

Data Speaks.... Are you Listening?

Quality Improvement From the Field

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Learning Objectives

Describe Masspro's role in the Centers for Medicare and Medicaid Services (CMS) initiatives in support of the National Quality Strategy

Identify opportunities to use EHR data to support clinical quality measure reporting **and** develop action plans to maximize impact on patient care

Define the CMS Incentive programs and understand their impact on the financial health of your practice



Learning Objective #1

Describe Masspro's role in the Centers for Medicare and Medicaid Services (CMS) initiatives in support of the National Quality Strategy

Masspro

Who we are

What we do

How we bring value

Masspro's mission is to improve the safety, effectiveness and efficiency of patient care through market-leading quality solutions



Updated Charter for Leading Change

The Quality Improvement Organization Program has evolved:

- Bold improvement goals
- Transformation at the **systems** level
- Patient-centered approach
- All improvers welcome
- Everyone teaches and learns (“All teach, all learn”)
- August 1, 2011 through July 31, 2014

Driving Improvement

When you work with the Quality Improvement Organization, you are:

- Tapping into the largest federal network dedicated to improving health quality at the community level
- Focusing on three critical aims to make care better for everyone:
 - ◆ Better patient care
 - ◆ Better population health
 - ◆ Lower health care costs through improvement



Aligned with National Priorities

QIO improvement initiatives support the:

➤ National Quality Strategy

◆ Six priorities:

- › safer care
- › coordinated care
- › person- and family-centered care
- › preventive care
- › community health
- › making care more affordable

QIOs Seek Improvement Synergies

Partnership
for Patients

Hospital
Engagement
Contractors

Regional
Extension
Centers

Institute for
Healthcare
Improvement

Aligning
Forces for
Quality

National
Priorities
Partnership

Quality
Improvement
Organizations

Four QIO Program Aims

- Make Care Beneficiary and Family Centered
- Improve Individual Patient Care
- Integrate Care for Populations
- **Improve Health for Populations and Communities**

Three QIO Program Drivers of Change

- Technical Assistance
- Learning and Action Networks
- Care Reinvention through Information and Innovation Spread (CRISP)

Moving Towards Different Models

Broadcast

and
(not versus)

Peer-to-Peer



1 Speaking
99 Listening



50 Speaking
50 Listening

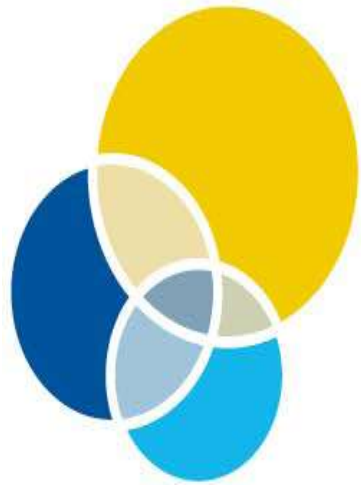
Learning and Action Networks

- Providers and other health care stakeholders, including beneficiaries, working together to implement change and spread best practices through peer-to-peer learning and solution sharing.
 - ◆ Improvement collaboratives
 - ◆ Online interaction, tools, resources
 - ◆ Educational opportunities

What's in it for providers?

- We bring evidence-based best practices to the bedside with the flexibility to respond to local needs
- You can work with peers and quality leaders in rapid-cycle projects for collaborative learning and action that accelerate health care quality improvement
- QIO initiatives are a ready resource for taking action on your commitment to the Partnership for Patients and preparing for Value Based Purchasing

Join With Us



Quality Improvement Organizations

Sharing Knowledge. Improving Health Care.

CENTERS FOR MEDICARE & MEDICAID SERVICES



MASSPRO

Making an Impact.



Learning Objective #2

Identify opportunities to use EHR data to support clinical quality measure reporting **and** develop action plans to maximize impact on patient care

Physician Focused Initiatives-

Doctor's Office Quality-Information Technology Initiative (DOQ-IT)

Medicare Care Management Performance (MCMP)

Preventive Care Initiative (PCI)



DOQ-IT University

EHR Adoption Homepage - Microsoft Internet Explorer

File Edit View Favorites Tools Help

DOQ-IT UNIVERSITY
Doctor's Office Quality Improvement Technology

Practice for Success | Care Management | EHR Adoption

Tools | Tracks | Survey

DOQ-IT University

Your Guide to Improved Patient Care through Technology and Care Management

Practice Roadmap: Design Your Practice for Success

1. Business Plan Goals, Objectives

2. Practice Care Plan

3. Care Management Implementation

4. Evaluation & Improvement

EHR Adoption

- Assessment
- Planning
- Vendor Selection
- Implementation

Condition-Specific Care Management

- Heart Failure
- Diabetes
- CAD
- Hypertension
- Preventive Care

What's New

February 4, 2009:

DOQ-IT University has some new features!

Real life application of DOQ-IT University materials! Watch a short video of practicing clinicians, staff and patients describe incorporating self-management support in your office. Or, hear how a solo practitioner wrote his own business plan.

The Regulations and Compliance module describes the principle of trustworthiness and the concepts needed to assess and insure that your EHR is medical-legally sound.

The Practice Care Plan module introduces the concept of a practice care plan and tools that you can use to focus your improvement and measurement efforts.

The Operational Redesign module describes how to use your business plan to assess and improve office workflows.

