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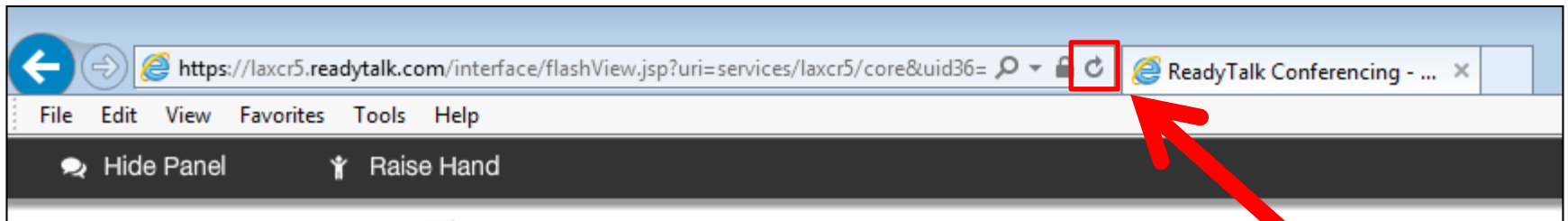


# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stop?  
Click Refresh icon  
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F5 Key  
Top Row of Keyboard

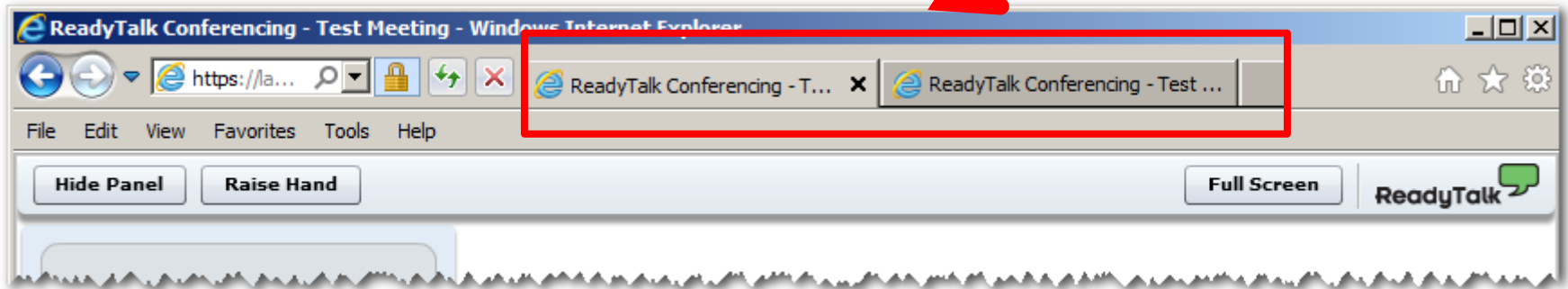


Location of Buttons

Refresh

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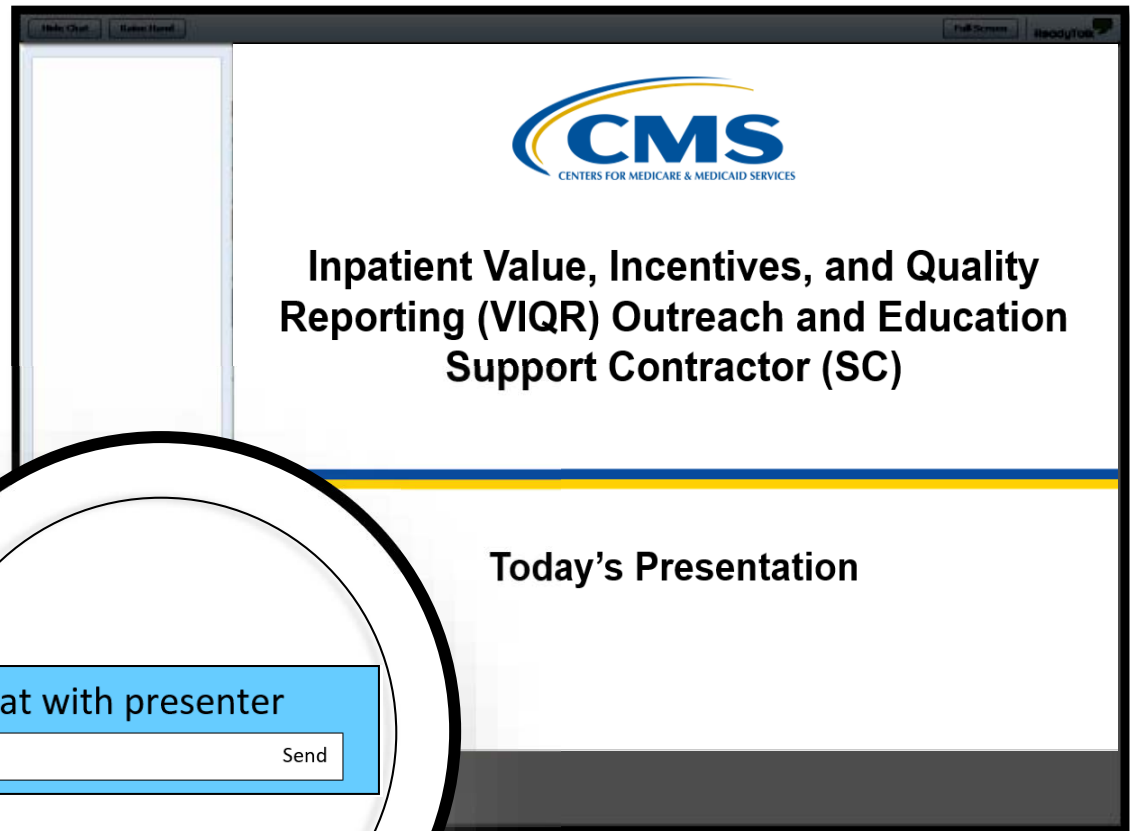
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Type questions in the “Chat with presenter” section, located in the bottom-left corner of your screen.





# **Use of Clinical Dashboards to Drive Performance Improvement for eCQMs**

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**July 31, 2019**

# Speakers

## **Rose Almonte, MS, RN**

Principal Clinical Informatics, MITRE

## **Denise Garcia Egan, MPH**

Director of Clinical Business Intelligence, Open Door Family Medical Centers

## **Debbie Krauss, MS, RN**

Nurse Consultant, Center for Clinical Standards & Quality, CMS

## **Holly McNary, BSN, RN**

Clinical Outcomes Specialist, Quality Measurement & Reporting, Texas Health Resources

## **Barbara Ray, RHIA**

Director of Quality Measurement & Reporting, Texas Health Resources

## **Moderator**

## **Artrina Sturges, EdD**

Alignment of Electronic Clinical Quality Measures (eCQMs) Lead  
Inpatient Value, Incentives, and Quality Reporting  
Outreach and Education Support Contractor

# Purpose

This event will provide an overview of hospital and provider organization initiatives and activities that use **clinical dashboards** to display eCQM performance to drive improved patient care and patient outcomes.

An acute care hospital and a provider organization will share their experiences using **clinical dashboards** to track quality performance and close care gaps.

# Objectives

Participants will be able to:

- Describe how clinical dashboards can be used to achieve quality measurement goals.
- Apply clinical dashboard initiatives to increase value of eCQMs in improving patient care and outcomes.
- Understand change management process involved in implementing and supporting clinical dashboards.



