DOB	Sex	Age	Tel. No	Acc #
<input checked="" type="checkbox"/>	Doe, Jane	01/01/1960	F	48Y		
<input checked="" type="checkbox"/>	Hagland, Jason	04/04/1967	F	40Y		
<input checked="" type="checkbox"/>	Jackson, John	04/04/1967	M	40Y		
<input checked="" type="checkbox"/>	Johnson, Ken	05/05/1967	M	40Y		
<input checked="" type="checkbox"/>	Smith, Alex	01/02/1960	M	48Y	608-843-5678	

Below the table, there are filters for "Demographics" (Age >=18 AND Sex = Both), "ICD" (401.9), and "Vitals" (AND BP >= 140/90). At the bottom, there are buttons for "Choose Letter", "Run Letter", "Prev", "Next", "1-5 of 5 records", "25", "Patient Hub", "New Appointment", "Copy", "Send eMessage", "Flowsheet", "Exclude From Search", and "DOQ-IT".



Data Entry Into the EHR

- When information is put into the EHR, it is important to understand that not all data in the system can be pulled into reports.
- For extraction purposes, it is important to know where and how to record data in your EHR.
 - For example, when you are asking a patient about his or her smoking status, just putting it in the H/P note may not be enough. It will need to be in the correct data field (check box, dropdown) for data to be mined.
- The data being reported is only as good as the data being put in.



DMAIC

- Define
 - What is the problem?
- Measure
 - Pull data from EHR, establish baseline data
- Analyze
 - Look for root cause of problem
- Improve
 - Develop solutions and implement solutions
- Control
 - Has the goal been achieved? Have the solutions become routine?



DMAIC Example

- Define
 - What is the problem? Depression screening is in 3rd decile
- Measure
 - Pull data from electronic health record, establish baseline data 1.75
- Analyze
 - Look for root cause of problem
 - 5-Whys
 1. Data is not being entered into EHR correctly
 2. Data is being entered into notes rather than data field
 3. Staff does not know where to enter depression screening
 4. Staff does not have sufficient EHR training
 5. There is not enough time to adequately train staff on EHR functionality
- Improve
 - Develop solutions and implement solutions Staff receives additional training on how to enter depression screening into electronic health record
- Control
 - Has the goal been achieved? Have the solutions become routine?



Complete a PDSA Cycle to Test Improvement Ideas

Plan

- What are you testing?
- Who is conducting the test?
- Who are you testing the change on?
- When and where are you testing?
- What do you predict will happen?
- What data do you need to collect?
- Who will collect the data?

Do

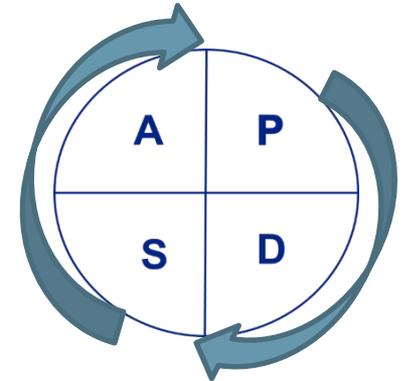
- What happened?
- List your observations.
- Note problems.

Study

- Summarize the data.
- What did you learn?
- Compare results to your predictions.

Act

- Are you ready to implement the change?
- What will you do before the next test cycle?
- What will the next cycle be?



Three Fundamental Questions for Improvement

The Model for Improvement



Submission Methods for MIPS

Category	Individual	Group
 Quality	<ul style="list-style-type: none"> • Qualified Clinical Data Registry (QCDR) • Qualified Registry • EHR • Claims 	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • Administrative Claims • CMS Web Interface • CAHPS for MIPS Survey
 Improvement Activities	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • Attestation 	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • CMS Web Interface • Attestation
 Advancing Care Information	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • Attestation 	<ul style="list-style-type: none"> • QCDR • Qualified Registry • EHR • CMS Web Interface • Attestation

