



Hospital Inpatient Quality Reporting (IQR) Program

Support Contractor

Use of Clinical Dashboards to Drive Performance Improvement for eCQMs

Presentation Transcript

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Artrina Sturges: Thank you, Matt, and good afternoon everyone. My name is Artrina Sturges and I'm your host for today's event. We have a few announcements for you. This presentation is being recorded and the transcript of the presentation, along with the questions and answers, will be posted to the inpatient website, which is the *QualityReportingCenter.com* website, and also posted to *QualityNet* in the coming weeks. If you've registered for the event, a reminder email, as well as the link to the slides, was distributed on Tuesday, July 30. If you did not receive the email, the slides are available for download on our inpatient website, again, *QualityReportingCenter.com*.

I would like to introduce our speakers for today. Rose Almonte is a Principal in Clinical Informatics from MITRE. Denise Garcia Egan is the Director of Clinical Business Intelligence for Open Door Family Medical Centers. Debbie Krauss is a Nurse Consultant for the Center for Clinical Standards & Quality with CMS. Holly McNary is the Clinical Outcomes Specialist, Quality Measurement & Reporting, for Texas Health Resources. Barbara Ray joins us as the Director of Quality Measurement & Reporting for Texas Health Resources.

Today, we're fortunate that two organizations were able to join us to share overviews of how they use clinical dashboards to track electronic clinical quality measure performance and close care gaps in order to improve patient care and outcomes.

Our intent is that, by the end of this presentation, you will be able to describe how clinical dashboards can be used to achieve quality measurement goals, identify initiatives to increase the value of these eCQMs for improving your patient care and outcomes, and have a better sense of the change management process that was applied by the two organizations joining us today that assisted them to implement and support clinical dashboards.

At this time, I'd like to introduce Debbie Krauss who will provide the eCQM strategy background. Debbie, the floor is yours.

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Debbie Krauss: Thanks, Artrina. Next slide please.

So, I want to give you a little bit of background on the eCQM strategy project and the reason for this presentation today. I'd like to thank you all for joining us and especially thank the presenters from Open Door Family Medical Center and Texas Health Resources. We are very excited to present this information to you all today in response to the question, "How can I use eCQM data to help in my organization and to help improve patient care and promote quality initiatives?" So, I'll back up a little bit to give you background of the project. At CMS, as part of the Patients Over Paperwork initiative that they have been working on for the last year or so, we created a project called the Electronic Clinical Quality Measure Strategy Project, or the eCQM Strategy Project. This is a focused, burden-reduction project that promotes the effort for stakeholders to reduce burden if they're implementing, or reporting, or even creating, electronic clinical quality measures. CMS recognizes the burdens involved and we are doing everything we can to hear what the stakeholders are saying. We went out and interviewed hundreds of stakeholders across the country and we are putting into place now recommendations that came out of the project to reduce burdens for using eCQMs. We also, besides reducing burden, we want to increase the value of your use of eCQMs and continue to increase and hear from the stakeholders that work with eCQMs. So, the problem statement that we defined for this project that we found was that "Providers who participate in the CMS quality and value-based purchasing programs have shared challenges they experience related to the complexity and high burden of eCQM implementation, data capture, and reporting." We looked at three main areas for the project scope, and we looked at the measures that were being developed, and we looked at the processes that we use when the measure is a concept until the measure is implemented into a program. We also looked at the reporting of eCQMs and the implementation issues. Then, we looked at the tools that are used in development and reporting, specifically the Cypress certifications tool that you all use to certify your EHRs. We also looked at the BONNIE tool and the Measure Authoring Tool (MAT) that are used for logic testing of the eCQMs and creation of the electronic measure specifications. So,

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specifically, under increasing value and use of the eCQMs, we are presenting this webinar today so you can see specifically how the hospitals and clinician sites have taken the eCQM data that they report on to CMS and then use that data to help promote their quality improvement initiatives at their sites. Next slide please.