Debbie Krauss, MS, RN, Nurse Consultant, Center for Clinical Standards & Quality, CMS

## **eCQM Strategy Background**

# Background

## eCQM Strategy Project Goals

- Reduce Burden
- Increase Value
- Increase Stakeholder Involvement

## Problem Statement

- Providers participating in 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.**

## Project Scope

- **Measure Development** process from concept to the Measures Under Consideration (MUC) list
- **Electronic Clinical Quality Reporting** requirements and processes from eCQM implementation to submission
- **Tools for Development and Reporting**

# eCQM Strategy Recommendations

## eCQM STRATEGY RECOMMENDATIONS

### COMMUNICATION, EDUCATION, AND OUTREACH

- Coordinated education and outreach campaigns to learn from stakeholders and share CMS program information
- Measure-level webinars
- Clear eCQM guidance, plain language, and improved website usability

### EHR CERTIFICATION PROCESS

- eCQM certification aligned with CMS reporting requirements

### ALIGNMENT

- eCQM reporting requirements across CMS program care settings
- eCQM specifications, value sets, and data collection



### VALUE

- Quality dashboard best practice collaboration between providers and CMS
- Data element definitions

### DEVELOPMENT PROCESS

- Collaborative Measure Development Workspace
- Data element repository
- Clinically feasible workflow for data capture
- Feasibility testing for new data elements

### IMPLEMENTATION AND REPORTING PROCESSES

- Clear eCQM specifications, tools, and resources
- Feasible data elements
- Submission of data elements and eQMs with FHIR and APIs
- Use of eCQM standards to support interoperability
- Consolidated pre-submission validation testing tools
- eCQM attribution research and pilots

06/2018

**Holly McNary, BSN, RN**

Clinical Outcomes Specialist, Quality Measurement & Reporting

**Barbara Ray, RHIA**

Director of Quality Measurement & Reporting

---

**Texas Health Resources**

**The Wave of the Future:**

**eCQMs, Clinical Dashboards, and Quality**

# Texas Health Resources

CONSUMER FOCUS



CULTURE OF EXCELLENCE



EXCEPTIONAL CARE



TRANSFORMATIVE GROWTH



VALUE CREATION



- Texas Health Resources is a faith-based, nonprofit system that cares for more patients in North Texas than any other provider.
- Texas Health Resources has more than 25,000 employees and 6,200 physicians with active staff privileges.
- The health system includes Texas Health Physicians Group and hospitals under the banners of Texas Health Presbyterian, Texas Health Arlington Memorial, Texas Health Harris Methodist, and Texas Health Huguley.
- Texas Health Resources comprises 27 hospital locations.



# Texas Health Resources

Putting quality on the map: The many roads that lead to Texas Health





# Texas Health Resources: Vision 2026



## EXCEPTIONAL CARE

Design our care model to safely and reliably deliver incomparable clinical outcomes and experiences



## VALUE CREATION

Successfully manage cost and risk to create value for our customers and partners



## CULTURE OF EXCELLENCE

Hold ourselves accountable for top performance in key measures of success and sustainability



## TRANSFORMATIVE GROWTH

Capture strategic segments of our market for Texas Health and our partners

# Meaningful Use eCQM Team

**Project Manager**  
Amy Crow, Meaningful Use Program Manager, Clinical Decision Support



**Quality Measurement & Reporting Team**  
Barbara Ray, RHIA, Director  
Donna Harkreader, MBA, BSN, RN, CPHQ, Manager  
Holly McNary, BSN, RN, Clinical Outcomes Specialist



**Electronic Health Record (EHR)  
Clinical Documentation Team**  
Samir Babar, System Analyst I  
Lance Skaar, System Analyst III  
Aaron Gillespie, BSN, RN, LSSYB, System Analyst II



# Meaningful Use eCQM Team



# Innovative Epic eCQM Tools

## Meaningful Use (MU) eCQM - CMS Dashboard

- Implemented in July 2017
- Two dashboard views: Personal (standard) and Comprehensive
  - Personal (standard) view includes VTE, Stroke, and ED measures – Intended for entity-based personnel
  - Comprehensive view includes all 13 mapped measures – Intended for eCQM Team and Quality/Leadership
- Displays updated eCQM performance each time the Quality Reporting Document Architecture (QRDA) is run (weekly)
- Initial and ongoing extensive education (including live demonstrations and tip sheet dispersed for use of the dashboard)
- Enhancements and upgrades to functionality and aesthetics, since implementation includes color coded performance data and ability to run workbench reports directly from dashboard for further drill downs
- End users encouraged to review eCQM Dashboard performance data and note potential measure population inaccuracies
- Monitored weekly by eCQM Team for accuracy of data and technical issues

# Measure Mapping and Successful Self-Submission

All currently mapped measures are displayed on the Dashboard Comprehensive View.

- ED-1 (CMS 55) Median Time from ED Arrival to ED Departure for Admitted ED Patients
- ED-2 (CMS 111) Median Admit Decision Time to ED Departure Time for Admitted Patients
- VTE-1 (CMS 108) Venous Thromboembolism Prophylaxis
- VTE-2 (CMS 190) Intensive Care Unit Venous Thromboembolism Prophylaxis
- STK-2 (CMS 104) Discharged on Antithrombotic Therapy
- STK-6 (CMS 105) Discharged on Statin Medication

Mapped &  
Submitted  
for  
Q3 2016  
Q2 2017  
Q1 2018

- STK-3 (CMS 71) Anticoagulation Therapy for Atrial Fibrillation/Flutter
- STK-5 (CMS 72) Antithrombotic Therapy By End of Hospital Day 2
- STK-8 (CMS 107) Stroke Education
- STK-10 (CMS 102) Assessed for Rehabilitation
- PC-01 (CMS 113) Elective Delivery
- PC-05 (CMS 9) Exclusive Breast Milk Feeding
- CMS 31 Hearing Screening Prior to Hospital Discharge

Mapped Q4  
2016

# MU eCQM - CMS Dashboard – Personal in Epic

The MU eCQM – CMS Dashboard (standard view) is intended for all users including entity Quality Directors/staff and includes VTE, Stroke, and ED data only. It does NOT include Mother/Baby measures.

### eCQM Dashboard Clarification

A weekly schedule of the QRDA runs every Friday at 10:00 p.m. Data is up to date and displaying on the dashboard for 7 days prior to the Friday weekly run.

Q2 2017 moving forward has the most accurate data as there were pending mapping opportunities during Q1 2017 that have been corrected.

Thu 7/27/2017 10:51 AM - Skaar, Lance

---

#### eCQM - VTE TEXAS HEALTH DALLAS

Last Refresh: 11:39:08 AM

	Q2 '18	Q3 '18	Q4 '18	Q1 '19	YTD	QTD
CMS 108 - (VTE) VTE Prophylaxis	95.5 %	96.6 %	97.7 %	98.5 %	98.8 %	99.4 %
CMS 190 - (VTE) Intensive Care Unit VTE Prophylaxis	98.0 %	97.2 %	97.9 %	98.6 %	99.1 %	100.0 %

#### eCQM - ED TEXAS HEALTH DALLAS

Last Refresh: 11:39:08 AM

	Q2 '18	Q3 '18	Q4 '18	Q1 '19	YTD	QTD
CMS 55 - (ED) Median Time from ED Arrival to Departure for Admitted Patients Stratification 1: Not Psychiatric/Mental Health Patients Stratification 2: Psychiatric/Mental Health Patients	309m	291m	289m	311m	299m	281m
CMS 111 - (ED) Time from Admit Decision to ED Departure for Admitted Patients Stratification 1: Not Psychiatric/Mental Health Patients Stratification 2: Psychiatric/Mental Health Patients	116m	100m	100m	118m	110m	104m
	159m	141m	145m	172m	184m	199m

\*\*\*VTE, STK, and ED were eCQMs reported for 2017 and will be reported for 2018. These eCQMs are not publicly reported for 2017 or 2018.

[My Reports](#)

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#### eCQM - Stroke TEXAS HEALTH DALLAS

Last Refresh: 11:39:08 AM

	Q2 '18	Q3 '18	Q4 '18	Q1 '19	YTD	QTD
CMS 104 - (STK) Discharged on Antithrombotic Therapy	93.1 %	92.7 %	86.9 %	88.9 %	90.1 %	92.6 %
CMS 71 - (STK) Anticoagulation Therapy for Atrial Fibrillation/Flutter	70.9 %	57.8 %	53.1 %	65.0 %	62.2 %	57.1 %
CMS 72 - (STK) Antithrombotic Therapy by End of Hospital Day 2	91.8 %	95.0 %	92.6 %	90.1 %	93.0 %	100.0 %
CMS 105 - (STK) Discharged on Statin Medication	84.0 %	89.7 %	81.5 %	85.8 %	86.7 %	88.6 %
CMS 107 - (STK) Stroke Education	25.0 %	55.1 %	56.4 %	42.5 %	46.7 %	54.0 %
CMS 102 - (STK) Assessed for Rehabilitation	95.3 %	96.7 %	94.2 %	95.2 %	94.0 %	91.7 %

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# MU eCQM – CMS Dashboard – Comprehensive in Epic

The MU eCQM – CMS Dashboard – Comprehensive is the MU/eCQM Team view and includes all 13 mapped measures: VTE, Stroke, ED, and Mother/Baby measures.

Access to the Comprehensive Dashboard is limited to the MU/eCQM team, and includes additional measures PC-01, PC-05, Newborn Hearing Screening, and AMI-8a that are not displayed on the Standard Dashboard.

