



Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education

Support Contractor

Use of Clinical Dashboards to Drive Performance Improvement for eCQMs

Questions and Answers

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers have been edited for grammar.

Question 1: I assume EPIC is your electronic medical record (EMR). Did you use the EPIC release dashboards, or did you create your own?

Texas Health Resources: Yes, our electronic health record (EHR) vendor is EPIC, and it was an EPIC-released dashboard.

Question 2: What exactly is a QRDA and what type of file is it?

Artrina Sturges: QRDA stands for Quality Reporting Document Architecture, the layout or file format that your data comes in when you report eCQM data. Please note, for QRDA, there are two different categories for reporting data to CMS. Category I is a patient-level file. That file is used for hospital quality reporting. Category III is an aggregate-level file, and that's used for eligible professionals and eligible clinicians. This gets into different programs, like the Quality Payment Program (QPP), Merit-based Incentive Payment System (MIPS), and Comprehensive Primary Care Plus (CPC+).

If you need more details regarding the QRDA or more general information to apply this to different programs, we encourage you to visit the [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#). The site breaks down information by program and reporting types for facilities.

Question 3: What reports are you running in EPIC to get the dashboard? We've looked at the CMS reports, but the data are not matching data in the QRDA file.

Texas Health Resources: The dashboard is automatically displayed in EPIC, and anyone who has access to see that would see it displayed. A QRDA is run on a weekly scheduled basis to generate up-to-date data to be displayed upon the dashboard. It is not required to generate a special report for viewing the dashboard.

Question 4: Did you survey or otherwise collect testimonials from clinicians and quality improvement staff? Was development shaped by this feedback?

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Open Door Family Medical Centers: When developing these dashboards, our clinicians and administrators go through each individual dashboard for each of the different clinical quality measures, and we incorporated all their feedback into development.

Texas Health Resources: We did obtain feedback from multiple sources regarding the build for the dashboard, including our computer-assisted abstraction workgroup, which has multidisciplinary representation. We applied all of that to our process and our build as well.

Question 5: How did you roll out the education to the team, including one-on-ones for physicians and other key stakeholders? What are the challenges when it comes to medication metrics? Does your hospital have a hard stop for medications?

Texas Health Resources: We've done extensive education in a wide variety of groups, meetings, and settings. Our team has taken that on as a key part of our process and we've requested agenda items in groups and meetings to provide that education. We rely on our tip sheets and various PowerPoints with specific education screenshots. We've educated in physician, nurse groups, and other various groups. We've also collaborated with quality personnel based at the entities who also help us disseminate the information and educate staff.

Regarding challenges with medications related to eQMs, the challenges to performance pertain to physicians who do not order the medication, do not document a reason for not ordering, or document a reason against medications in a non-discrete field. We cover all of these scenarios in our education to staff. We do not have hard stops specifically for medications related to eQm measures. However, we do have order sets, and we heavily encourage their use and the use of an eQm core measures checklist in our education. The checklist is another EPIC tool. It shows measure-related tabs that are either complete or a review, and those include a direct link to the place to go and satisfy that overdue requirement. Those are just some of the ways in which we've tried to overcome those challenges.

Question 6: Are you able to run your reporting workbench dashboards and QRDA files without the current EPIC overlay?

Texas Health Resources: Since it is an EPIC release dashboard, there are some things that we can change a little, including the colors or the format. That is configurable; but, for the most part, the dashboard itself that we're using is coming from EPIC. As for the QRDA files, those XML files follow a standard that is not supposed to be changed. If anything gets

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changed within them, submitting them would yield errors within the CMS system, and that doesn't come from EPIC.

Debbie Krauss: I would like to point out to the participants that there are a variety of dashboards used throughout various stakeholders. Some are created on site by that team and some are used as a result of what their EHRs can provide, such as the EPIC example. To create the dashboard, there are a variety of options,. We wanted to present these two excellent use cases to show how the eCQM data can be used, but there are a variety of ways to create dashboards.

Question 7: What was the name of the software for population health used by Open Door, and is it geared towards chronic care management documentation with medical plans and prompts for care managers?

Open Door Family Medical Centers: The program that we use is called Relevant Healthcare and that's the same program we use for our dashboards; however, we do not document within that program. We document everything within eClinicalWorks (eCW). We do document care plans along with our chronic care management in the program. We do use the Population Health Module (PHM) module within eCW, which I think used to be called CCMR for anyone who is on eCW. We don't use their population health analytics. We use our own Relevant dashboards for that.

Question 8: Are you using a standard risk score assessment tool?

Open Door Family Medical Centers: No, we do not have a standard risk assessment tool for assigning patient risk scores. We had to develop one as part of our Patient Centered Medical Home (PCMH) process. We reviewed other risk score algorithms and we came up with something that utilizes different chronic diseases, assigning a point system to each of those, as well as social determinants of health. We've come up with a scoring system based on that criteria. Our risk scores are used to properly assign care management resources and determine which patients need assistance in managing their care. So, we don't use it in the same way that a health plan might use a risk score for patients to decide costs. So, it's slightly different.

Texas Health Resources: We don't have a standard risk score assessment tool. We do have a VTE risk assessment in our EHR. The VTE risk assessment is what we used in the calculation of our measure for the VTE-1 and VTE- 2.

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Question 9: Will the eCQM data element repository include value sets? This is in reference to slide 54.

Rose Almonte: The Data Element Repository includes the value set Object Identifiers(OIDs). If you go into the data on the repository, there are a number of filters that you can use. One of the filters that I think is easiest if I'm interested in a specific measure, I'll still turn on the filter, whether it's Eligible Hospital or eligible clinician measures, and select the measure in question. With that measure, the nice thing about these screens is you do not have to go to multiple areas for some basic information.