Here's one quick snapshot of some of the recommendations that came out of the eCQM strategy project, which we are currently implementing now. We bucketed the issues under these following areas: issues related to alignment, value of the eCQM, developing the eCQMs, implementation and reporting issues. We looked at the certification process and issues with Cypress. Then, we looked at any issues related to communication, education, and outreach. We have over 100 recommendations that we are in the process of implementing to try to make your job easier and to clarify any information that you need about electronic clinical quality measures. So, that's the eCQM Strategy Project in a nutshell and the information as to why we're having this presentation today. So, I will turn it over to our next speaker so that you can really hear what you came for, information about dashboards. Thank you.

Artrina Sturges: Thank you, Debbie. Holly McNary and Barbara Ray from Texas Health Resources are joining us to share their experiences. Barbara, the floor is yours.

Barbara Ray: Thank you. My name is Barbara Ray and I am the Director of the Quality Measurement & Reporting Team at Texas Health Resources. We are affectionately known as the QMR team and are responsible for submission of eCQM data. Holly and I are proud to represent THR today and share part of our eCQM journey.

A little info about THR: We are a faith-based, not-for-profit healthcare system in the Dallas-Fort Worth area with over 25,000 employees and 6,200 physicians with active staff privileges. There are about 27 hospital locations including acute-care, short-stay, and rehab facilities that are owned, operated, or joint ventured with Texas Health Resources.

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This map is intended as a visual to give you an idea of the THR reach across the Dallas-Fort Worth area. Texas Health points of access serve more than seven million residents in 16 different counties throughout the north Texas region.

This slide is representative of the THR strategic plan called Vision 2026. We believe our work with eCQMs is woven throughout the four key strategy areas. With the consumer at the center of our vision, we want to provide exceptional care by designing our care to safely and reliably deliver incomparable clinical outcomes. We want to create a culture of excellence by holding ourselves accountable for top performance in key measures of success and sustainability. We want to successfully manage costs and risks to create value. We want to experience transformative growth. We believe that eCQMs can certainly be useful in helping to achieve this vision.

We have a very collaborative multidisciplinary team approach to include clinical decision support, ITS, and the QMR team, just to name a few.

We thought we would share a team photo with you. We have a group of folks at THR that help to support the eCQM work, but this small group is responsible for the day-to-day operations. Some of our IT colleagues may assist us if there are questions that Holly and I cannot answer. Holly, I'll turn it over to you to continue the presentation.

Holly McNary;

Thank you, Barbara. My name is Holly McNary and I'm a member of the Quality Measurement & Reporting Team. My title is Clinical Outcome Specialist and my role is really a full-time role dedicated to all things eCQM, including data review and validation, troubleshooting in collaboration with our technical analysts, education across our system for documentation requirements and eCQM awareness, and coordination of our annual regulatory submission, which we perform on behalf of our entities. So, with that quick introduction, I'll move into the specifics of our dashboard. We implemented the Meaningful Use (MU) eCQM CMS dashboard in July of 2017 and it includes two views, a standard view and a comprehensive view. The standard view includes VTE (Venous

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Thromboembolism), stroke, and ED (Emergency Department) measures, and its intended for entity-based personnel. Then, we have the comprehensive view which includes all 13 of our mapped eCQMs, and it is intended for our eCQM team and select quality and leadership personnel. The data displayed on the dashboard is updated with the weekly scheduled QRDA run that runs every Friday. At its inception, we educated extensively on use of the dashboard with live demonstrations and a tip sheet with screen shots, and, since then, we've periodically provided refresher education and demos on an as-needed basis and by request. The dashboard has undergone some minor changes since its rollout, including color-coded performance data for the end user to better visualize the measures that are performing well and those that may not be doing so well. We also added the ability to run workbench reports directly from the dashboard to facilitate ease of further drilldowns for the end user. We encourage those at the entities in our education to review their own dashboard data, be familiar with it, and also note and report any potential inaccuracies. Our team does monitor the dashboard on an ongoing basis for issues. However, we understand that the users of the entities are going to be the most familiar with their own populations and be able to spot potential inaccuracies as well. So, we recognize the importance of the overall familiarity with the dashboard across our systems.

This slide outlines all of the eCQMs we have mapped, and again, on our comprehensive dashboard view, we have all 13 displayed there. This top bracket shows the measures we have selected for past submissions and includes ED-1, ED-2, VTE-1, and VTE-2. We do have one entity that does not have any of these. So, in place of ED, we submitted STK-2 and STK-6 on their behalf.