A weekly schedule of the QRDA runs every Friday at 10:00 p.m. Data is up to date and displaying on the dashboard for 7 days prior to the Friday weekly run.

Thu 1/18/2018 11:21 AM - Toups, Megan E, RN

### eCQM - VTE TEXAS HEALTH RESOURCES

Last Refresh: 11:35:22 AM

	Q2 '18	Q3 '18	Q4 '18	Q1 '19	YTD	QTD
CMS 108 - (VTE) VTE Prophylaxis	97.4 %	97.9 %	98.4 %	98.8 %	99.0 %	99.3 %
CMS 190 - (VTE) Intensive Care Unit VTE Prophylaxis	98.5 %	98.5 %	98.6 %	98.8 %	98.9 %	99.2 %

### eCQM - Mother TEXAS HEALTH RESOURCES

Last Refresh: 11:35:22 AM

	Q2 '18	Q3 '18	Q4 '18	Q1 '19	YTD	QTD
CMS 113 - (PC) Elective Delivery	27.5 %	33.9 %	27.6 %	30.1 %	29.4 %	28.4 %

### eCQM - Stroke TEXAS HEALTH RESOURCES

Last Refresh: 11:35:22 AM

	Q2 '18	Q3 '18	Q4 '18	Q1 '19	YTD	QTD
CMS 104 - (STK) Discharged on Antithrombotic Therapy	96.3 %	95.6 %	95.7 %	95.5 %	96.2 %	97.5 %
CMS 71 - (STK) Anticoagulation Therapy for Atrial Fibrillation/Flutter	69.4 %	71.5 %	65.0 %	72.9 %	72.5 %	72.0 %
CMS 72 - (STK) Antithrombotic Therapy by End of Hospital Day 2	94.0 %	94.2 %	94.2 %	92.8 %	93.4 %	94.3 %
CMS 105 - (STK) Discharged on Statin Medication	92.3 %	93.3 %	92.5 %	91.5 %	92.6 %	94.5 %
CMS 107 - (STK) Stroke Education	29.2 %	36.2 %	33.6 %	30.4 %	30.5 %	30.6 %
CMS 102 - (STK) Assessed for Rehabilitation	96.6 %	96.4 %	95.2 %	95.7 %	95.9 %	96.2 %

### eCQM - Newborn TEXAS HEALTH RESOURCES

Last Refresh: 11:35:22 AM

	Q2 '18	Q3 '18	Q4 '18	Q1 '19	YTD	QTD
CMS 9 - (PC) Exclusive Breast Milk Feeding Patients	58.5 %	59.0 %	58.5 %	57.3 %	57.4 %	57.6 %
CMS 31 - (BABY) Hearing Screening Prior to Hospital Discharge	90.3 %	91.6 %	94.4 %	93.4 %	93.8 %	94.4 %

### eCQM - ED TEXAS HEALTH RESOURCES

Last Refresh: 11:35:22 AM

	Q2 '18	Q3 '18	Q4 '18	Q1 '19	YTD	QTD
<ul style="list-style-type: none"> <li>▼ CMS 55 - (ED) Median Time from ED Arrival to Departure for Admitted Patients                             <ul style="list-style-type: none"> <li>Stratification 1: Not Psychiatric/Mental Health Patients 283m 271m 276m 307m 291m 270m</li> <li>Stratification 2: Psychiatric/Mental Health Patients 337m 298m 316m 394m 365m 356m</li> </ul> </li> <li>▼ CMS 111 - (ED) Time from Admit Decision to ED Departure for Admitted Patients                             <ul style="list-style-type: none"> <li>Stratification 1: Not Psychiatric/Mental Health Patients 98m 90m 93m 112m 104m 95m</li> <li>Stratification 2: Psychiatric/Mental Health Patients 101m 100m 113m 146m 134m 126m</li> </ul> </li> </ul>						

\*\*\*VTE, STK, and ED were eCQMs reported for 2017 and will be reported for 2018. These eCQMs are not publicly reported for 2017 or 2018.



# eCQM Reporting Workbench Reports in Epic

Enhancements to functionality as a result of an Epic upgrade now allow generation of a workbench report directly from link within dashboard for further review/patient specific drill down.

**THR Meaningful Use Find EH QRDA I Patients Reports (17 reports)**

★ **MT Meaningful Use Find QRDA Patients - STK 8 - Weekly (W-1 to T) (LogIn Hospital)**  
Automatically returns results for the facility you have logged in to. Report pulls all patients that qualify for QRDA 1 in the past 7 days.

★ **THR Meaningful Use Find QRDA Patients - All Patients - Last 7 Days (W-1 to T) (LogIn Hospital)**  
Automatically returns results for the facility you have logged in to. Report pulls all patients that qualify for QRDA 1 in the past 7 days.  
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Lakeside Med Surg (eCQM STK-2,3,5,6,10) Stroke Measures: Admitted Patients [144641] as of Fri 9/16/2016 1:56 PM

Filters Options Hospital Chart Add to List Tx Team

Patient Name	MRN	DOB Sex	Admit Date/Time	Prnd Disch Date	Department	STK-2	STK-3	STK-5	STK-6	STK-10	STK-8 Edu	Comfort Ord	Comfort Perld
			09/14/2016 0900		LAKESIDE MED SURG	✗	✗	✗	✗	✗	Missing 6 of 6		
			09/13/2016 1730		LAKESIDE MED SURG	✓	○	✗	✗	✗	Missing 6 of 6		
			09/14/2016 1200		LAKESIDE MED SURG	○	○	○	○	○	Missing 6 of 6	09/15/16 1517	09/15/16 2359
			09/11/2016 0900		LAKESIDE MED SURG	✓	✓	✓	✓	✓	Missing 4 of 6		
			09/11/2016 0900		LAKESIDE MED SURG	✗	✗	✓	✗	✗	Missing 6 of 6		

Measure Status Details QRDA Clinical Data Elements


**STK-2: Discharged on Antithrombotic Therapy - Denominator**

- ✓ Initial Population
- ✓ Denominator
- ✗ Denominator Exclusions
- ✗ Numerator
- ✗ AND: "Medication, Discharge: Antithrombotic Therapy" starts during Occurrence A of SEncounterInpatientNonEctive
- ✗ Denominator Exceptions

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# Dashboard Tip Sheet



CareConnect

MU eCQM – CMS Dashboard

Meaningful Use (MU) & Electronic

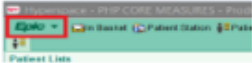
Clinical Quality Measures (eCQMs)

**Description:**

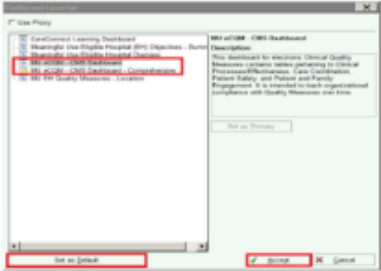
Two MU eCQM Dashboards are available in CareConnect. The MU eCQM – CMS Dashboard – **Comprehensive** is the MU eCQM Team view, and the MU eCQM – CMS Dashboard is the standard view for all users including entity Quality Directors/staff. The dashboards will update each time the Quality Reporting Data Architecture (QRDA) 1 file is run.