Local intranet

Medicare Care Management Performance

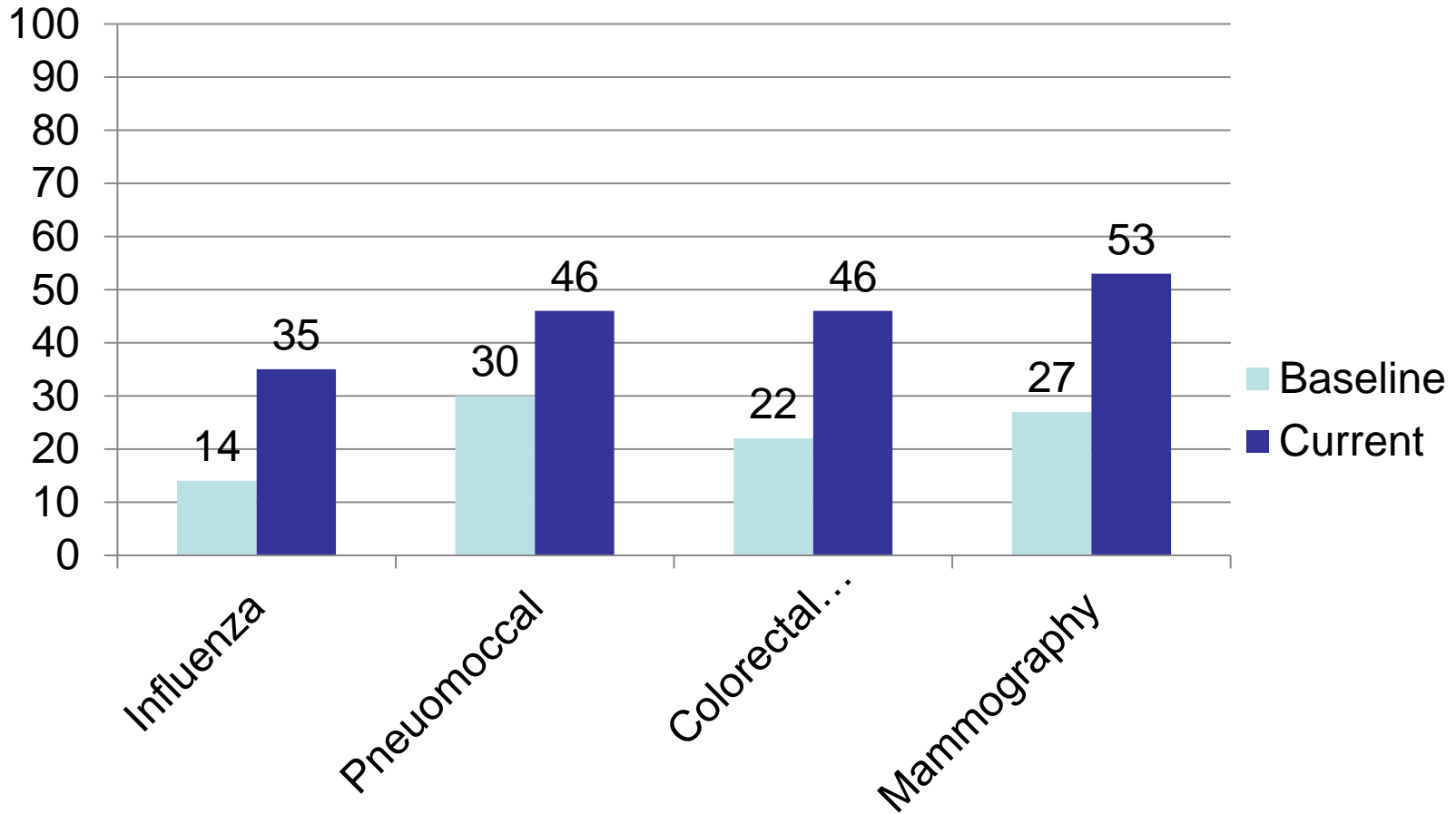
A three year CMS Demonstration Project-

The project concluded in July of 2011;

206 physician practices enrolled in the project; at project end
191 remained.

This project provided payouts of 10.2 million over the course of
3 years!