Here is a visual representation of the standard view of the dashboard, and again, it includes only VTE, stroke, and ED data. It does not include mother-baby measures, which we have mapped as backup or alternate measures. We have an announcement section at the top, which we use to note that the data is updated weekly on Friday and we also use this area to announce any current mapping or accuracy issues that we might be

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experiencing for end user awareness. As you can see, there are sections separated by measure, and, within a section, the data has been separated by quarter.

Here's the comprehensive view that the MU eCQM team uses. and it includes, again, all 13 of our measures mapped including VTE, stroke, ED, and mother-baby measures.

This is a snapshot of a workbench report that can be generated directly from a link within the dashboard. It can be run for up to one week of data and it includes patient-specific measure status information for selected measures. This is really useful for folks at the entities that are wanting to do reviews of some of their data concurrently or if they're drilling down on something specific. It's been a really nice tool in educating the entities to better understand and evaluate their own data.

This is a screenshot of the tips sheet our team created as an aid in using the dashboard and understanding its functions. It's two pages and it includes screenshots and brief explanations of how to get to the dashboard, the data that is displayed, and how to use it. We created this at the same time that the dashboard was initially rolled out, and we continue to provide this as a learning tool for new users and to anyone that needs a refresher.

This slide demonstrates the key role that the dashboard has played in the evolution of our eCQM processes. Once the dashboard was implemented in 2017, it became a key component in monitoring and validating our data, and it is used for ensuring that our data is up to date, accurate, and used for submission data comparison activities as well. Prior to having our dashboard, we didn't have a way to easily review entity- or organization-level data at a glance this way or evaluate performance without running lengthy and cumbersome reports and creating our own spreadsheets and tracking methods. This also plays such an important role in achieving that understanding and engagement with eCQMs at the entity level. Like anyone who began the eCQM journey, we struggled with a lack of awareness of what eCQMs are, why they're important, and the comparisons against core measures and other quality initiatives that

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created some confusion, but we've worked really hard to educate consistently with frequent reinforcement, tip sheets, and the introduction of this dashboard has been vital to our success with all of those things.

Here we have displayed a graph that includes data from the inception of eCQMs in 2016 through the year to date. We've seen improvement in all of our mapped measures, which was achieved by regular and thorough monitoring and validation of eCQM data for mapping accuracy as well as education opportunities. Again, when we implemented the dashboard in '17, we experienced a continuation of that upward trend in performance.

The dashboard has also played a part in our success with beginning to take eCQMs to the next level. We all know that the early goals were to simply get these things mapped. Then, it was to address mapping issues and documentation to increase the accuracy of the data, and, for us, the next step was to begin to utilize this data for performance improvement. Now that we had worked so hard on getting eCQMs up and going and had put in the work to make sure our data was as accurate as possible through mapping and education, we wanted to begin to make that data work for us.

As you know, eCQMs are the wave of the future and the idea is that they will someday replace the burdensome work of manual chart extraction. This is data that is pulled electronically and can be available on a more real-time basis, which can enable more rapid cycle improvements to quality patient care.

In 2018, we selected STK-8, Stroke Education, as a focus area based upon our eCQM dashboard performance data. The entity we partnered with was one of the lower performers for this measure and had the resource available to participate. We collaborated with a quality coordinator there and deployed a comprehensive education program. We met weekly with the entity liaison to provide detailed follow-up information for the measure and they took this information and provided targeted education. This year, we are again partnering with an entity but with a broader focus. We're following the same model, utilizing dashboard data to determine the areas with the most opportunity for improvement, which has guided us

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to target VTE and several stroke measures. Our team provides fallout reviews for these measures and has assisted in formulating education plans. This is still in progress for this year and we're hoping to see notable improvement in performance as a result of our continued efforts to partner with the entities and provide this sort of focused education to the frontline staff around eCQMs.

The graph on this slide shows the success we experienced in 2018 for the performance improvement project I mentioned on the last slide around STK-8, Stroke Education. We began that project in April with an initial wave of education in various meetings and settings, then began the weekly fallout reviews with that entity liaison who then followed up with specific units and staff with fallout. We saw a 42 percent improvement from the baseline at the conclusion of our project and have experienced a reasonable sustainment in improvement as well. The dashboard has played a pivotal role in availability and visibility of eCQM data, awareness, and understanding of it, increased engagement, and also in beginning to utilize the data for performance improvement, which will therein improve the quality of patient care. Our goal is to continue to fine-tune our processes and to push for greater use of this data, so that we can begin to see its impact upon safety and quality for our organization.