**Content/Steps:**


- Log in to CareConnect
- Click on the Epic drop down in the top left corner of CareConnect, click on Reports, then My Dashboards



- The Dashboard Launcher will display the two MU eCQM Dashboards
  - MU eCQM – CMS Dashboard (standard view)
  - MU eCQM – CMS Dashboard – Comprehensive (MU eCQM Team view)
- Click on the dashboard of choice, then click Accept
  - To set a dashboard as a default, click on the dashboard, click Set as Default, then click Accept




Author(s):	MU/eCQM Team	Effective Date:	1/23/18 – 12/31/18
Affected Users:		Last Revised Date:	1/25/18




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- MU eCQM – CMS Dashboard**
  - This dashboard only includes eCQMs being reported to meet 2017 and 2018 requirements
  - ED-1 (CMS 55), ED-2 (CMS 111)
  - VTE- 1 (CMS 108), VTE-2 (CMS 190)
  - STK- 2 (CMS 104), STK-3 (CMS 71), STK-5 (CMS 72), STK-6 (CMS 105), STK-8 (CMS 107), STK-10 (CMS 102)



- MU eCQM – CMS Dashboard – Comprehensive**
  - This dashboard includes ALL eCQMs currently mapped or in progress
  - ED-1 (CMS 55), ED-2 (CMS 111)
  - VTE- 1 (CMS 108), VTE-2 (CMS 190)
  - STK- 2 (CMS 104), STK-3 (CMS 71), STK-5 (CMS 72), STK-6 (CMS 105), STK-8 (CMS 107), STK-10 (CMS 102)
  - PC-01 (CMS 113), PC-05 (CMS 9), EHDI (CMS 31), AME-8a (CMS 53)



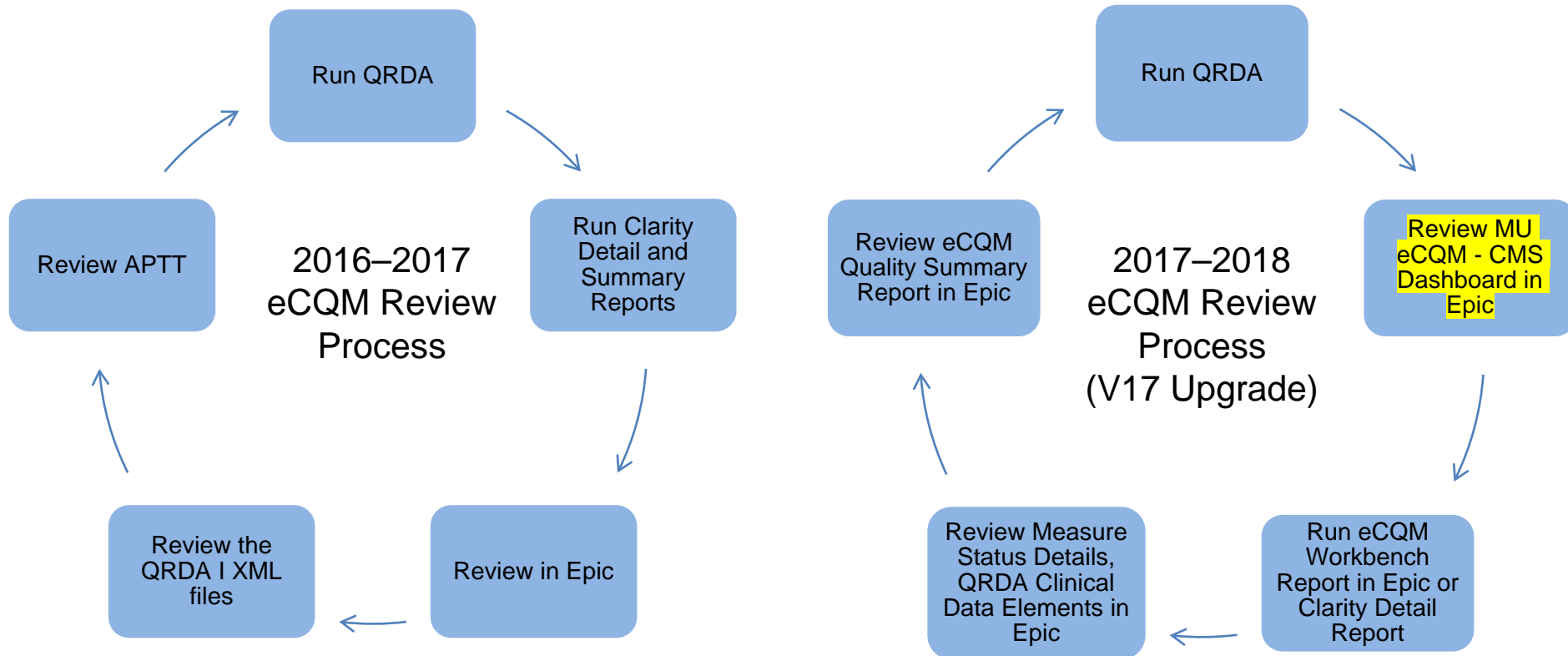
Author(s):	MU/eCQM Team	Effective Date:	1/23/18 – 12/31/18
Affected Users:		Last Revised Date:	1/25/18



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# eCQM Process Evolvment: eCQM Dashboard a Key Component

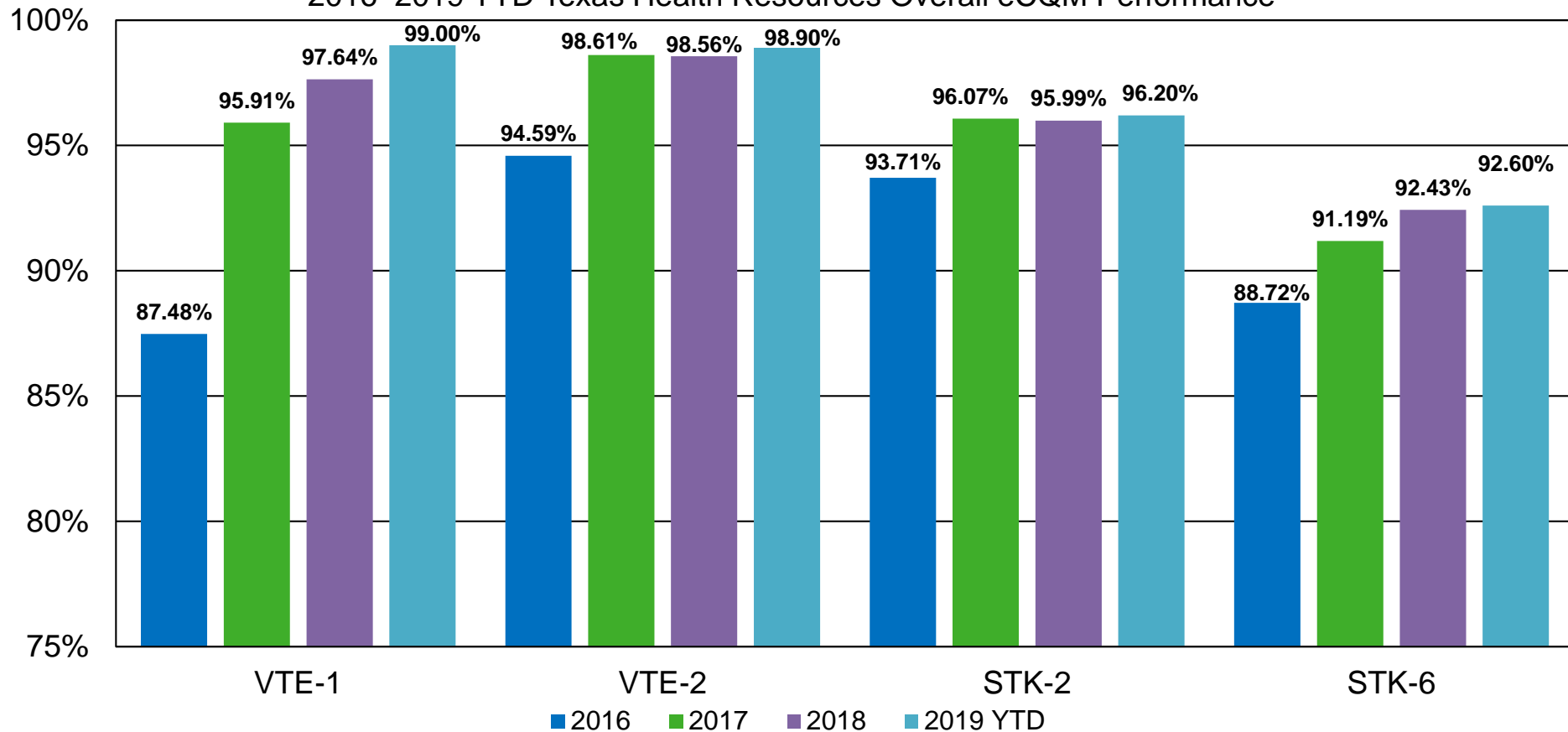




# Dashboard Data: Pedal to the Metal on Performance

Achieving and sustaining improvement with focused efforts on mapping accuracy and education

2016–2019 YTD Texas Health Resources Overall eCQM Performance



\*Graph includes performance for measures utilized for annual submission.