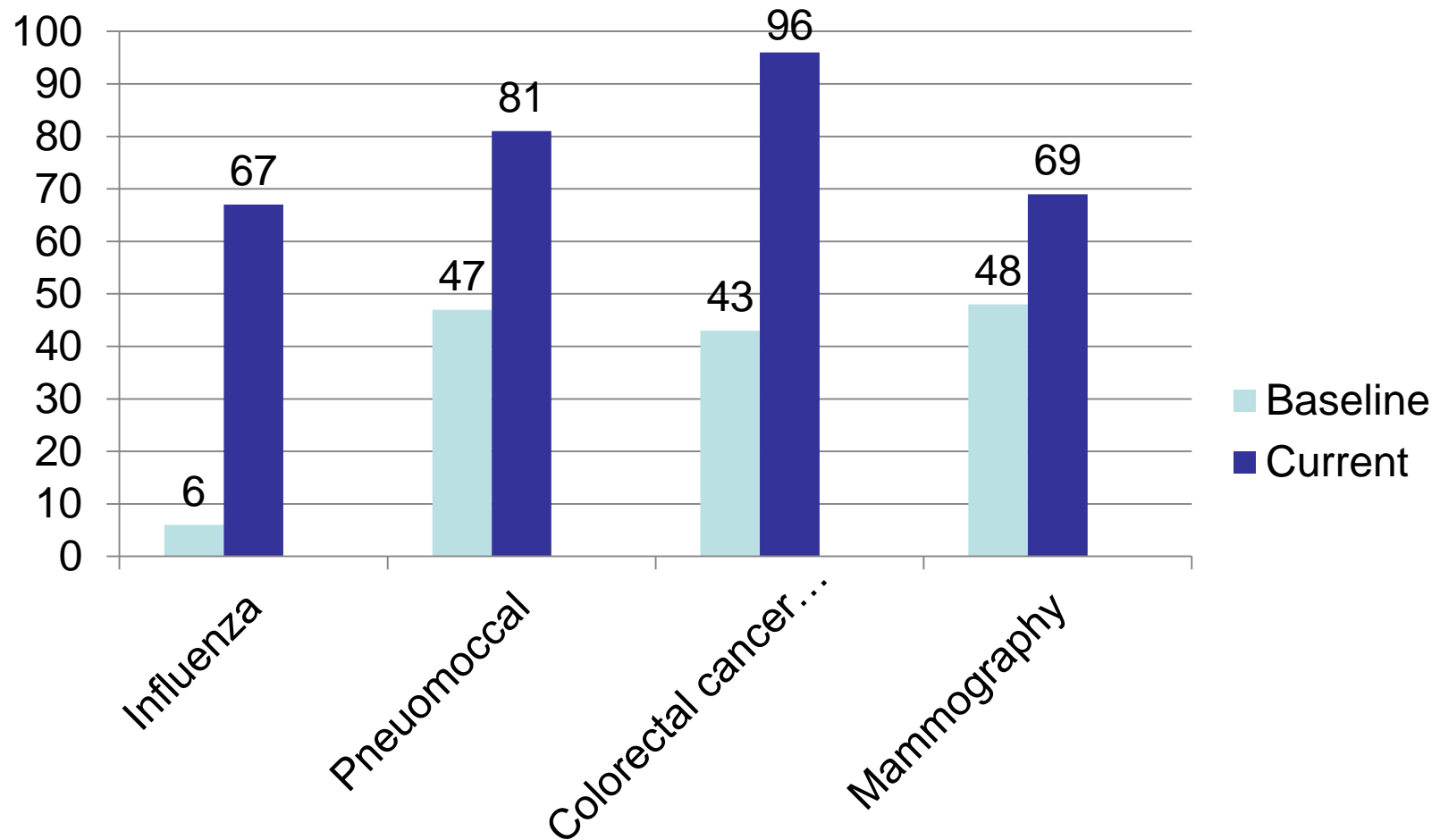
Preventive Care Initiative (Overall)