That concludes our presentation. Thank you.

Artrina Sturges: Thank you very much, Holly and Barbara, for sharing your experiences with us. At this time, Denise Garcia Egan from Open Door Family Medical Centers joins us to share her experiences. Denise, the floor is yours.

Denise Garcia Egan: Thank you for inviting me to participate in this call. This is Denise Garcia Egan and I'll be talking about dashboard use at a Federally Qualified Health Center. So, Open Door Family Medical Centers is a Federally Qualified Health Center that started in 1972 to address health inequities in Ossining, New York and since then has expanded to an additional six locations, as well as seven school-based health centers. In 2007, Open Door adopted e-clinical work for our electronic medical record, and, in

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2016, we adopted a program called Relevant to Use for our population health analytics as well as system intelligence.

Now, as you can see from this map, we are located in five facilities within Westchester County. We have one site in Putnam County, and our newest location is a dental-only facility located in Ulster County. We also have seven school-based health centers between our Port Chester and Ossining locations.

Open Door provides a wide range of medical services and enabling services. We provide family medicine, pediatrics, OB/GYN, podiatry, as well as dental services, behavioral health, vision, and enabling services to our patients.

Throughout the organization, we use these dashboards to work on various projects and to guide clinical care. Our clinicians use dashboards for their pay for performance clinical report card measures. They also use it for visit planning, productivity, and loop closure reports. On the care team level, dashboards you use for visit planning, population health and outreach, care planning, as well loop closure. On the administrative side, we use dashboards to guide our process in infection control, clinical performance, risk management, and business review.

We believe that using these dashboards and data effectively allow us to provide high-quality care to our patients. In 2018, Open Door consistently exceeded national benchmarks for patient health outcomes, and 73 percent of Open Door patients diagnosed with diabetes have the disease under control. Seventy percent of our patients with high blood pressure have it under control. We also provide high-quality care to our children in both asthma and nutritional outcomes. To those who have food insecurity and other social determinant health barriers, we're able to provide wraparound services, such as providing 100,000 pounds of food to the community along with nutritional coaching and healthy cooking classes. In 2018, Open Door treated nearly 57,000 patients, and they were able to provide cost effective care that is also at the highest quality.

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By providing this high quality, cost-effective care, we're also able to receive national recognition and external accreditation. We are Joint Commission accredited. In 2018, we received the Health Center Quality Leader Award from HRSA. We're also a patient-centered medical home, part of the All of Us research program, and a two-times Davies Award Winner.

In 2015, Open Door started a process where we wanted to evaluate the current systems that were being used to share information and the ways of looking at data, but we found that there was a bottleneck with the number of requests coming in and the amount of data going out. So, as part of this evaluation, we also interviewed stakeholders and assessed what the data needs were of the end users. So, it was decided that we needed visual dashboards that were up-to-date and easily accessible. So, we built a data warehouse and dashboard based on measure specifications and this is all mapped to eClinical Work. Then, as we rolled out the program, we did extensive validation, and we were able to compare it to the previous reports being used and explain any discrepancies between the two different data systems. There's also a system within the program to record and track discrepancies that might be found within the data. Then as the program was rolled out in 2016, we first trained clinicians and then rolled it out to the extended care teams, as well as administrators. Now, all new clinicians that come onboard are part of our training process and we do training on how to use the dashboard. There's also extensive accountability for using these dashboards. So, we are able to look at usage reports and make sure our clinicians and care teams are looking at the different dashboards and reports as part of their daily care. It is also tied to clinician bonuses. There is an incentive to look at the dashboards for both their pay for performance clinical measures, as well as their productivity measures.

As you can see, this is the visual of what our relevant dashboards look like. So, they contain quality measures, different reports. They have a visit planning tool that can be used daily, as well as productivity and population health dashboards.

