

○ FLEXIBLE | ○ INTELLIGENT | ○ SECURE

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HEALTHCARE BUSINESS INTELLIGENCE

Maryland HSCRC Performance Measurement Workgroup

June 20, 2014

*Empowering Health Systems to Improve Performance Through Effective Use
of Information Technology*

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CMS Quality Reporting Programs

Facility Quality	Ambulatory Physician Quality	“Payment Model” Quality	“Population” Quality *
IQR / OQR IRF QRP LTCHQR PCHQR IPFQR ASCQR	PQRS	Medicare Shared Savings Program	Medicaid Adult & CHIPRA Quality Reporting
HAC / HAI Readmission	eRx Quality Reporting	Hospital Value based Purchasing (VBP)	Health Information Exchange Reporting
EHR Incentive Program - EH/CAH	EHR Incentive Program - EP		Medicare Part C & D * <i>Future</i>

IQR & EHR Incentive Program Alignment Proposed Timelines

- Voluntary eCQM* Reporting**

	CY	EHR Incentive Program Reporting Requirements*	Hospital IQR Program Reporting Requirements	Submission Period**
2015 Reporting Period	Q1	January 1 – March 31, 2015	January 1 – March 31, 2015	Data must be submitted by May 31, 2015
	Q2	April 1 – June 30, 2015	April 1 – June 30, 2015	Data must be submitted by August 31, 2015
	Q3	July 1 – September 30, 2015	July 1 – September 30, 2015	Data must be submitted by November 30, 2015
	Q4	N/A for EHR Incentive Program	October 1 – December 31, 2015	For Hospital IQR Program, Data must be submitted by February 28, 2016

16/28 eCQM Across 3 NQS Domains*

IQR & EHR Incentive Program Alignment

Proposed Timelines

- Voluntary eCQM Reporting**

	CY	EHR Incentive Program Reporting Requirements*	Hospital IQR Program Reporting Requirements	Submission Period**
2016 Reporting Period	Q1	January 1 – March 31, 2016	January 1 – March 31, 2016	Data must be submitted by May 31, 2016
	Q2	April 1 – June 30, 2016	April 1 – June 30, 2016	Data must be submitted by August 31, 2016
	Q3	July 1 – September 30, 2016	July 1 – September 30, 2016	Data must be submitted by November 30, 2016
	Q4	N/A for EHR Incentive Program	October 1 – December 31, 2016	For Hospital IQR Program, Data must be submitted by February 28, 2017

- Mandatory CY 2016 reporting period for FY 2018 payment determination

*IQR Proposed FY 2017 PY Changes**

- **Fewer “Abstracted” Process of Care Measures**
 - *“Topped Out” Process Measures*
 - *MAP Recommendations*
 - *Provider Burden Outweighs Importance of Measure*
 - *Lost NQF Endorsement*
- **More Outcomes Measures**
 - *Claims Based with Risk Adjustment (? EHR CCDE Data)*
 - *Three Years of Data for Condition / Procedure Specific Measures*
 - *Episode of Care Cost Measures*

