Conflict of Interest

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Have no real or apparent conflicts of interest to report.
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Learning Objectives

• Recognize the future of quality reporting and its potential impact on your hospital
• Construct a plan to improve your eCQM results
• Discuss the challenges facing hospitals during implementation, validation and submission of Electronic Clinical Quality Measures (eCQMs)
• Identify common errors when performing eCQM data validations and recognize how to locate and address gaps in performance
• Identify the eCQM submission requirements for the CMS IQR program
CMS has adopted a framework that categorizes payment to providers:

- **Category 1**: Fee for Service – No Link to Quality & Value
- **Category 2**: Fee for Service – Link to Quality & Value
- **Category 3**: APMs Built on Fee-for-Service Architecture
- **Category 4**: Population-Based Payment
Cancer Treatment Centers of America® at Midwestern Regional Medical Center Awarded Five-Star Quality Rating by Centers for Medicare & Medicaid Services

Hospital in Suburban Chicago One of Only Nine Percent to Receive Five-Star Rating Nationally

Zion, Ill., Dec. 22, 2017 (GLOBE NEWSWIRE) -- Cancer Treatment Centers of America® (CTCA) at Midwestern Regional Medical Center (Midwestern) was awarded a Five-Star Quality rating – the highest possible score – by the Centers for Medicare & Medicaid Services (CMS), as announced on December 21, 2017 by Medicare.gov on Hospital Compare.
CMS Measure Development Priorities

• Outcome and Patient-reported Outcome Measures
• Cross-cutting Measures (patients with MCCs)
• Focused measures for specialties that have clear gaps
  – Palliative care, oncology, orthopedics

• Measures of diagnostic accuracy
• Novel and real-time ways to measure patient experience (mobile technology, e.g.)
• Appropriate use of technology, services
• Episode-based resource use
Types of Quality Measures

- Paper Medical Records
  - EHR
  - Unstructured
  - Structured
- Abstractors
- Coders & *CDI Specialists
- Clinicians
- Chart Abstracted
- Claims
- **eCQM

*Clinical Document Improvement
**Electronic Clinical Quality Measures
Manual Abstracted Measures
• Abstracter(s) review and manually “Abstract” data from patient records
• Human interpretation used often; must follow strict abstraction guidelines and allowable data sources; often include free text & multiple digital and paper records
• Sampling of eligible patients often allowed to reduce “reporting burden”

Electronic Clinical Quality Measures
• Uses standards for data, measure specifications and quality reports for submission
• No human intervention for additional data collection after initial documentation
• Specifications enforce precision in data element definitions and measure logic
• Data errors/conflicts resolved at the primary documentation level; often not possible retrospectively in “closed” encounters.
• Sampling is not necessary
2018 eCQM Reporting

- **CMS Inpatient Quality Reporting Program – eCQM Required**
  - Minimum of 4 out of 15 available Hospital eCQMs
  - Report at least one quarter of data from CY 2018 discharges
  - Data will not be used for payment adjustments or public reporting

- **The Joint Commission ORYX® Hospital Reporting – eCQM Required**
  - Minimum of 4 out of 13 available Hospital eCQMs
  - Report at least one quarter of data from CY 2018 discharges
  - Data will not be used for public reporting

- **CMS QPP/MIPS – eCQMs one of the Quality Category Reporting Options**
  - Minimum 6 out of 54 available MIPS eCQMs
  - Report for minimum of 365 days in CY 2018
  - Data will be used in payment adjustment/public reporting
  - Receive bonus points for electronic reporting
• Quality Reporting Data Architecture (QRDA) Formats
  o QRDA III Aggregate Reporting for QPP/MIPS
    o File Uploads OR CMS QPP API
  o QRDA I Patient Level Reporting for Hospitals
    o File Uploads

• QRDA I Examples of Common Formatting Issues
  o Discharge time before admit time
  o Missing end time
  o Decision to admit documented after discharge / after end of reporting period
- CDAC Annual Chart-Abstracted Data Audit
  - Random Sample of 400 Hospitals in December, 2017
  - Targeted Sample of 200 Hospitals in April, 2018
  - Cases include Hospital Acquired Infections
  - Need to meet minimum data validation criteria
- CDAC for Electronic Clinical Quality Measures (eCQM)
  - Random Sample of 200 Hospitals in April, 2018
  - Need to meet minimum medical record submission criteria
  - Hospitals selected for the chart-abstracted audit will be excluded from the eCQM audit
eCQM Reporting Takes a Village

- EHR Vendors
- Quality Reporting Vendors
- Measure Developers
- Measure Stewards
- System Leadership
- Clinicians
- Quality Dept.
- Info. Systems
• **Primary goal:** To improve clinical care
• **Secondary goal:** To meet regulatory reporting requirements & support value based reimbursement arrangements