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In selecting what measures and goals should be part of our clinical pay-for-performance measures, we first start looking at external reporting sources. So, we did a crosswalk of all of the differences that we report our data, UDS, our CMS Promoting Interoperability program, HEDIS measures, as well as their value-based payment contracts. Then we share all this information at both risk management performance improvement and clinical performance committees. Then those plans are shared across the teams. We also look at a bottom-up approach when deciding on goals. So, while we might have an organizational goal for each of the measures, we allow our care team to select individual measures to work on and set their own goals that are smart goals that are actually achievable. So, the team-based care units review the dashboards and their quality measures. They select measures and then they'll begin a PDSA process to improve the outcomes. Then, they report on those both internally and externally. So, this loop is continually ongoing to select our different measures and report on them. Our report card contains 12 eCQMs that we report to HRSA in our UDS report. Nine out of 12 of those measures are also on our clinician pay for performance program.

I'm going to share a use case of how we use these dashboards that follows our colorectal cancer screening initiative. This is a Health Resources and Service Administration Uniform Data System Quality of Care Measure. It's CMS 130, Version 7, for colorectal cancer screening.

So, Open Door has been following the colorectal cancer screening compliance for many years. I didn't include that, in 2011, we were at 11 percent. So, this measure had a lot of room for improvement. Over the years, we have done a number of initiatives to improve the colorectal cancer screening, and we really feel that both the dashboard use as well as adjustments we've made to our electronic medical record have helped with that improvement. So, you can see, in 2014, Open Door was at 40 percent and we have gone up to about 59 percent in 2017. With 2018 being over, we're at 51 percent.

So now, I'm going to talk about how we used our dashboards with visit planning. Within our relevant programs, we're able to set up our own care

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gaps and visit planning alerts, and they show up on a visit planning report each morning. So, providers can see exactly what care gaps their patients have and who are on their schedule for the day. So, we're able to map within the system the care caps to the specifications of the colorectal cancer screening measure. There's full transparency of what is included in that measure and we're also able to update it as these measures change annually.

On the right-hand side, you can see an example of what this report looks like. This is not real patient information, but you'll see that it tells you the time that the patient is coming in for an appointment and the different care gaps that they have. The way these reports are used is that in the morning and before the afternoon session, the care teams will either print out this report or they can pull it up on a computer screen, and they'll review it at the care team level and decide what needs to be done before the clinician enters the room and what should be done when the clinician comes in. So, they're able to plan out the care for that patient.

We also have tools that we use for proactive outreach for those patients who might not be coming through our door and we need to reach out to, to bring them back in for care or alert them to their different care gaps.

So, the way we use our dashboards for these purposes is that we will look at a registry report based on compliance. This example is for colorectal cancer screening. But, for all of our measures, we're able to follow the same process. The care team will look at these reports and reach out to patients and see if there's any assistance that they need in either getting to their referrals or, if they're getting a fit kit, if they need education and assistance that are not completed. Then, once all the results are back in our system, we'll update the dashboards and in that location they will show up as noncompliant.

This is an example also without real patient information that shows our noncompliant patient reports. So, you can see they have the patient information, the medical record number. We also include the risk score. So all of our patients do have a risk score applied to them using an algorithm that is built into the system. So, we're able to also have different

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methods to target patients who might be at a higher risk score. While this is an example of just those missing colorectal cancer screening, we do have additional dashboards called Population Explorer that also pull in all the gaps in care. Because most of our patients are uninsured, we try not to pull them in multiple times for all the different gaps that they might be missing. So, we'd prefer to call and tell them to come in and try and meet all those needs in one visit.

This is an example, when you go into each individual quality measure within the dashboard, of the view that you'll see. So, you'll be able to see the compliance overall and then it also breaks it down by location. The program also has full transparency, so you're able to change that location filter to items gathered by the care team level down to the individual provider. So, everybody is able to see how they're doing at the site level, at the care-team level, and at the provider level and decide who to reach out to. If somebody else is above the goal for the measure, they can see what practices they've implemented and try and do those at their same care-team level or site level as well.

It's been really important to go from beyond just training all of our clinicians on how to use it, but really getting them to feel like they own the program. So, all clinicians were trained, and they were trained when it was introduced. We also do onboarding with our clinicians. Any time that there's an update to the application, we also try and roll that out at provider meetings as well. There's also a process in place to validate and report discrepancies. The clinicians really trust the data and, because it's part of their bonus structure, they feel compelled to look at it often and to participate in the different programs that are going on to improve quality.