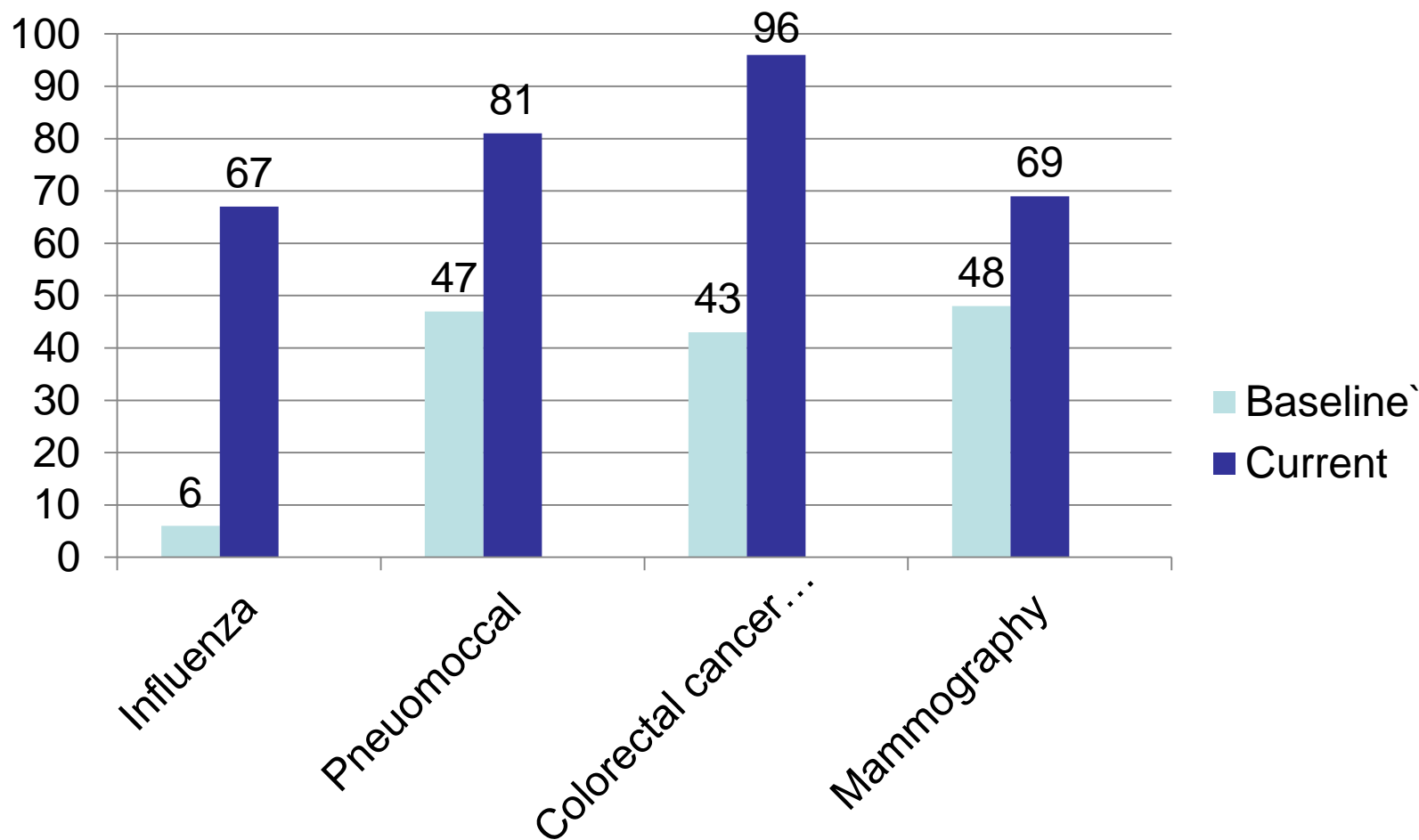
Benefits of Participation

- CMEs/CEUs for Care Management Collaborative Sessions
- Preparation for participation in pay-for-performance initiatives
- Assistance with creating a team-oriented practice environment
- Integration of guidelines into practical steps
- Patient self-management support
- **Improvement of quality measurement and reporting**