• QUALITY measures, not IT measures
• Full integration with quality/safety program [viewed as “just” another way of gathering quality data]
  • Accurate data for clinical improvement
  • Integration into existing dashboards
  • Inclusion in existing OPPE (Ongoing Professional Practice Evaluations, or provider profiles)
  • For use by existing quality committees, structures – for improvement
# eCQM Regulatory Timeline

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<th>Year</th>
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<td>Outpatient Quality Reporting (OQR)</td>
<td>Value-Based Purchasing (VBM)</td>
<td>Hospital Readmission Reduction Program</td>
<td>Meaningful Use</td>
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<td>eCQM</td>
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<td>Physician Quality Reporting</td>
<td>Value Modifier</td>
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Information courtesy CMS. Design and layout, VCUHS.
Two prior eCQM vendor implementations – “unsuccessful” in meeting VCUHS goals

Executive and Quality leaders reaffirm commitment

Comprehensive vendor search and assessment process began

VCUHS selects Medisolv as its eCQM vendor partner and implementation team formed consisting of senior leadership, enterprise analytics, information technology, financial services, laboratory, pharmacy, clinicians, and quality experts in clinical informatics, data abstraction and data science.

Goal: Measure performance accurately & improve care
What are eCQM Challenges for VCUHS?
eCQM Data Capture Algorithm

1. Are there multiple ways to capture data element?
   - NO
   - YES: What is the source of truth?
     - YES: Enhance Adoption
     - NO: Is the field fully adopted?
       - YES: Create Interface
       - NO: Is the field accessible?
         - YES: Build Discrete Field
         - NO: Is it a discrete field?
           - YES: Add standard nomenclature code
           - NO: Is there standard nomenclature attached?
             - YES: Send data to Vendor for calculation
             - NO: Validate data
               - YES: Metric ready for use in quality programs & improvement efforts
               - NO: Validate data
Progress/Results to Date

2016 CMS IQR eCQM submission - three months before the deadline and less than eight months after selecting Medisolv as partner.

2017 CMS IQR eCQM submission - submitted four required PLUS six additional measures for three calendar quarters.

Measures Ready for use in Quality Improvement Activities

14 accurate Hospital eCQMs
- CMS 55 ED Arrival to Admit
- CMS 111 ED Decision to Admit
- CMS 113 Elective Delivery
- CMS 26 Peds Asthma
- CMS 31 Infant Hearing Screen
- CMS 9 Exclusive Breastfeeding
- CMS 71 Anti-Coagulation for A-Fib at discharge
- CMS 72 Anti-Thrombotic by Day 2
- CMS 102 Assessed for Rehab
- CMS 104 DC on Anti-Thrombotic
- CMS 105 DC on Statin Medication
- CMS 107 Stroke Education
- CMS 108 VTE Prophylaxis
- CMS 190 ICU VTE Prophylaxis

12 accurate Ambulatory eCQMs
- CMS 68 Documentation of Current Medications
- CMS 122 Diabetes: Hemoglobin A1c Poor Control
- CMS 123 Diabetes: Foot Exam
- CMS 131 Diabetes: Eye Exam
- CMS 125 Breast Cancer Screening
- CMS 127 Pneumococcal Vaccination Status for Older Adults
- CMS 130 Colorectal Cancer Screening
- CMS 138 Tobacco Use: Screening and Cessation Intervention
- CMS 139 Falls Screening
- CMS 147 Influenza Immunization
- CMS 149 Dementia: Cognitive Assessment
- CMS 165 Controlling High Blood Pressure
Management of Administrative Data
• Standard nomenclature codes added to discharge dispositions, payers, sex, race and ethnicity resulting in seamless data flow from system to system

Clinical Decision Support Rules – enhancements resulted in improved data capture for “history of procedure or immunization” for:
• CMS127 for pneumococcal vaccination
• CMS125 Breast Cancer screening
• CMS131 Diabetic Eye
• CMS130 Colorectal Cancer screening
• CMS147 Influenza immunization

Clinical Decision Support Rules – enhancements resulted in improved data capture for exclusions and exceptions for
• CMS139 Falls screening
• CMS2 Depression screening
• CMS149 Cognitive assessment.
**Documentation Improvements:**

1. CMS 35: Hearing Screening – enhanced detail in the infant Hearing Screening documentation
2. CMS 102: Assessed for Rehab - added standard nomenclature to clinician note
1. Strong quality program leadership
2. Develop (& stick to) your vision/long-term strategy
3. Dedicate resources
4. Develop your experts/expertise
5. Standard nomenclature codes
6. Quality/IT partnership
7. Establish/revise change management processes
8. Understand vendor role & capabilities
9. Understand drivers
10. National involvement & advocacy

And Lessons Learned
Questions

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