So, in summary, in rolling out a dashboard program, it's important to communicate. We did extensive interviews with internal and external stakeholders to find out what they were looking for in a data system. We also have to be able to accept feedback and criticism because, sometimes when we put out these dashboards and reports, there might be mistakes or different ways to look at it, and we always incorporate the feedback into what we're doing. It's important to track reporting. Using this data, not

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just for quality improvement, but we also use it for productivity. We use it for our grant process. We really use it across the organization, so it's built into everybody's workflows. By incentivizing our clinicians and care teams, they're able to incorporate this quality and productivity work into their team efforts. We're also able to support the teams to give them new skills, so that all team members understand how to look at data and how to use it. We're able to work together as an organization and form partnerships. Then, really, the greatest thing is seeing how we share best practices across teams as well as across the organization. Because we have six sites, we're spread out and then we also have seven school-based health centers. We can take various practices from the different sites and share them across the organization.

So, thank you very much for inviting me to join the call, and I hope to follow-up with any questions you might have.

Artrina Sturges: Thank you, Denise. Now, at this time, Rose Almonte will join us to provide an overview of the Collaborative Measure Development Workspace. Rose?

Rose Almonte: Thank you, Artrina. My name is Rose Almonte and I'll be closing out this webinar with an overview of the Collaborative Measure Development Workspace, or CMD Workspace. I want to thank Barbara, Holly, and Denise again for sharing their experiences in using clinical dashboards and happy to hear about the resulting improvements you've made in stroke education and colorectal cancer screening. I just want to briefly describe the CMD Workspace and how you all might be able to use it to support your eCQM implementation activities.

So, the CMD Workspace is hosted on the eCQI Resource Center. Hopefully, you all have visited that site. It's the site that's often referred to as the one-stop shop for the most current resources to support electronic clinical quality improvement. There are essentially three major aspects to the CMD Workspace. It brings together interconnected resources, tools, and processes, centralizing that information for those of you using eCQMs. It exists to promote clarity and transparency to help in data

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mapping, and it's intended to improve interaction across stakeholder communities, getting involved earlier in the development and testing processes, and to also share lessons learned across communities that develop, implement, and report eCQMs. This CMD Workspace emerged based on feedback received through the eCQM strategy project that Debbie Krauss described earlier on the call. We heard about the confusion around representing clinical data contained in the eCQMs. We heard requests for clear data element definitions to support data mapping, requests for harmonization of data elements across eCQMs. Several sites expressed interest in being more involved in the measure development and testing processes, particularly opportunities earlier in the process. We also heard that implementers at sites are interested in seeing artifacts generated through the measure development process, artifacts that they believe would be helpful resources to give them more context into how a measure was tested. So, this CMD Workspace is intended to be a collaborative portal that supports quality and IT staff to more easily implement and use eCQMs at your organizations. Next slide, please.

This diagram depicts the five major modules that will comprise the CMD Workspace. Starting at the top and going clockwise is eCQM Concepts. This module is intended to allow users to search existing measure inventory and submit new measure concepts for consideration. Next is the New eCQM Clinical Workflow, which would allow users to review sample clinical workflows associated with new eCQMs and provide an opportunity for you all to share feedback on anticipated challenges. The next item is eCQM Data Element Repository. This would provide data definitions to help with the measure implementation and data mapping effort. Then, eCQM Test Results would provide transparency into how measures were tested and allow users to express interest in participating in measure testing activities. Then, finally, Subscribe to CMD Workspace Updates allows you to opt into notifications for certain measures or measure groups. Now, the CMD Workspace landing page and the data element repository were the first items to go live and those went live in December of 2018. The data element repository currently includes measure information and data element definitions for all of the available

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eQMs for both EH, critical access hospital and EP/EC measures that were released May of last year for 2019 performance and reporting periods. This team is currently working on updating the site to also include data elements for the 2020 performance and reporting period with a target deployment to production during third quarter of this year. Now, last year, the team spent most of the time gathering requirements and conducting focus groups resulting in the initial launch of the landing page and the data element repository. This year, our team continues to gather requirements to allow for an initial launch of at least a baseline functionality of the remaining modules by the end of this year. Next slide, please.