** IPPS NPRM 42 CFR Parts 405, 412, 413, 415, 422, 424, 485, and 488*

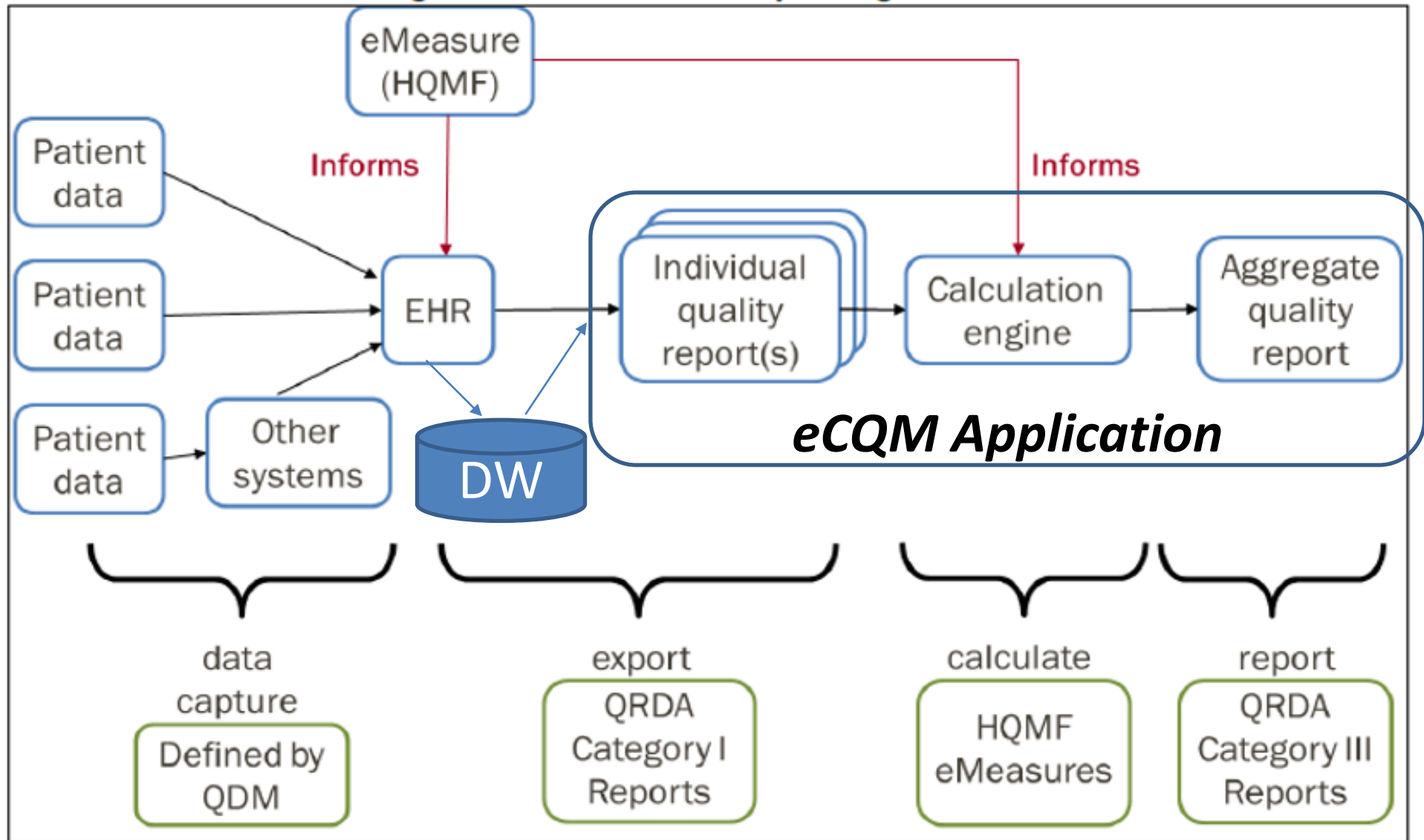
eMeasures (aka eCQM, CQM)

- **eMeasures are performance measures that have been developed for use in an EHR or other electronic system. eMeasures pull the information needed to evaluate performance directly from the electronic record. They can be far more efficient than traditional approaches of extracting data from paper charts or claims databases.**