# Utilizing eCQM Dashboard Data for Performance Improvement

## 2018

- Selected STK-8 (Stroke Education) as focus area based upon eCQM Dashboard performance data
- Selected entity for participation based upon performance data and resource availability
- Deployed comprehensive educational program
- Weekly review of fallouts with entity liaison
- Tracking of actions taken and education provided to staff

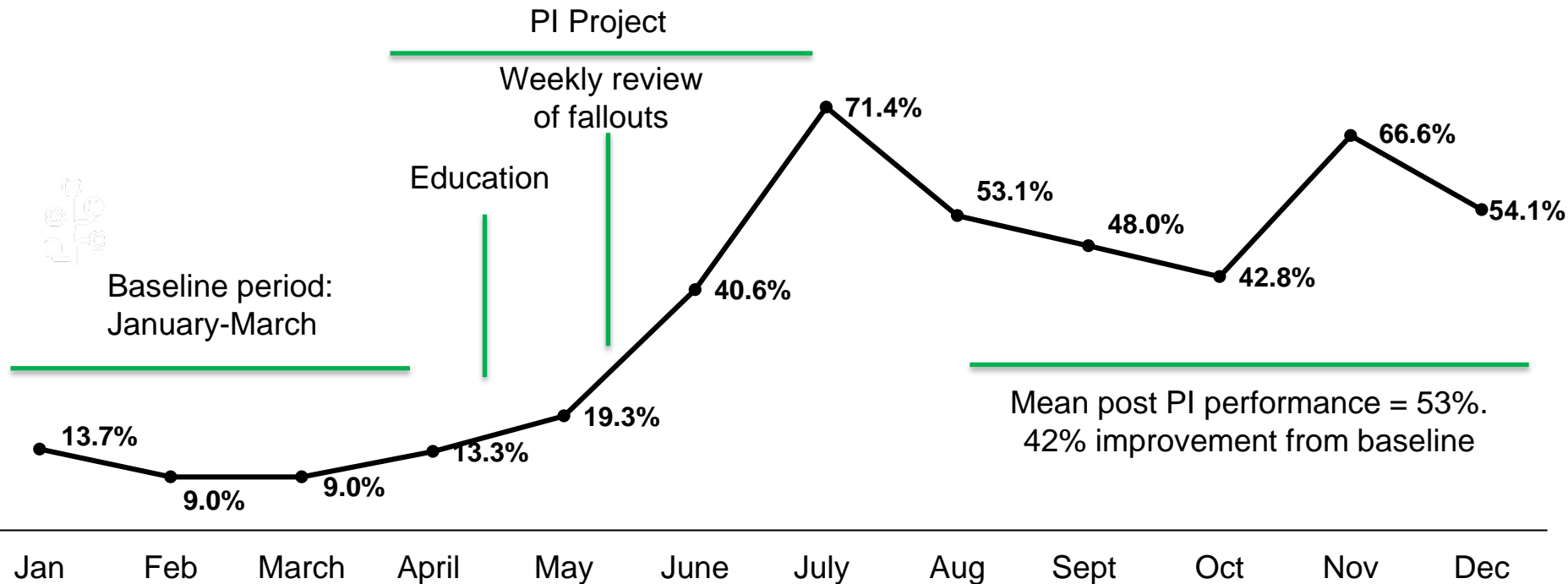
## 2019

- Selected entity for participation based upon eCQM Dashboard performance data and resource availability
- Broad focus at request by entity to include VTE-1, VTE-2 and STK-2, STK-3, STK-5, STK-6
- Detailed fallout review provided to entity with staff information for 1:1 follow up
- Education plan developed
- Performance Improvement initiatives in progress

# Utilizing eCQM Dashboard Data for Performance Improvement

- Selected STK-8 (Stroke Education) for focus
  - Lowest compliance, and no known build or mapping issues
- Deployed comprehensive education, encouraged use of Epic tools, weekly review of fallouts with entity

## 2018 STK-8 Entity Measure Performance



# Thank You

## Texas Health Resources



**Holly McNary, BSN, RN**

Clinical Outcomes Specialist, Quality Measurement & Reporting

**Barbara Ray, RHIA**

Director Quality Measurement & Reporting

Denise Garcia Egan, MPH, Director of Clinical Business Intelligence

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## **Open Door Family Medical Centers**

# History of Open Door

Open Door was founded as a free clinic in 1972 to address health inequities in Ossining, NY.

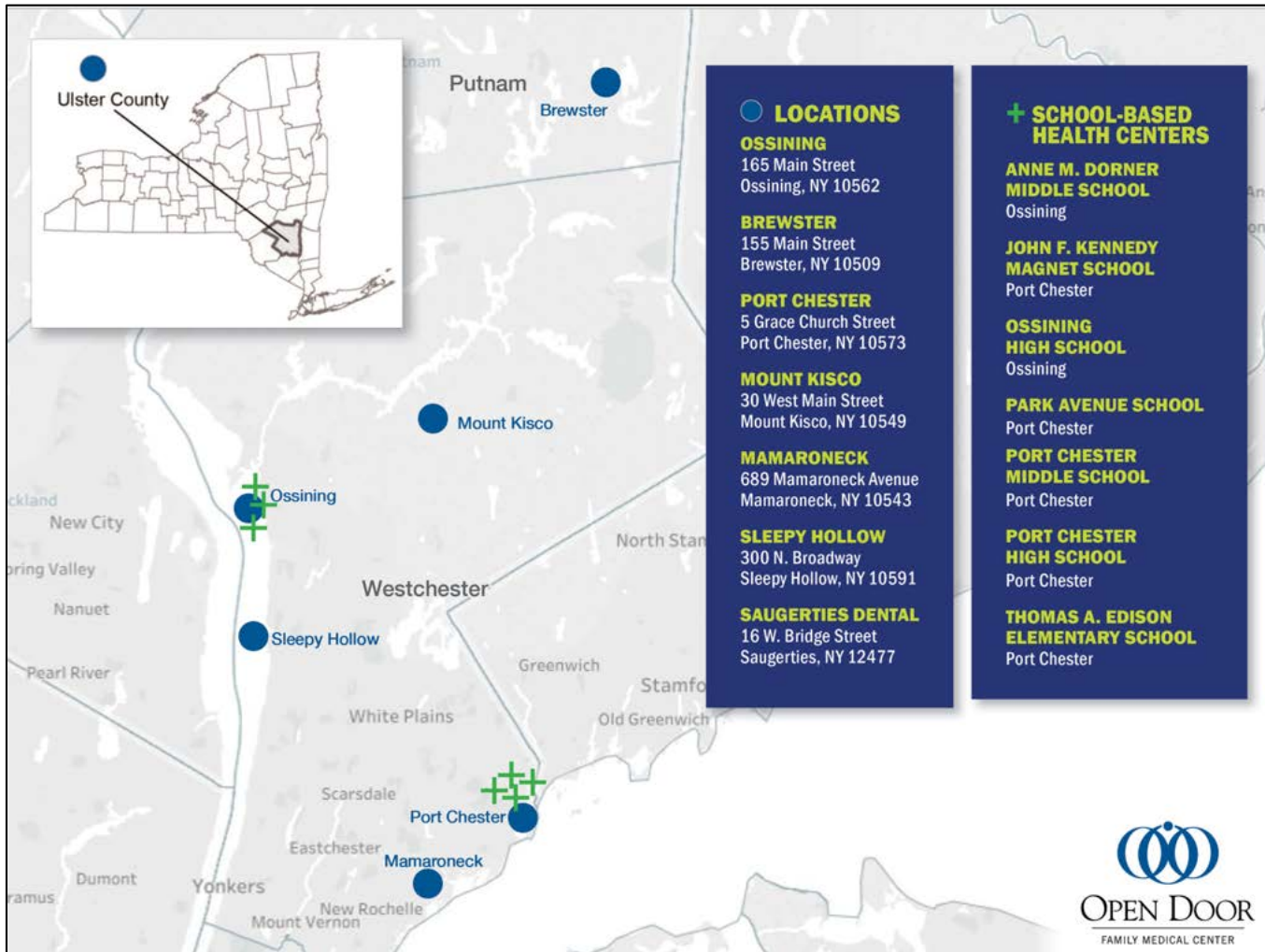


Sing Sing Correctional Facility, Ossining, NY  
Second oldest prison in New York State.