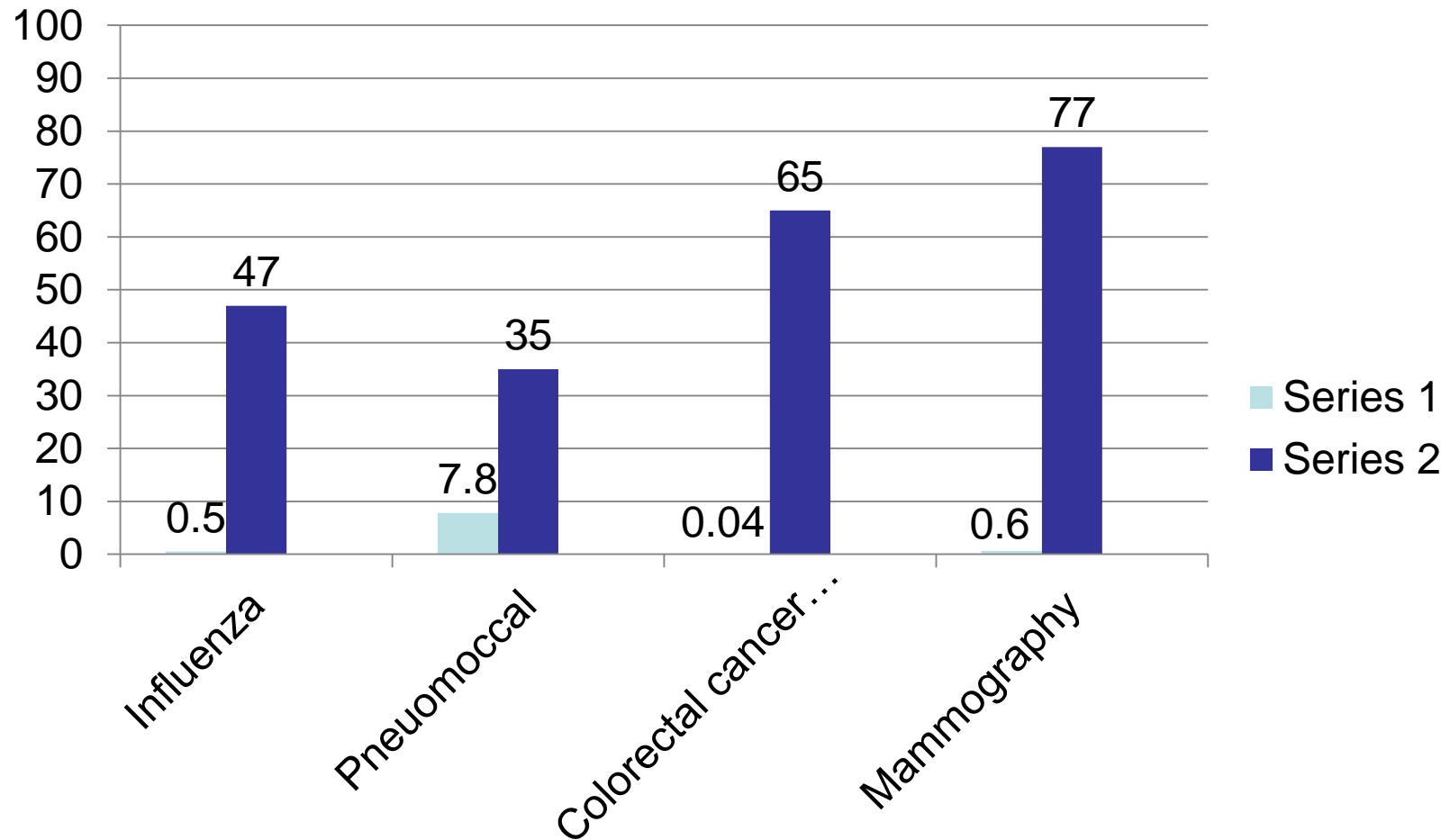
Data Speaks...and they listened



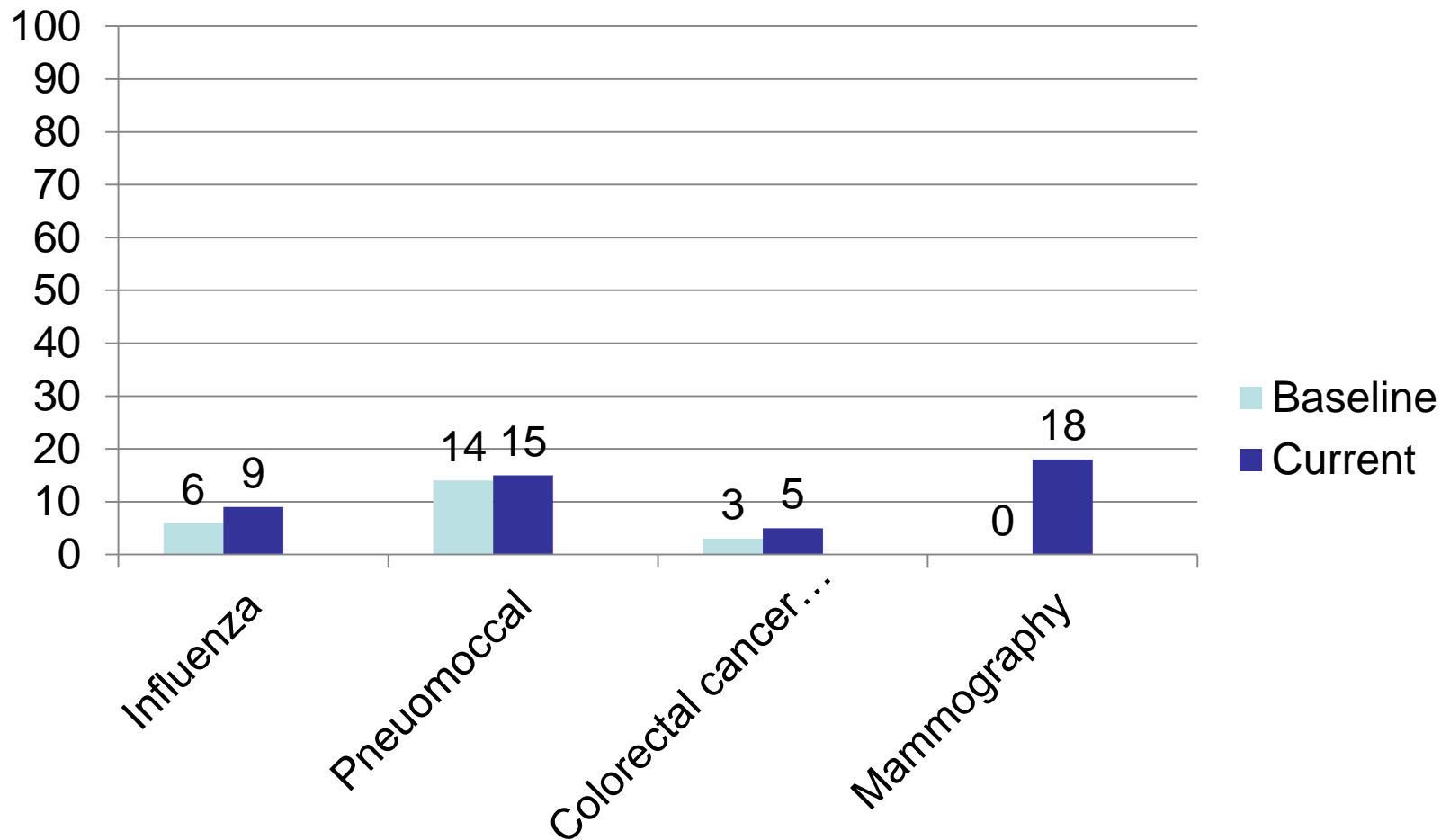
Data Speaks...and they listened



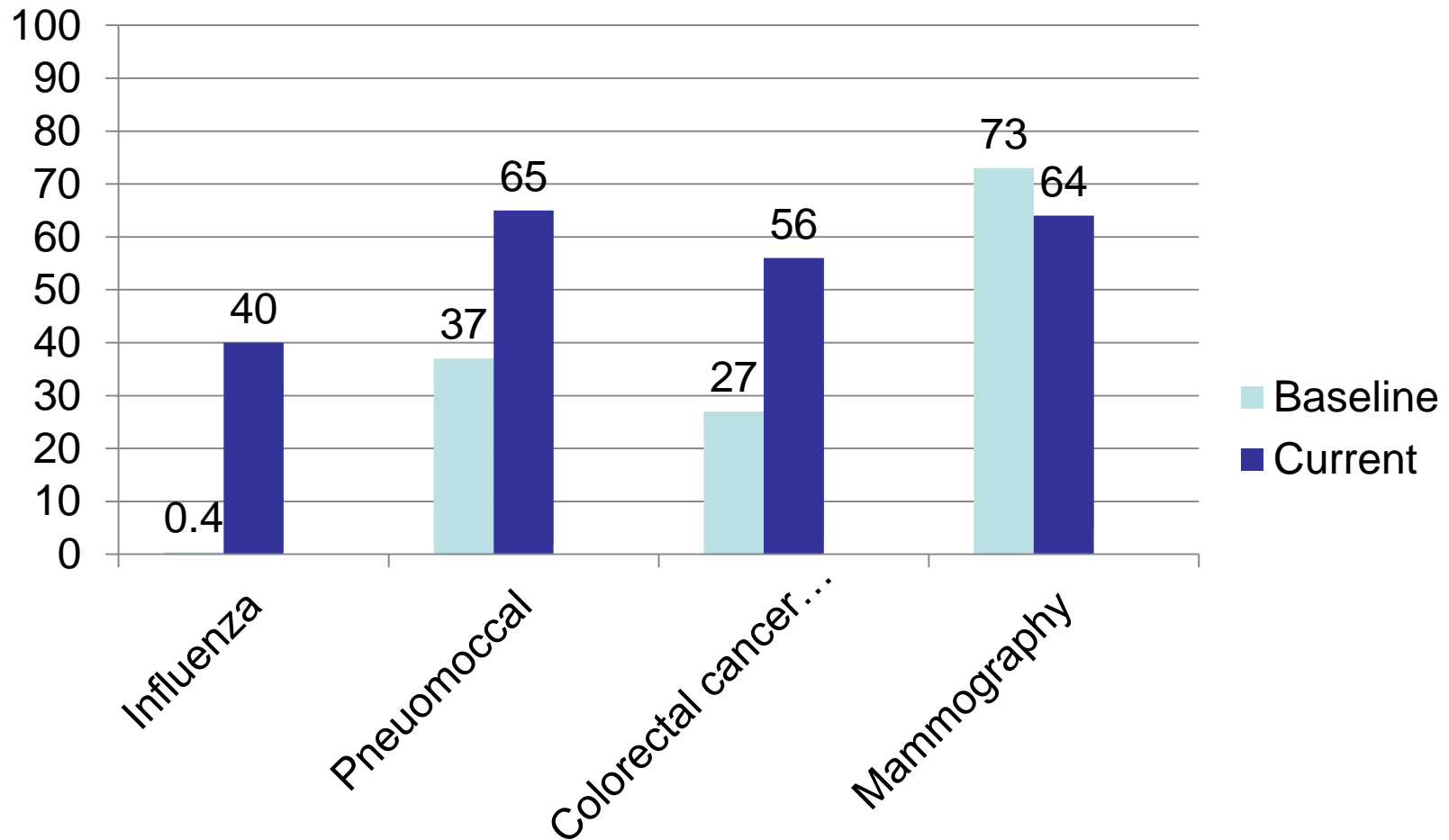
Data Speaks...another one listened



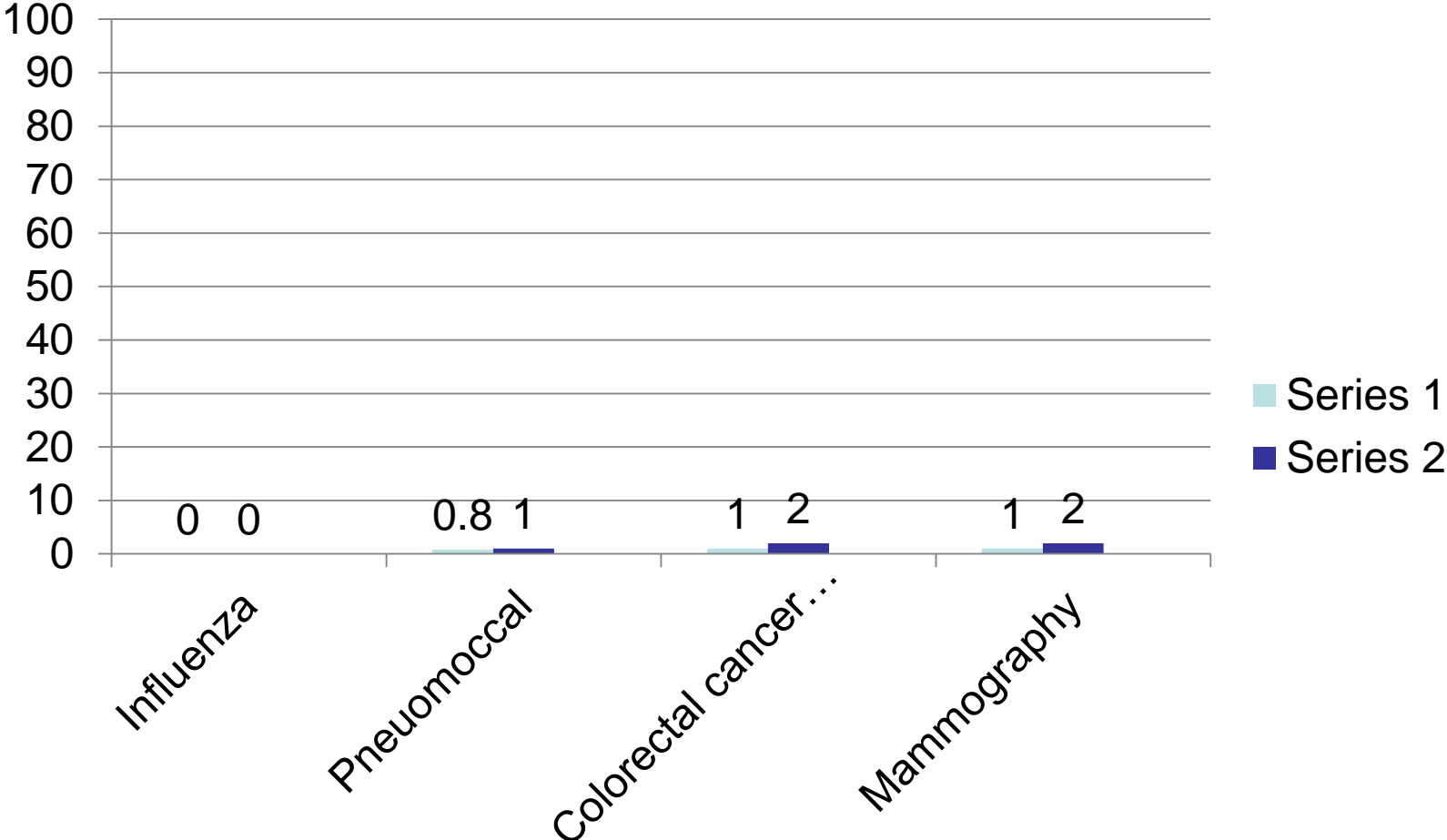
Data Speaks...listening a bit



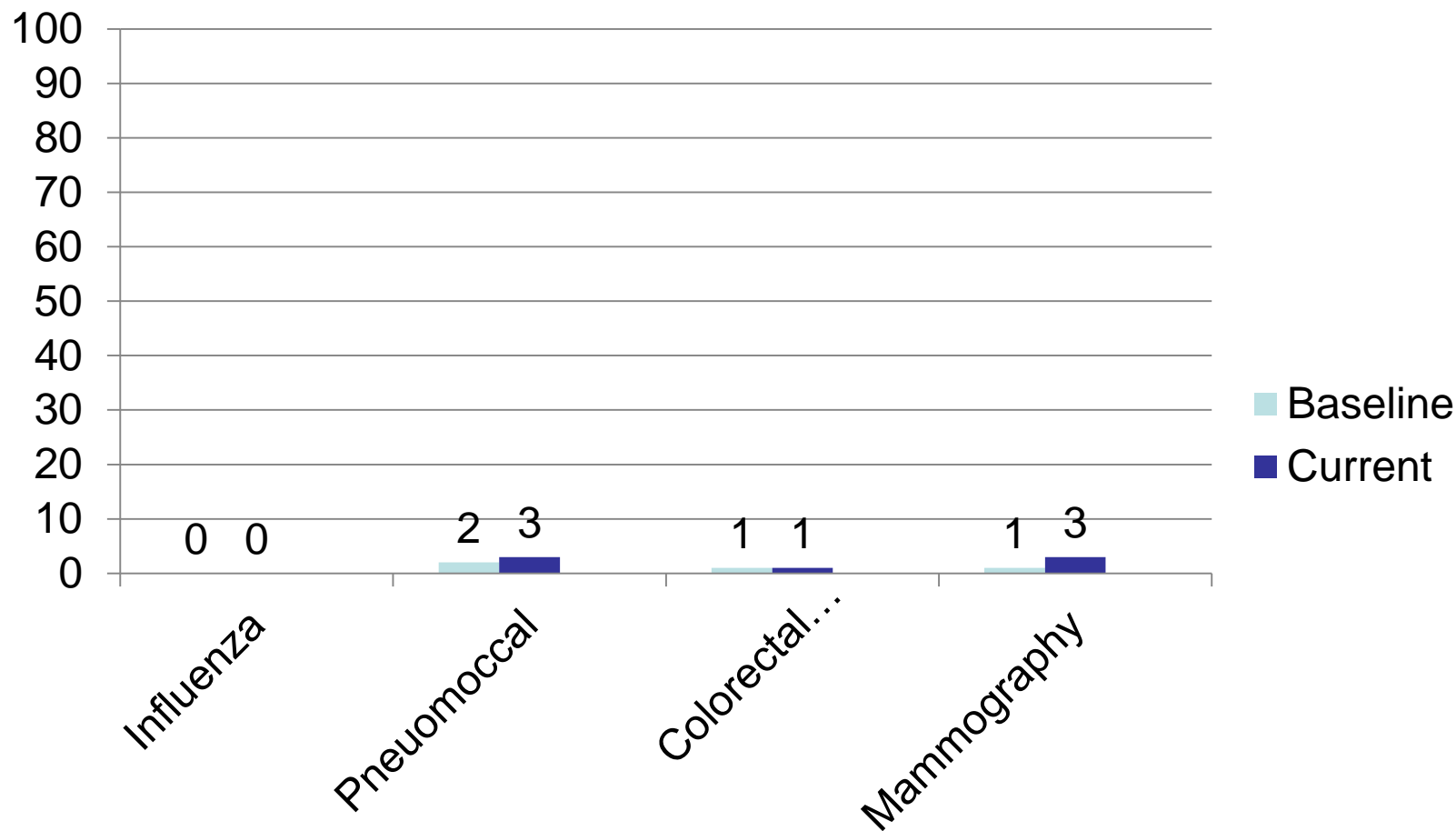
Data Speaks...but needs work



Data Speaks...not listening



Data Speaks..is anyone listening



Interventions

- Standardize naming conventions
- Ordering at point of service

- Managing Patients' data with self referral
- Scanned documents/match to an order
- Historical data capturing projects

- Data tracking into a reportable (discrete) field
- System may require more than one step to push data into a reportable field (reviewed, received, date, result)

- Open Orders - Include tests with no results - report – follow up
- Active Patient definition - system clean up – inactive patients

- Side notes: - Non Adherence statistics - Influenza - Pneumococcal Patient Declined and the NOT population

Questions?