Here's the link for you all to access the CMD Workspace. Our hope is that you'll explore the CMD Workspace and find information helpful to your organizations as you implement eQMs. If you're interested in participating in a focus group or interested in sharing feedback, we encourage you to contact us via the eCQI Resource Center and recognize that it takes a collaborative community to support each other as we all strive to improve patient outcomes. I also want to highlight an upcoming event that The Joint Commission Pioneers in Quality will be hosting. They have an upcoming webinar highlighting eCQM implementation and data use stories. They'll be presented by UPMC and Baptist Health on improving eCQM accuracy to drive quality improvement. For more information on how to register, or information on other webinars that they have planned, you can Google Pioneers in Quality eCQM webinars. Thank you all for joining and we're available for questions that you might have.

Artrina Sturges:

Thank you very much, Rose. What we'd like to do now is we'd like to start the question-and-answer session. Now, just as a reminder, please use the chat box to enter your questions for today's presenters, and we will do our absolute best to address as many questions as we can during the time allotted. So, what we'd like to do is go ahead and start with our first question. This is actually in reference to Slide 18. So, this question is for Holly and Barbara. The question is, "I assume EPIC is your EMR. Did you use the EPIC release dashboards or did you create your own?"

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Holly McNary: Hello, this is Holly McNary from Texas Health Resources. Yes, our EHR vendor is EPIC, and it was an EPIC-released dashboard.

Artrina Sturges: Thank you very much, Holly. For the next question, “What exactly is QRDA and what type of file is it?” So, actually, I can answer this one. The QRDA is what they call Quality Reporting Document Architecture. So, that’s the layout that your data comes in when you report on eCQMs. What you have to keep in mind is, that for QRDA, there are two different categories that we use for data reporting to CMS. There’s the category I, which is a patient-level file, and that file is used for hospital quality reporting. There’s also a category III, which is an aggregate-level file. That’s used for eligible professionals and eligible clinicians. That gets into those different programs, like quality payment program, Merit-based Incentive Payment System (MIPS), Comprehensive Primary Care Plus (CPC+), and other programs. If you need more details regarding the QRDA or just more information overall about that and how it’s applied in different programs, we encourage you to visit the eCQI Resource Center where they have huge amounts of information that break things down for you by program and different types of reporting that would take place for a facility. So, thank you for that question.

The next question is, “What reports are you running in EPIC to get the dashboard? We’ve looked at the CMS reports, but data is not matching the QRDA file.” If we could start with Holly, that would be great.

Holly McNary: So, actually, 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, which generates up-to-date data to be displayed upon the dashboard. So, it’s not required to generate a special report for viewing the dashboard. I hope that answers that question.

Artrina Sturges: Thank you, Holly. The next question says, “Did you survey or otherwise collect testimonials from clinicians and QI staff? Was development shaped by this feedback?” For this question, we could start with Denise.

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Denise Garcia Egan: So, we did include our clinicians as well as our administrators in developing these dashboards as well as we go through each of the individual dashboards with them as well for each of the different clinical quality measures. We incorporated all of their feedback into developing these.

Artrina Sturges: Great. Thank you, Denise. Holly, I'm not sure if you want to answer as well.

Holly McNary: So, our answer would be pretty similar. 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.

Artrina Sturges: Great. Thank you. Next question: "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 and does your hospital have a hard stop for medications?" Holly, we'll go ahead and start with you, if you don't mind.

Holly McNary: So, we've done extensive education in a wide variety of groups, meetings, and settings. Our team has taken that on as a key piece of our process and we've requested agenda items in groups and meetings to provide that education. We rely on our tip sheets as well and various PowerPoints with specific education screenshots. We've educated in both physician and nurse groups, as well as other various groups. We've also collaborated with quality personnel based at the entities who do help us to disseminate the information and educate staff as well. As far as the piece about challenges with medications related to eCQMs, the challenges to performance has been physicians not ordering the medication, not documenting a reason for not ordering, or documenting a reason why not in a non-discrete field. So, we cover all of these scenarios in our education to staff. We do not have hard stops specifically for medications related to eCQM measures. However, we do have order sets, which we heavily encourage the use of in our education, as well as an eCQM core measures checklist. That's another EPIC tool, and it shows measure-related tabs that are either complete or re-review. Those include a direct link to the place in

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which they can go and satisfy that overdue requirement. So, those are just some of the ways in which we've tried to overcome those challenges.