- 1985 – Open Door Sleepy Hollow
- 1994 – Open Door Foundation
- 1995 – Open Door Port Chester
- 2003 – School-Based Health Centers
- 2006 – Open Door Mount Kisco
- 2007 – eClinicalWorks Implementation**
- 2013 – Open Door Brewster
- 2015 – Mobile Dental Unit (K–12) Family Medicine Residency Program
- 2016 – Relevant adoption**
- 2017 – Open Door Mamaroneck
- 2018 – *Brand new* Open Door Sleepy Hollow Dental Residency Program
- 2019 – *Brand new* Open Door Saugerties Dental



# Open Door Locations





# Open Door Care Delivery Sites



Ossining Open Door



Open Door Port Chester



Open Door Brewster



Mobile Dental Vans



Open Door Mamaroneck



Open Door Sleepy Hollow



Open Door Saugerties Dental



Open Door Mt. Kisco



# Open Door Scope of Services



## Medical Services

Family Medicine,  
Pediatrics,  
Internal Medicine,  
OB/Gyn, Podiatry



## Dental Services

General Dentistry,  
Pediatric Dentistry



## Behavioral Health

Psychiatry,  
Clinical Social Work,  
Mental Health  
Counseling



## Vision Services

Vision and  
Eye Care Services



## Enabling Services

Translation/Interpretation,  
Health Education/Wellness,  
Case management,  
Outreach, Eligibility  
Assistance, Transportation  
(also WIC program)

# Open Door Dashboard Use

## Clinicians

- P4pClinical Report Card Measures
- Visit Planning
- Productivity
- Loop Closure Reports

## Care Team

- Visit Planning
- Population Health – Outreach
- Care Planning
- Loop Closure

## Administrators

- Infection Control
- Clinical Performance
- Risk Management
- Business Review

# Open Door 2018 Highlights

In 2018, the Open Door **CONSISTENTLY EXCEEDED** national benchmarks for patient health outcomes.

 **73%**

of Open Door patients diagnosed with **diabetes** have the disease under control compared with the national average of 57%

 **70%**

of Open Door patients with **high blood pressure** have it under control compared with the national average of 44%

 **94%**

of Open Door newborns are born within a **normal birthweight range** compared with the national average of 92%

Open Door delivered **452 babies in 2018.**



Open Door treated nearly

**57,000**  
patients in 2018

Health Centers like Open Door

**SAVE 24%**  
**per Medicaid patient**  
compared with other providers



 **95%**

of Open Door children ages 5-18 with **persistent asthma** have it under control compared with the national average of 80%

 **64%**

of Open Door patients who are **overweight** have a monitored BMI plan compared with the national average of 29%

 **100K LBS.**

of food was distributed to community members, along with **nutritional coaching and healthy cooking classes**

# Open Door National Recognition/External Accreditation



# Dashboard Implementation and Adoption

## Evaluation



- Reviewed information management systems
- Interviewed stakeholders
- Assessed data needs

## Mapping



- Built data warehouse and dashboards based on measure specifications
- Mapped to eClinicalWorks

## Validation



- Compared new dashboards to previous used reports
- System for reporting and tracking discrepancies

## Education



- Trained clinicians first and then rolled out to care teams
- Onboarding for all new clinicians

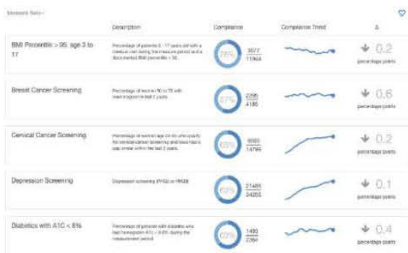
## Accountability



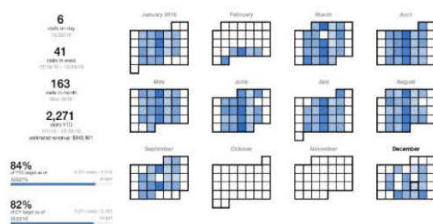
- Usage Reports
- Tied to Clinician Bonus – P4P and Productivity

# Relevant Dashboards

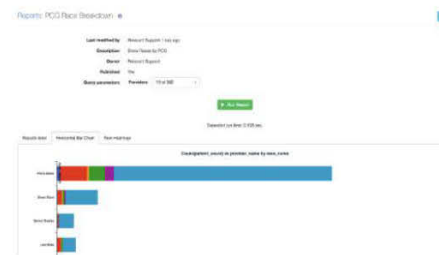
## Quality Measures



## Productivity



## Reports



## Visit Planning

Judge Beahan has 7 appointments on 02/09/2017

Time	Name	Reason	Start	End	Age	Gender	PCG	Referral
8:00 AM	Nelson Alterworth	Follow-up	02/09/2017	02/09/2017	72	Male	30290	PCG: Behavioral Health
8:30 AM	Marylene Abernathy	Follow-up	02/09/2017	02/09/2017	67	Female	20538	PCG: Behavioral Health
8:00 AM	Kenneth Toy	Follow-up	02/09/2017	02/09/2017	11	Male	27561	PCG: Behavioral Health
8:30 AM	Hildebrand Palmer	Follow-up	02/09/2017	02/09/2017	81	Female	28271	PCG: Mental Health
11:00 AM	Stephan Heaney	Follow-up	02/09/2017	02/09/2017	14	Male	20575	PCG: Behavioral Health

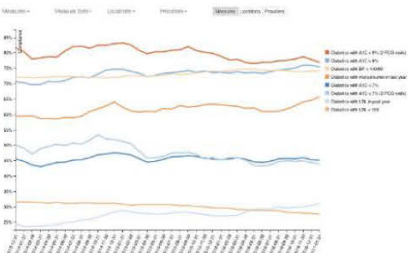
## Visit Calendar



## Population Explorer



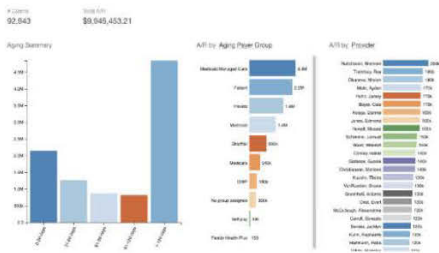
## Quality Measure Trends



## Panel Explorer



## A/R Aging



# Measure and Goal Selection Process



# Use Case: Colorectal Cancer Screening

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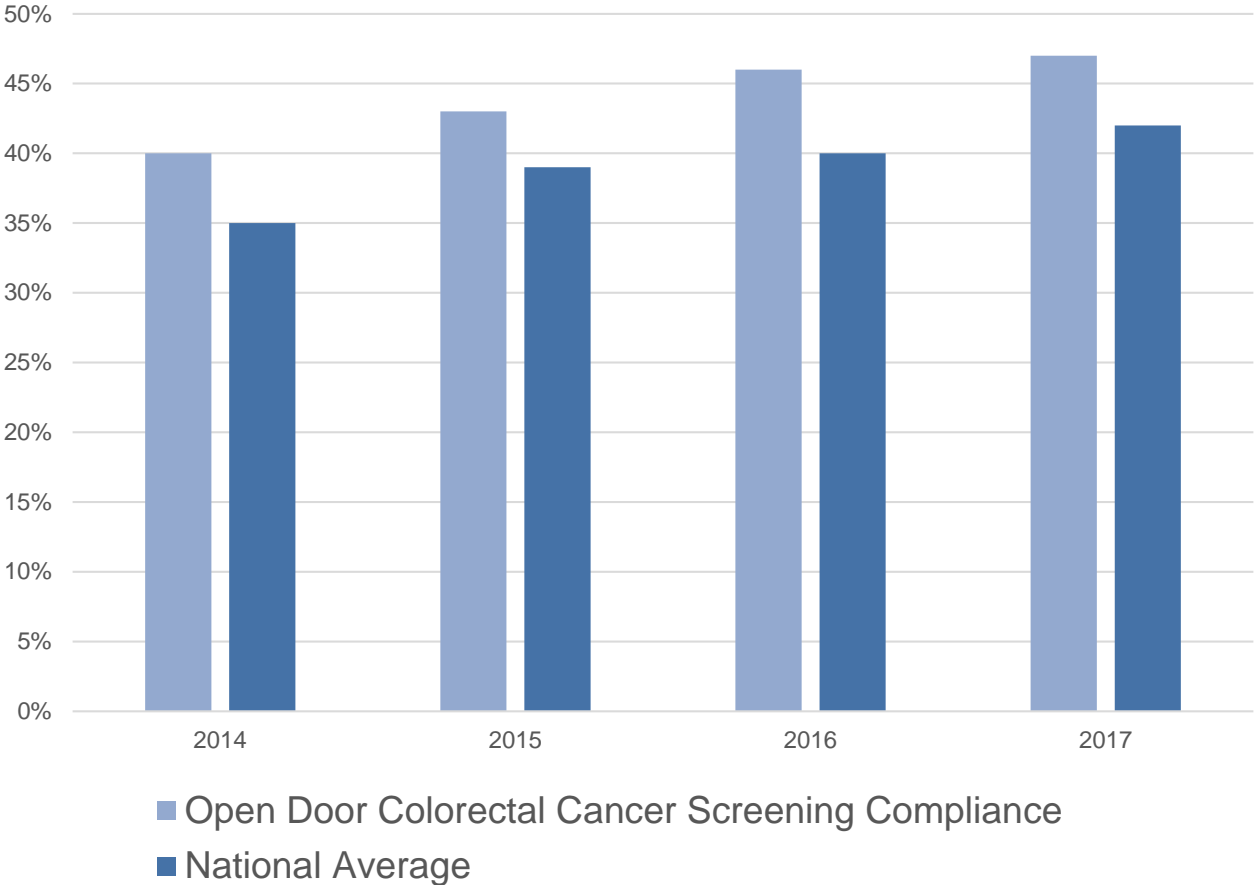
Health Resources and Service  
Administration (HRSA) Uniform Data  
System (UDS) Quality of Care Measure