Learning Objective #3

Define the CMS Incentive programs and understand their impact on the financial health of your practice

Improving Health for Populations and Communities

➤ PQRS Measure

➤ Cardiac Population Health

➤ ??????



PQRS

- The PQRS incentive payments are available until 2014.
 - ◆ Use participation in Physician Quality Reporting to improve the care of the patients through the evidence-based measures that are based upon clinical guidelines.
 - ◆ Take advantage of current and/or prepare for other P4P initiatives.
- Earn an incentive payment equal to 0.5 of the total estimated Medicare Part B Physician Fee Schedule (PFS) allowed charges for covered professional services furnished during 2011 reporting period.
- Beginning in 2015, those who do not satisfactorily report PQRS measures will be subject to payment adjustments.

PQRS vs. other incentive programs

Programs That EPs Can Participate in Simultaneously
 PQRS, eRx incentive Program and EHR Incentive Program
 (Meaningful Use)

If I am part of this program, can I still participate in this program?	PQRS	eRx	EHR
PQRS		Yes*	Yes*
eRx	Yes		Yes, but you cannot earn both an eRx incentive and an EHR incentive in the same year if you elect to receive the EHR incentive payment through Medicare
EHR	Yes	Yes, but you cannot earn both an eRx incentive and an EHR incentive in the same year if you elect to receive the EHR incentive payment through Medicare	

**Providers participating in PQRS cannot earn both an eRx incentive and an EHR incentive in the same year if the provider elects to receive their EHR incentive payment through Medicare.*



Measures for the Cardiac Population Health Program

- **Blood Pressure Control** - Percentage of patients with Medicare with coronary artery disease or peripheral vascular disease whose recent blood pressure during the measurement year is <140/90mm Hg
- **Lipids Management** - Percentage of patients with Medicare with ischemic vascular disease whose most recent LDL-C screening had a result of <100.
- **Aspirin** - Percentage of patients with Medicare with ischemic vascular disease who have documentation of use of aspirin or other antithrombotic during the 12-month measurement period
- **Smoking** - percentage of patients with Medicare who received smoking cessation counseling

Cross Referencing Programs

PQRS EHR reporting on at least three of these PQRS measures	Cardiac Population Health	Meaningful Use 3 required, 3 Alternate/Substitute, 3 Additional Measures
Tobacco Use: Screening and Cessation Intervention (measure 226, 2011 program)	Smoking - percentage of patients with Medicare who received smoking cessation counseling	Required – Preventive Care and Screening. Tobacco Use Assessment and Cessation Intervention (NQF 0028a 0028b)
Blood Pressure Measurement (measure 237, 2011 program)	Blood Pressure Control - Percentage of patients with Medicare with coronary artery disease or peripheral vascular disease whose recent blood pressure during the measurement year is <140/90 mm Hg	Required – Hypertension BP Measurement (NQF 0013)
Influenza Immunization for Patients >= 50 Years Old (measure 110, 2011 program)		Substitute – Influenza >=50 years (NQF 0041, PQRI 110)
Mammography Screening (measure 112, 2011 program)		Additional – Breast Cancer Screening (NQF 0031)
Colorectal Cancer Screening (measure 113, 2011 program)		Additional – Colorectal Cancer Screening (NQF 0034)
Pneumonia Vaccination for Patients 65 Years and Older (measure 111, 2011 program)		Additional – Pneumonia Vaccination Status for Older Adults (NQF 0043)
	Lipids Management - Percentage of patients with Medicare with ischemic vascular disease whose most recent LDL-C screening had a result of <100.	Additional – Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control (NQF 0075)
	Aspirin - Percentage of patients with Medicare with ischemic vascular disease who have documentation of use of aspirin or other antithrombotic during the 12-month measurement period	Additional – Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic (NQF 0068)

Incentives programs work for you -

- Eligible professionals will have the opportunity to use participation in PQRS to improve the care of the patients they serve through the evidence-based measures that are based upon clinical guidelines.
- Participating is a way to prepare for any of the pay-for-performance programs
- A financial incentive is available to reward participating eligible professionals. Financial incentives are simply a motivator, not a solution.
- Avoid Adjustments.
- Learning and Action Networks with Subject Matter Experts who address immunization, screenings and cardiovascular health.
- Collect information on lessons learned and best practices for our Massachusetts participants to educate ourselves and promote effective change within our community.
- Information will be provided to the Prevention National Coordinating Center. The compilation of data from across the country will be used to promote a national increase in participation of quality reporting.

How will we make this work together?

- Webex, train the trainer programs, other innovative large scale approaches
- Education and support to assist the practices in setting up Quality Improvement tools and programs.
- Produce quarterly reports
 - ◆ For office and QIO quality improvement and tracking
 - ◆ Show rates with numerators and denominators for each measure.

How will we make this work together? (cont.)

- Regional Learning Networks addressing cardiac and PQRS measurements
- Opportunity to learn from regional and national experts and share best practices with colleagues.
- Build on improvements made from our successful experience with PCI and MCMP. Now that you've got the data, let us do something with it!
- Start quality improvement initiatives in your practice based on your EHR reporting data.
- Other opportunities: teleconferences, individualized telephonic coaching to address improving your reporting processes.

Meet CMS overall objectives to promote immunizations and screenings and the cardiovascular health campaign

Questions?

Thank you!

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