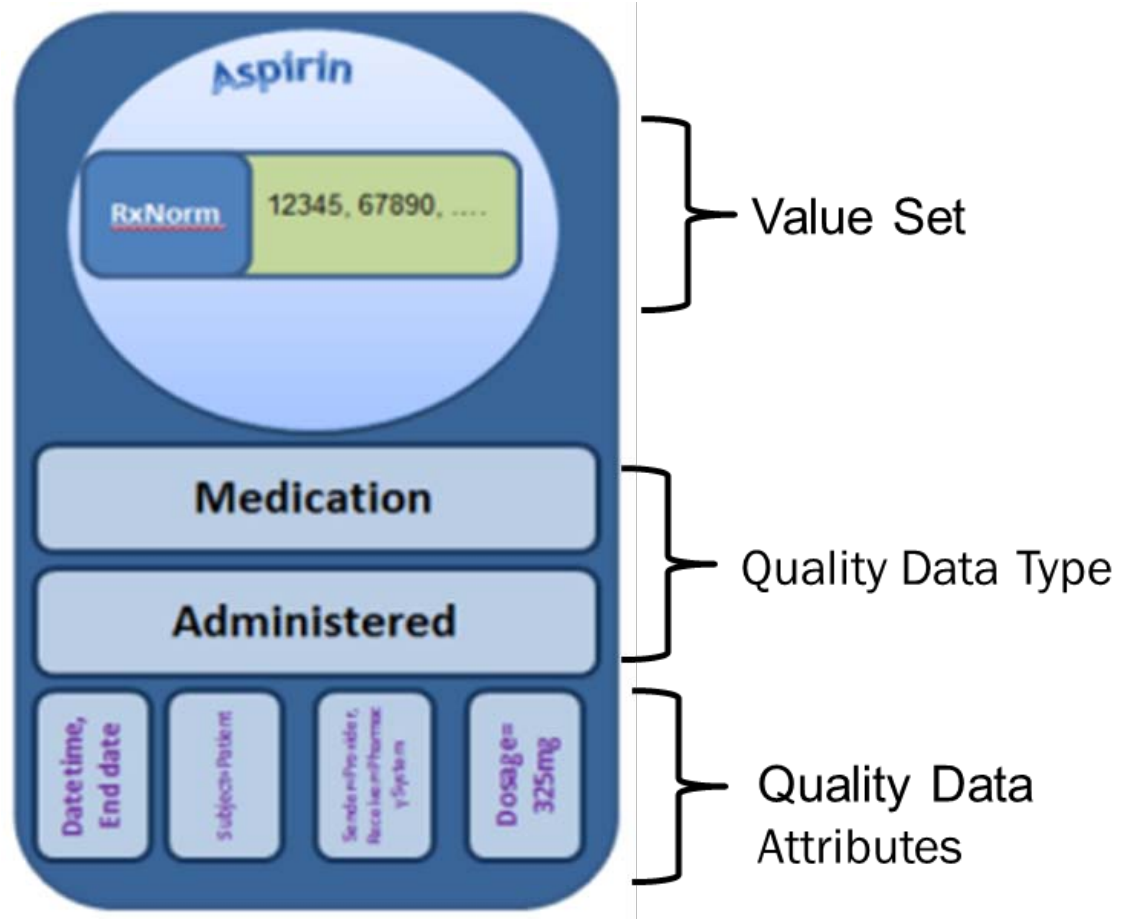
- *NQF Glossary*

eCQM Workflow & Standards

Figure 1: End-to-End Reporting Process



QDM Data Element



- **HL7 CDA R2 Quality Reporting Document Architecture (QRDA)**
 - *Specifies a framework for quality reporting*
 - *Standardizes the representation of measure-defined data elements*
- **QRDA Category I-Single patient report**
 - *Exported from EHRs and other Data Systems*
 - *Consumed By Quality Reporting Engines*
- **QRDA Category III-Aggregate report**
 - *Calculated using HQMF and a calculation engine*

QRDA Category I

QRDA Incidence Report					
Patient	Eve Everygirl				
Date of birth	February 1, 2002	Sex	Female		
Race	White	Ethnicity	Not Hispanic or Latino		
Contact info	2222 Home Street Burlington, MA 02368, US Tel: (781)555-1212	Patient IDs	111223333A 2.16.840.1.113883.4.572		
Document Id	5b010313-ef2-432c-9909-6193d8416fac				
Document Created:	December 31, 2011				
Performer					
Author	Ann Quality, RN				
Contact info	1020 Healthcare Drive Burlington, MA 02368, US Tel: (555)555-1003				
Author	Good Health Report Generator				
Contact info	21 North Ave. Burlington, MA 02368, US Tel: (555)555-1003				
Legal authenticator	Virgil Verify, MD of Good Health Hospital signed at December 31, 2011				
Contact info	21 North Ave. Burlington, MA 02368, US Tel: (555)555-1003				
Document maintained by	Good Health Hospital				
Contact info	21 North Ave. Burlington, MA 02368, US Tel: (555)555-1003				
Table of Contents					
<ul style="list-style-type: none"> • Measure Section • Reporting Parameters • Patient Data 					
Measure Section					
eMeasure Title	Version neutral identifier	eMeasure Version Number	NQF eMeasure Number	eMeasure Identifier (MAT)	Version specific identifier
Children's Asthma Care (CAC-1) Relievers for Inpatient Asthma	dc78ee5d-1487-4d79-84c3-1dfdaf0781c	1	0143	93	8a4d92b2-373f-82e2-0137-7b9e21cc5c8f
Reporting Parameters					
<ul style="list-style-type: none"> • Reporting period: 01 Jan 2011 - 31 Dec 2011 					
Patient Data					
Data Element	Value	Date/Time			
Encounter, Performed: Emergency Department Visit	Emergency Department visit	03/01/2011 4:00 - 03/01/2011 8:30			
Encounter, Performed: Encounter Inpatient	Hospital admission	03/01/2011 9:00 - 03/03/2011 10:30			
Diagnosis, Active: Asthma	Asthma	01/01/2011			
Medication, Administered: Asthma Reliever	Albuterol 1.25 MG (albuterol sulfate 1.5 MG) per 3 ML Inhalant Solution	03/02/2011 9:00			
Patient Characteristic Clinical Trial Participant	True	03/01/2011			
Patient Characteristic Payer	Medicare	03/01/2011			