CMS130v7 Colorectal Cancer Screening



# Colorectal Cancer Screening Compliance

## Open Door vs National FQHCs



Source: HRSA UDS National Health Center Data



*eClinicalWorks*



Denise Garcia Egan, MPH, Director of Clinical Business Intelligence

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## **Open Door Visit Planning**

# Setting Up Care Gaps and Visit Planning Alerts

Care Gaps: Colorectal Cancer Screening

This care gap will show up in Visit Planning

**Required importers**

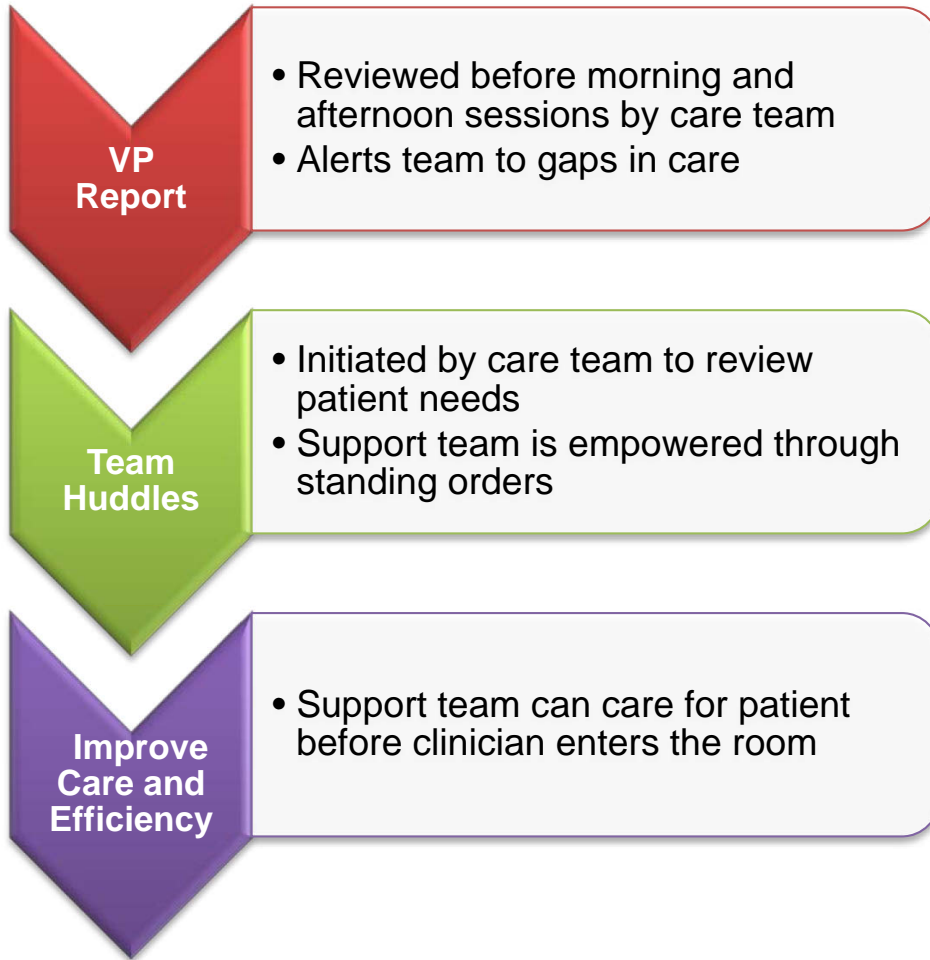
- Last modified** 3 months ago by Relevant Support
- Intervention** Order CRC screen
- Description**
- Data source** Staging database

**Care Gap SQL**

```
-- age 50-75
DROP TABLE IF EXISTS universe;
CREATE TEMPORARY TABLE universe AS
SELECT DISTINCT users.uid patientid
FROM users
INNER JOIN patients ON patients.pid = users.uid
WHERE users.username NOT ILIKE 'Test%'
AND users.username NOT IN ('AAA', 'AAAA')
AND users.status = 0
AND patients.deceased = 0
AND extract(YEAR FROM age(current_date, users.ptdob)) BETWEEN 50 AND 75;
CREATE INDEX index_universe_on_patientid ON universe (patientid);

--crc_screened
DROP TABLE IF EXISTS screen;
CREATE TEMPORARY TABLE screen AS
SELECT DISTINCT patientid
FROM relevant_colonoscopies
WHERE relevant_colonoscopies.date BETWEEN current_date - INTERVAL '10 YEARS' AND current_date
UNION
```

# Relevant: Visit Planning Report \*



Gavin Hauck has 18 appointments on 8/18/2018

**9:00 AM Baby Konopelski**  
 Opt Annual Female born 08/14/1921 97 years old MRN: 236918 PCG: Mallory Schroeder  
 Risk Score: 0.0

**Care Gaps**

Breast Cancer Screening  
*Recommended Intervention:* Order mammogram

Cervical Cancer Screening  
*Recommended Intervention:* Order Pap test

Colorectal Cancer Screening  
*Recommended Intervention:* Order CRC screen

Depression Screening  
*Recommended Intervention:* PHQ-2 screening

Attestations  
*Recommended Intervention:* Get updated attestation

AUDIT-C  
*Recommended Intervention:* Complete AUDIT-C Smart Form

Tobacco use screening  
*Recommended Intervention:* Screen for tobacco use

---

**9:15 AM Bonita Willms**  
 Opt Annual Female born 08/14/1972 46 years old MRN: 262223 PCG: Lacy Cronin  
 Risk Score: 0.0

---

**9:30 AM Selmer Larkin**  
 Opt Annual Male born 08/14/1948 70 years old MRN: 94839 PCG: Vicky Rogahn  
 Risk Score: 0.5

**Care Gaps**

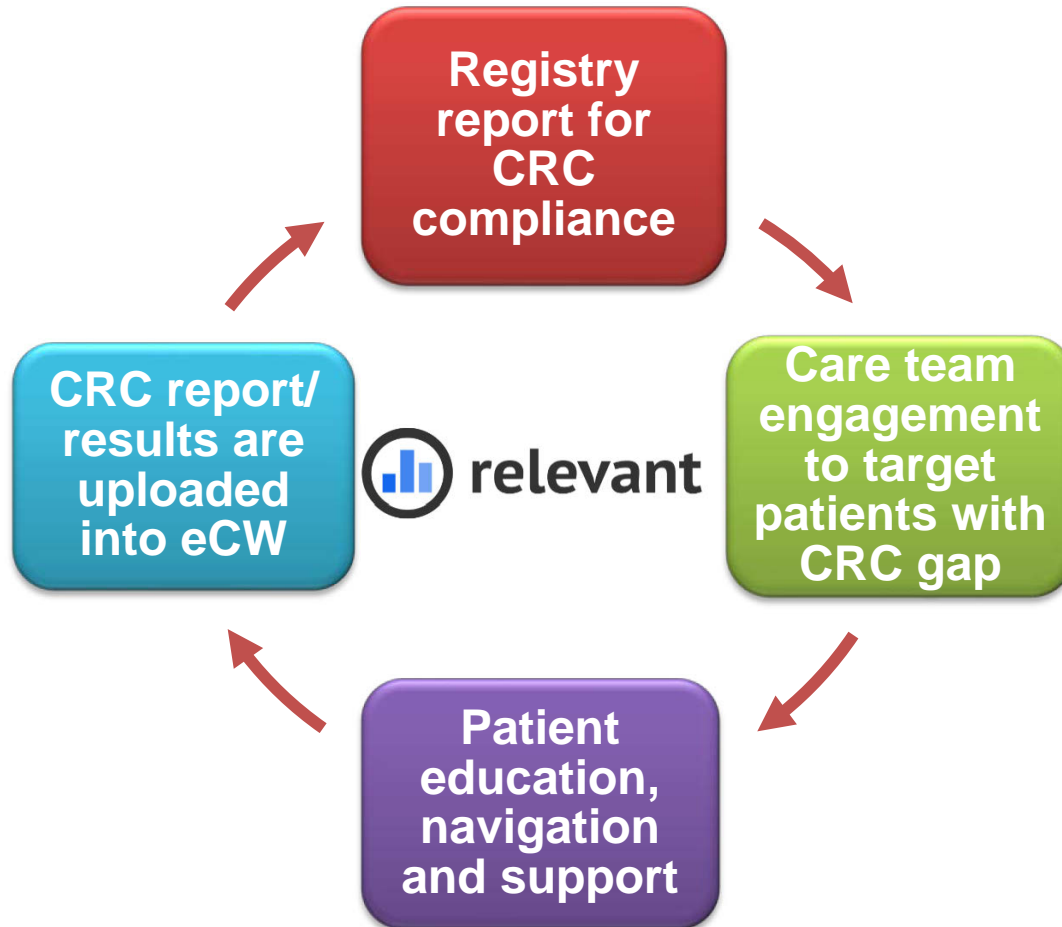
Tobacco use screening  
*Recommended Intervention:* Screen for tobacco use