Artrina Sturges: Thank you, Holly. We actually have another follow-up. We have an additional question for you. "Are you able to run your reporting workbench, dashboards, and QRDA files without the current EPIC overlay?"

Holly McNary: So, I'm actually going to see if my technical analyst, Samir, would like to answer that question for us.

Samir: So, the dashboard, of course, since it is an EPIC release dashboard, there are some things that we can change, whether it's the colors or the format a little bit. 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 Extensible Markup Language (XML) files follow a standard that are not supposed to be changed. If anything gets changed within them, submitting them would yield errors. That doesn't come from EPIC. I hope that answers those two questions.

Artrina Sturges: Thank you very much, Samir. Denise, the next question is for you. I'm sorry, Debbie, go ahead.

Debbie Krauss: Artrina. This is Debbie Krauss. I just wanted to add a little bit to that answer about using the EPIC overlay. 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. So, what we're saying to create the dashboard, there are a variety of options. But, we wanted to present these two excellent use cases to just show how the eCQM data can be used, but there are a variety of ways to create dashboards.

Artrina Sturges: Thank you very much, Debbie. I appreciate that. Let me go ahead with the next question for Denise. "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?"

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Denise Garcia Egan: Sure. So, the program that we use is called Relevant Healthcare. That's the same program we use for our dashboards, but we do not document within that program. We document everything within the ECW. So, we do document care plans and along with our chronic care management in the program. We do use the PHM module within ECW, which, I think, used to be called CCMR for anyone who is on ECW, but we don't use their population health analytics. We use our own dashboards for that. I don't know if that made it more confusing or that helped clarify something.

Artrina Sturges: Thank you very much, Denise. That's fine. Thank you. One additional question that I will use for both groups and Denise, let's start with you. "Are you using a standard risk score assessment tool?"

Denise Garcia Egan: No, so we had to develop one as part of our PCMH process. So, we reviewed other risk score algorithms, and we basically came up with something that utilizes both 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. So, our risk scores really use our care management resources and determine which patients need those. So, we don't use in the same way that a health plan might risk score patients to decide costs. So, it's slightly different.

Artrina Sturges: Thank you, Denise. Holly, the same question is for you. "Are you using a standard risk score assessment tool?"

Holly McNary: So, we don't have a standard risk score assessment tool. I think that this is a different issue than what the question is after, but we do have a VTE risk assessment in our EHR that's cut into our VTE eCQMs, otherwise, no. I'll also allow my director, Barbara Ray, to elaborate if she'd like.

Barbara Ray: Hi, this is Barbara. Holly, yes, I would agree with you. The VTE risk assessment is what we used in the calculation of our measure for the VTE 1 and 2. So, I can't think of anything else further.

Artrina Sturges: Great. Thanks, everyone. Rose, I believe we have a question for you. The question is, "Will the eCQM data element repository include value sets?" This is in reference to Slide 54.

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Rose Almonte: Slide 54. Okay. It includes the value set OID. So, if you go into the data element repository, there are a number of filters that you can use. One of the filters that I think is easiest is, if I'm interested in a specific measure, whether it's EH or EC measures, select the measure in question. With that measure, the nice thing about these screens is, you're not having to go to multiple areas for some basic information. So, 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. 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, it 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's 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.

Artrina Sturges: Very good. Thank you, Rose. Okay. For today, that's going to have to end our question-and-answer session, but I can assure you that, for any of the questions that have come in that we have not addressed during today's call, a question-and-answer summary document will be published on *QualityNet* and also on the *QualityReportingCenter.com* website. So, we'll make sure that we get that information out to everyone after the webinar is over. Please allow us a few weeks to be able to get that information published for you. Next slide, please.

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Once again, just a huge thank you to all of our presenters who gave extremely valuable information. We thank you all very much for joining us for today's call. Thank you again for all your time and attention. Everyone, have a good afternoon.