QRDA Category III

	1a2b3c (ONC)
Legal authenticator	signed at August 11, 2012
Document maintained by	Good Health Hospital

Table of Contents

- [Reporting Parameters](#)
- [QRDA Category III Measure Section](#)

Reporting Parameters

- Reporting period: 01 January 2012 - 31 March 2012
- First encounter: 05 January 2012
- Last encounter: 24 March 2012

QRDA Category III Measure Section

eMeasure Title	Version neutral identifier	eMeasure Version Number	NQF eMeasure Number	eMeasure Identifier (MAT)	Version specific identifier
Anticoagulation Therapy for Atrial Fibrillation/Flutter	03876d69-085b-415c-ae9d-9924171040c2	1	0436	71	8a4d92b2-36af-5758-0136-ea8c43244986

Member of Measure Set: Clinical Quality Measure Set 2011-2012 - b6ac13e2-beb8-4e4f-94ed-fcc397406cd8

- **Performance Rate:** 83% (Predicted = 62%)
- **Reporting Rate:** 84%
- **Initial Patient Population:** 1000
 - **Male:** 400
 - **Female:** 600
 - **Not Hispanic or Latino:** 350
 - **Hispanic or Latino:** 650
 - **Black:** 300
 - **White:** 350
 - **Asian:** 350
 - **Payer - Medicare:** 250
 - **Payer - Medicaid:** 550
 - **Zipcode 92543:** 15
- **Denominator:** 500
 - **Male:** 200
 - **Female:** 300
 - **Not Hispanic or Latino:** 175
 - **Hispanic or Latino:** 325
 - **Black:** 150
 - **White:** 175

Rate Measures (overall)

For reporting period 1/1/2011 - 12/31/2013)