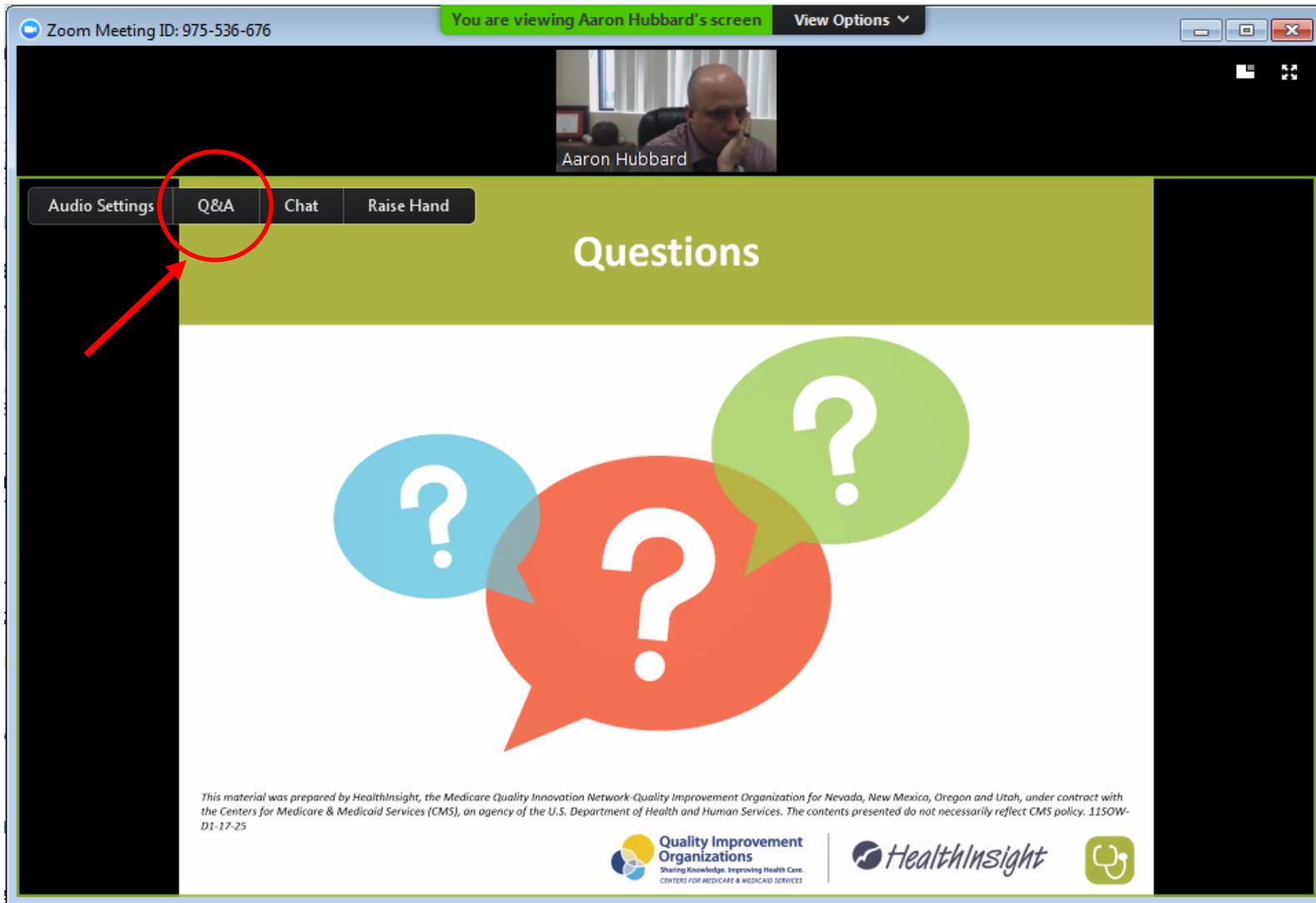


Questions



This material was prepared by HealthInsight, the Medicare Quality Innovation Network-Quality Improvement Organization for Nevada, New Mexico, Oregon and Utah, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-D1-17-25

How to Ask a Question



The image shows a Zoom meeting window. At the top, the title bar reads "Zoom Meeting ID: 975-536-676" and "You are viewing Aaron Hubbard's screen". Below the title bar is a video feed of Aaron Hubbard. A control bar below the video feed contains buttons for "Audio Settings", "Q&A", "Chat", and "Raise Hand". The "Q&A" button is circled in red, and a red arrow points to it from the left. Below the control bar, the word "Questions" is displayed in a large font. The main content area features three overlapping speech bubbles with question marks: a blue one on the left, a red one in the center, and a green one on the right. At the bottom of the screen, there is a disclaimer: "This material was prepared by HealthInsight, the Medicare Quality Innovation Network-Quality Improvement Organization for Nevada, New Mexico, Oregon and Utah, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-D1-17-25". Logos for "Quality Improvement Organizations", "HealthInsight", and a stethoscope icon are also present at the bottom.

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