For this particular measure, or for any measure, I'll see the measure rationale from the measure specification. I'll see a listing of data elements that are part of that measure. For each of the data elements, I'll see some pieces of information from the Value Set Authority Center (VSAC). I'll see the clinical focus data element scope inclusion criteria/exclusion criteria for that data element. I'll see a value set OID, and those OIDs, if I click on that link, will open a window in VSAC for that specific value set.

If it's a direct reference code, there will also be a link for that direct reference code to open the respective page in VSAC. So, I guess the answer is yes and no. There is some information from VSAC, but we don't list all the specific codes in the value set. We do have a link to the OID that will give you the list of codes within VSAC.

Question 10: Do the data that are used to generate Open Door Family Medical Centers dashboards come directly out of eCW?

Open Door Family Medical Centers: Data comes out of eCW and then into a data warehouse that has been built with Relevant Healthcare software.

Question 11: Just to follow up: Is Relevant Healthcare a program separate from eCW to organize data into a dashboard, or is it built into eCW?

Open Door Family Medical Centers: Relevant Healthcare is a separate application; it is not a part of eCW.

Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Question 12: Why would a physician need to use the dashboard?

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Open Door Family Medical Centers: Physicians use the dashboards because their incentive/bonus structure is tied to productivity and quality. Our primary care providers have a clinical report card, their “Pay-for-Performance” measures. This contains 15 clinical quality measures and they have to meet or exceed goals on 70 percent of those measures to qualify for the top tier of their potential bonus. Their individual productivity and site productivity are also tracked in the dashboards and these also have goals reflected in their bonus.

Texas Health Resources: We encourage use of the eCQM dashboard for all end users interested in performance and quality of care. Physicians can utilize the dashboard data to evaluate their entity performance. It is my opinion that the dashboard displays data on a more real time basis than other initiatives such as chart-abstracted core measures or ongoing physician performance evaluations. If the data are accurate and the physicians trust them, eCQMs could be an important tool for rapid cycle improvements and, therefore, improve quality and safety.

Question 13: **Is Holly able to provide her email address if we would like to ask additional questions regarding the Texas Health dashboard using Epic?**

Thank you for the opportunity to collaborate; I can be reached at HollyWinters@texashealth.org.

Question 14: **Who does the validation?**

Open Door Family Medical Centers: Validation is completed by our data team.

Texas Health Resources: Our team employs a full-time position dedicated to all things pertaining to eCQMs, including review and validation of data. This is my role, and I serve as the subject-matter expert for eCQMs. Many of my activities are in collaboration with our technical analyst whose role is split between eCQMs and other duties.

Question 15: **Is Relevant a software program? I cannot find any information about it online.**

The following is a direct link to the Relevant software program: <http://relevant.healthcare/>.

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Question 16: **Is there potential or a tie-in for interested facilities/systems participating in this effort (and/or their EHR vendors) to support measure developer eCQM testing during the development lifecycle?**

Yes, one of the goals of the eCQM Test Results module is for facilities and systems to express interest in participating in eCQM testing activities.

Question 17: **Is there a specifications manual that specifies where validators will obtain information from the chart, like the specifications manual used for quality improvement?**

The [Electronic Clinical Quality Improvement \(eCQI\) Resource Center](#) contains a variety of resources to support implementation. Under the Resources menu, select [eCQI Tools & Resources](#). The [eCQM Logic and Implementation Guidance v2.0](#) coupled with the [Quality Data Model \(QDM\) v5.3 Annotated](#) contain information providing support context for the data elements used in the eCQMs.

Question 18: **For those using EPIC, are you using any of the reports in the reporting workbench or dashboards to monitor patient care concurrently while the patient is still admitted?**

Texas Health Resources: While our team does not monitor data concurrently, we have moved toward a process to get as close to it as possible and are often only reviewing data that are one to two months old. However, we do have those at the entity level beginning to review their own eCQM data both on a concurrent and retrospective basis using the dashboard and workbench reports for drilldowns.

Question 19: **Is there an open source quality dashboard?**

The subject-matter expert was not aware of available open source dashboards.

Question 20: **How do you prioritize dashboard measure development?**

Open Door Medical Centers: We put all measures that are reportable to Uniform Data System and our Value-Based Payment Contract into the dashboards. We are able to create measure sets for specific programs to look at their data separate from data we report externally. The eCQM CMS138v8: Tobacco Use: Screening and Cessation Intervention measure is an example. We report these results annually to UDS and the

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measure is on our UDS Measure Set within the Quality Measure dashboard. This measure is also on our Pay-For-Performance Clinical Report Card for primary care clinicians. We also have different versions of this measure set up for our behavioral health and HIV teams so they are also accountable for patients seen within those programs.

Question 21:

For Holly: How did you get buy in from clinicians/entities? Did you have any accountability built into your project to motivate even the least motivated entities since there is no penalty tied to low performance?

Our team would not be tasked with the accountability piece, and I do not believe our organization is at a place where we are using eCQMs for incentivized performance or accountability initiatives. We educate extensively on eCQMs and provide up-to-date performance data organization-wide. We have partnered with entities who have shown interest and have the resources to collaborate with us on performance improvement activities and targeted education. Our focus is to continue to improve accuracy of the data, to continue to educate and increase awareness around eCQMs, and to utilize the data. Our team leads these efforts for Texas Health Resources, and we hope to push for entity-led initiatives and more widespread use of the data in the future.