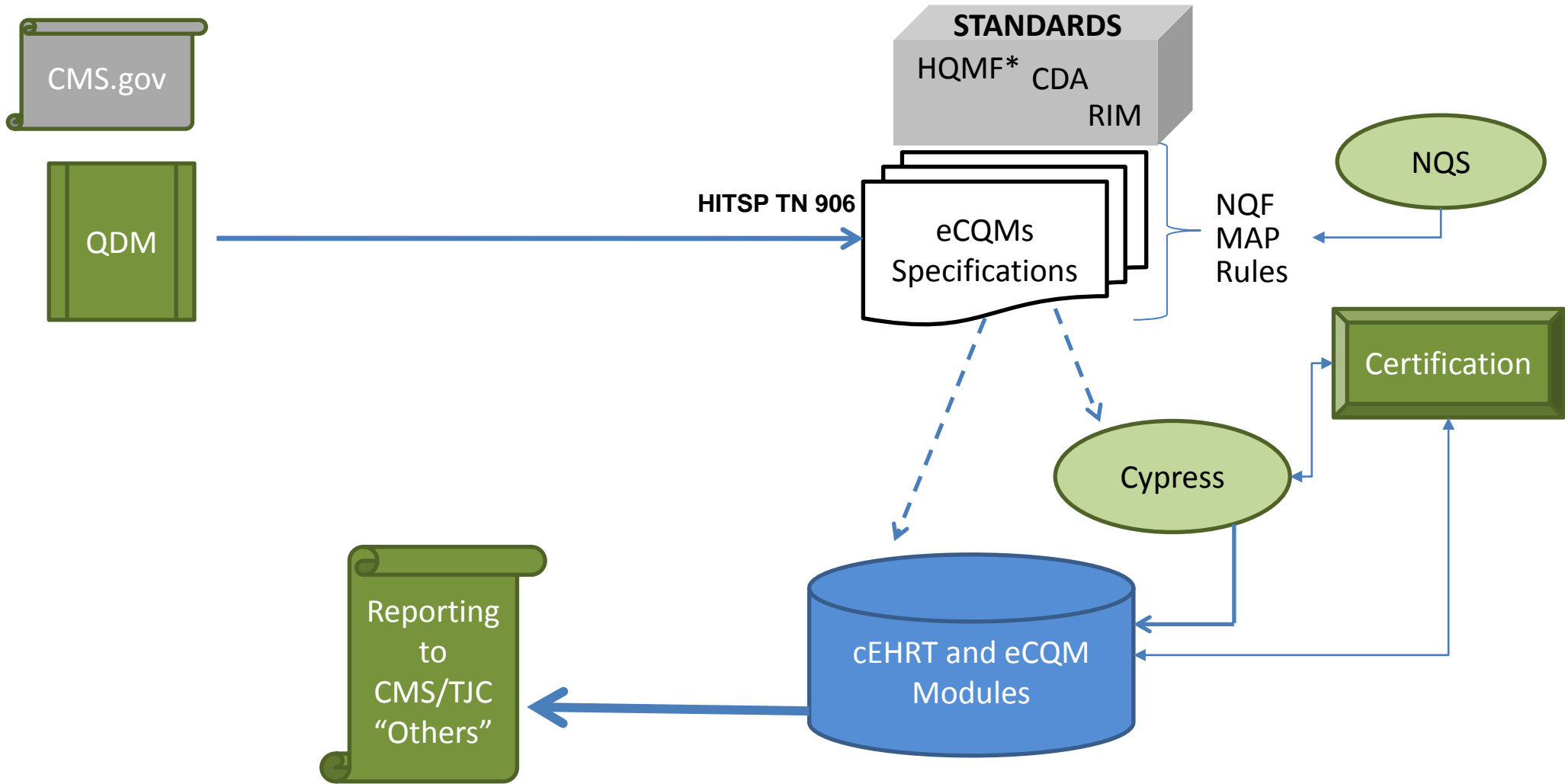
IPP Only Denominator Only Numerator Exclusions Exceptions



eMeasures: Many Differences



eMeasures Infrastructure "1.0"



Watch-It Indicators

Indicator	Target	Actual	Notes
...
...
...

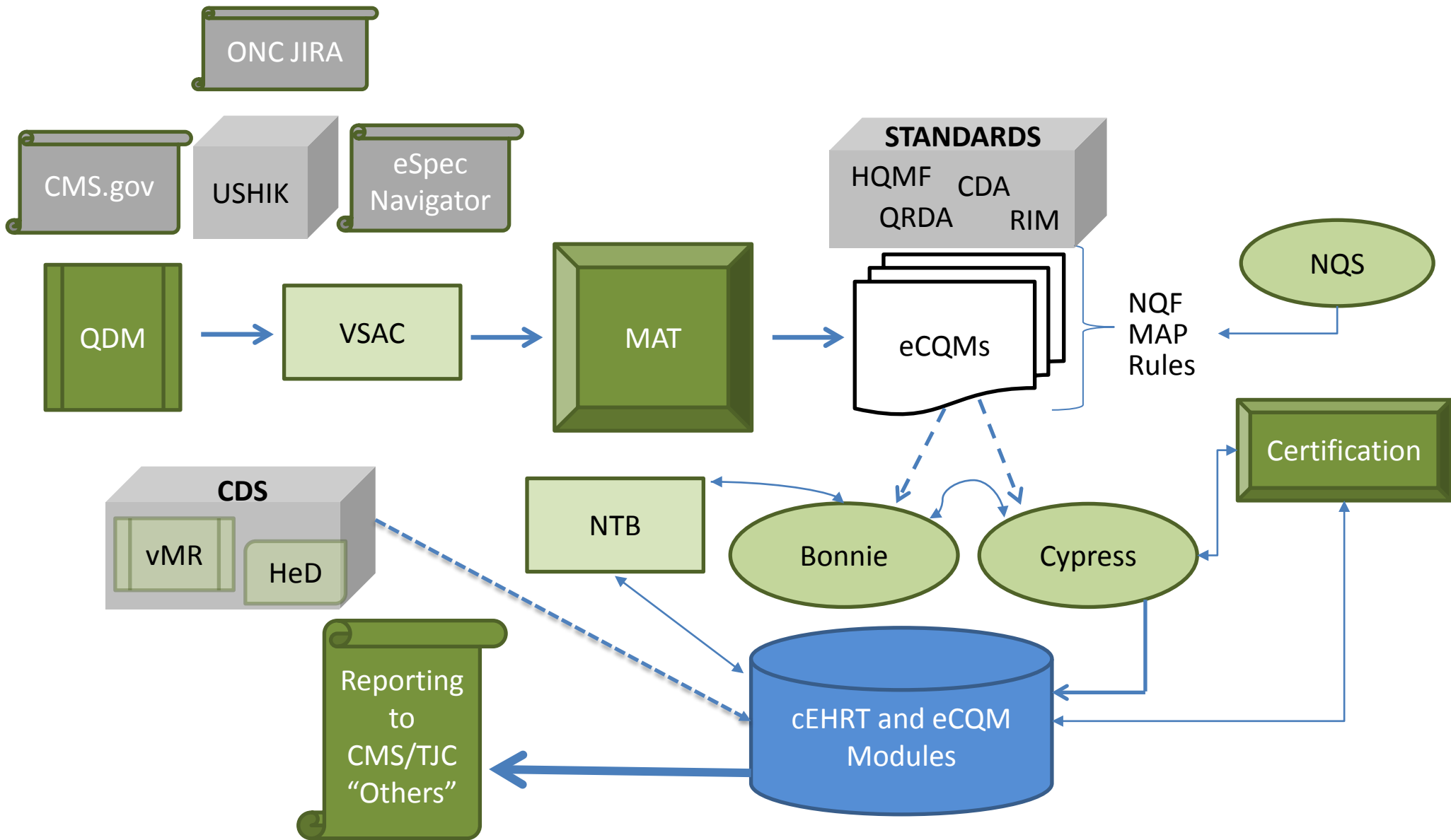
Certification

Plan for

A large whiteboard covered in numerous colorful sticky notes (yellow, orange, green, purple, blue) and blue tape. The board is organized into sections, with some notes containing text like 'ONC', 'ATL', and 'ATL'. The board is used for collaborative work and planning.



eMeasures Infrastructure "2.0"



Core eCQM Issues

- **“Re-Tooling” vs. “Re-Engineering” vs. “de-Novo”**
- **Data Capture Feasibility**
 - *EHR Capability*
 - *Provider Adoption / Readiness*
 - *Provider Workflow Variations*
- **Performance Validation**
 - *Comparability / Equivalency with Existing Measures*
 - *Specification Issues*
 - *Field Testing*
 - *“Point of Failure” Analysis*

Aspirin Prescribed at Discharge

Population Denominator Numerator Exclusions

Population

diagnosis condition problem

Hospital Measures - AMI active
ORDINAL
Starts During

ICD-9: 410.71
AC MYOCARDIAL INFARCT,SUBENDO INFARCT,INITIAL EPIS
8/29/2012 10:40:00 PM

encounter

Hospital Measures-Encounter Inpatient performed

SNOMED: 32485007
Encounter Performed: Inpatient Encounter
8/29/2012 10:40:00 PM

and

individual characteristic

birth date
>= 18 years Starts Before Start of

8/7/1923 12:00:00 AM

encounter

Hospital Measures-Encounter Inpatient performed

SNOMED: 32485007
Encounter Performed: Inpatient Encounter
8/29/2012 10:40:00 PM

and

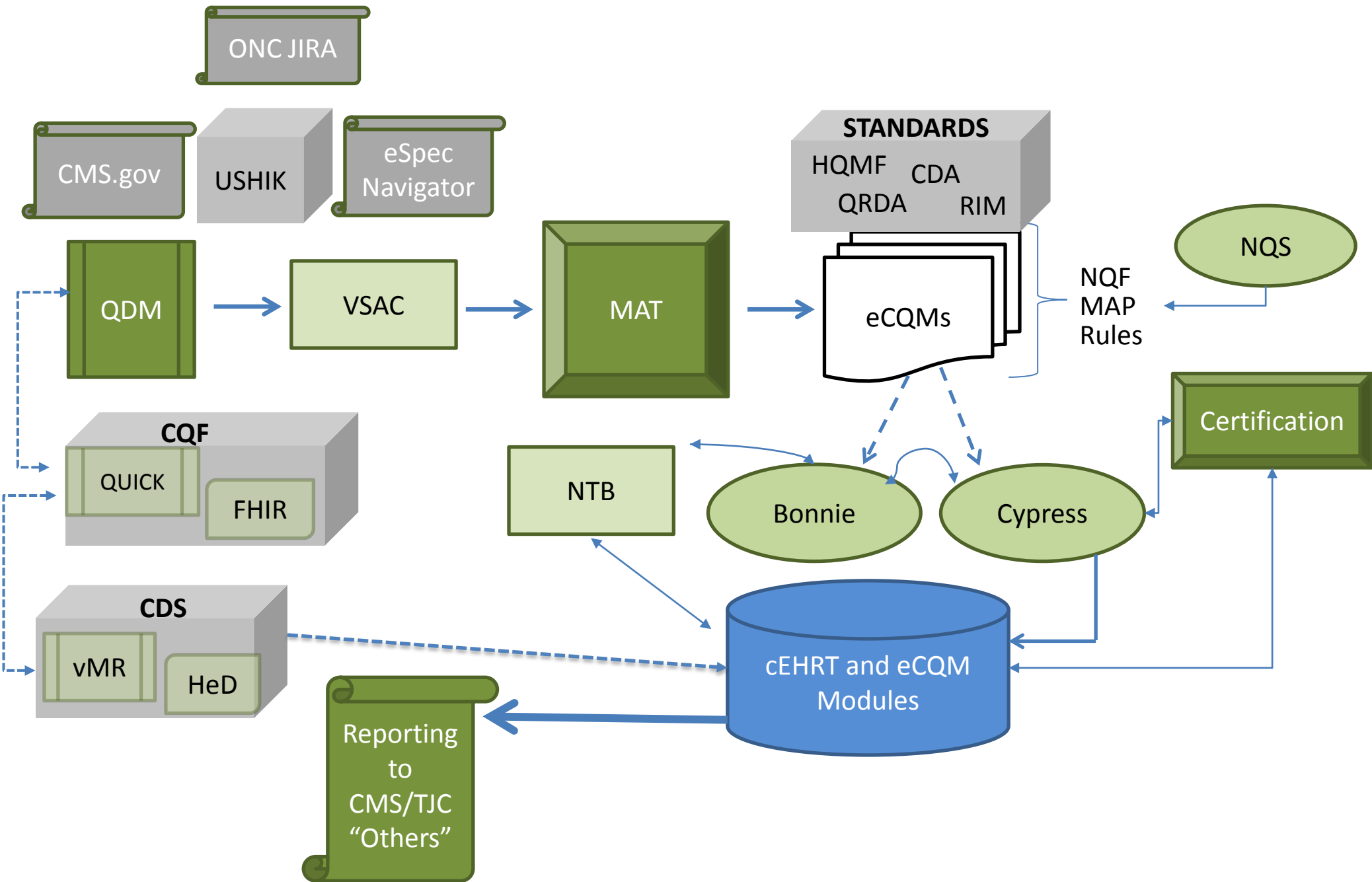
eCQMs and Risk Adjustment

- **Risk models are not standardized.**
- **Currently limitations of the MAT do not allow for direct specification of risk adjusted measures.**
- **eCQM metadata includes a reference to the complete risk model.**
- **HQMF R2.x is able to create explicit Risk Adjustment Variable data criteria section.**

HSCRC: eCQM Performance Measurement

- **Alignment with CMS IQR eCQM's**
 - *Retooled & De Novo Process Measures*
 - *EHR Data enriched Risk Adjusted Outcomes Measures*
- **Develop / Partner for eCQM Infrastructure**
 - *“Receive” & “Consume” QRDA I Data*
 - *eCQM Calculation Engine to generate QRDA III*
 - *Data and Performance Validation*
- **“Multi-modality” Performance Measurement**
 - *Integrate eCQM with Other Types of Measures*
 - *Develop De Novo Measures*

eMeasures Infrastructure "3.0"



Thank you !!

Zahid Butt MD,FACG

zbutt@medisolv.com

443-539-0505 Ext 223

410-925-7005 (cell)

Twitter:@zbytes