Denise Garcia Egan, MPH, Director of Clinical Business Intelligence

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## **Open Door Proactive Outreach**

# Population Health



# Non-Compliant Patient Reports\*

Measure Results

Displaying 25 of 3,014 results Export Search

[All Patients](#)
[Compliant Patients](#)
[Non-Compliant Patients](#)
[Excluded Patients](#)

Measure ↓	Start Date	End Date	Patient Name	MRN	Risk Score	DOB	Provider Name	Location	Msmt Value	Numerator	
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Grady, Geo</a>	342549	0.0	1993-02-13	Conn, Lorenza	Brentwood	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Lowe, Lavon</a>	207711	1.0	1948-02-13	Parker, Deron	Brentwood	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Stracke, Eladio</a>	52593	0.0	1988-02-13	Wisozk, Vince	Brentwood	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Bruen, Mauricio</a>	3884	0.5	1995-02-13	Kiehn, Jeremy	Westwood	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Rogahn, Hallie</a>	352691	2.0	1990-02-13	Sanford, Danial	Westwood	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Batz, Bertrand</a>	283786	0.0	1945-02-13	Lesch, Beryl	Ferrante	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Hermann, Erik</a>	263220	2.0	1920-02-13	Macejkovic, Ed	Brentwood	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Wisoky, Retta</a>	249099	1.0	1984-02-13	Reichel, Lindsay	Brentwood	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Rogahn, Melisa</a>	336651	0.0	1966-02-13	Lesch, Beryl	Ferrante	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Bayer, Neoma</a>	346065	0.0	1975-02-13	Lesch, Beryl	Ferrante	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Effertz, Nora</a>	352854	0.0	2015-02-13	Conn, Lorenza	Westwood	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Schulist, Ryder</a>	228728	0.5	1999-02-13	Bosco, Emmet	Brentwood	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Hane, Derek</a>	175	3.5	2008-02-13	Nienow, Makenna	Brentwood	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Yost, Cathrine</a>	339947	0.0	1924-02-13	Conn, Lorenza	Brentwood	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Stanton, Kyra</a>	140684	1.5	1921-02-13	Miller, Seth	Westwood	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Ratke, Patsy</a>	340453	0.5	1931-02-13	Conn, Lorenza	Brentwood	Screen: none	N	<a href="#">i</a>
Colorectal Cancer Screening (UDS 2018 Table 6B)	03/01/2018	02/28/2019	<a href="#">Crona, Edwin</a>	21094	0.0	1985-02-13	Batz, Donnie	Westwood	Screen: none	N	<a href="#">i</a>

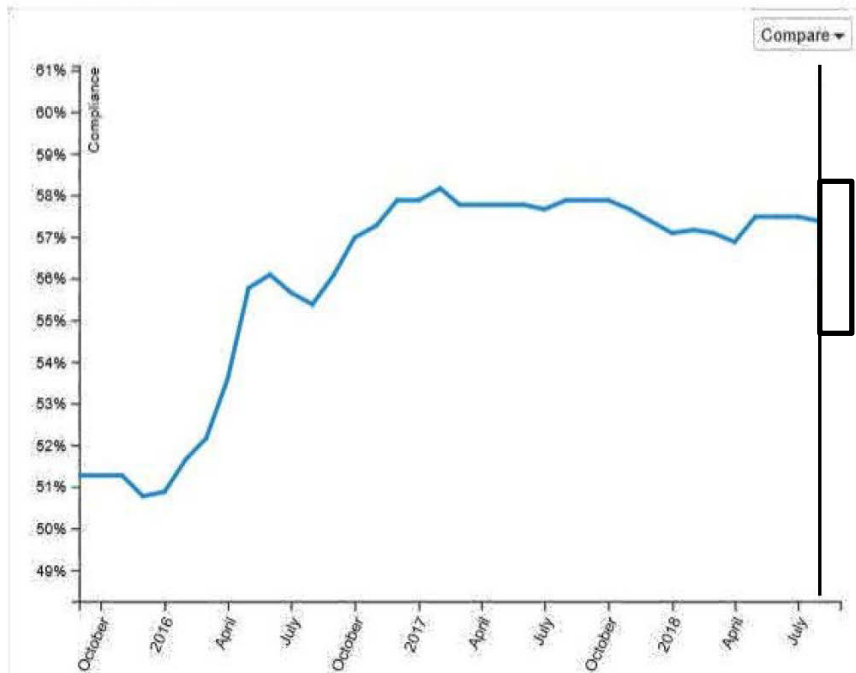
\*False patient data displayed

# Pay For Performance

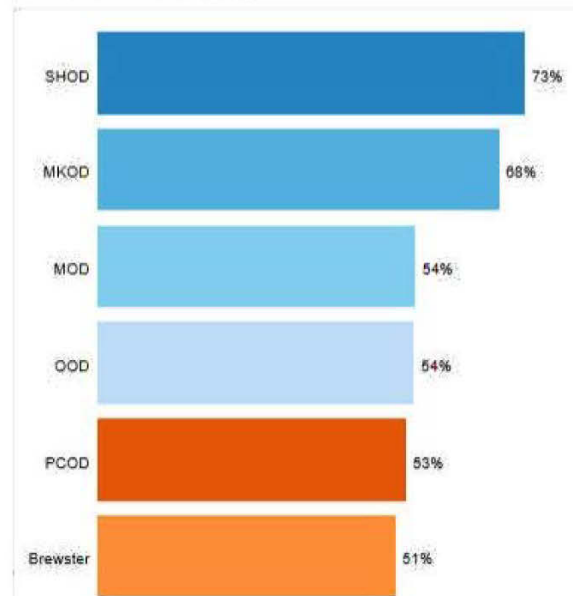
## P4P - Colorectal Cancer Screening (Goal 60%) ?



Compliance trend



Compliance by Location





# Getting from Buy-In to Ownership



- All Clinicians trained on Relevant when the program was introduced.
- New Clinicians spend one hour in training during onboarding.
- Process is in place to validate and report discrepancies.

**Clinicians must TRUST the data!**

# In Summary



**Communicate**  
(explain, listen, reinforce)



**Accept Feedback  
and Criticism**



**Track, Report,  
and Use Data for QI**



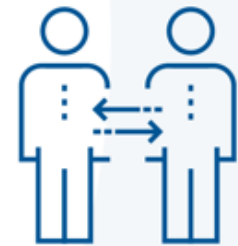
**Incentivize**  
(striving for quality)



**Team Effort**  
Build, train,  
and support teams



**Form  
Partnerships**



**Share  
Best Practices**

# Thank You

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## **Denise Garcia Egan, MPH**

Director of Clinical Business Intelligence  
Open Door Family Medical Centers

Email: [degan@odfmc.org](mailto:degan@odfmc.org)

[Website: opendoormedical.org](http://opendoormedical.org)



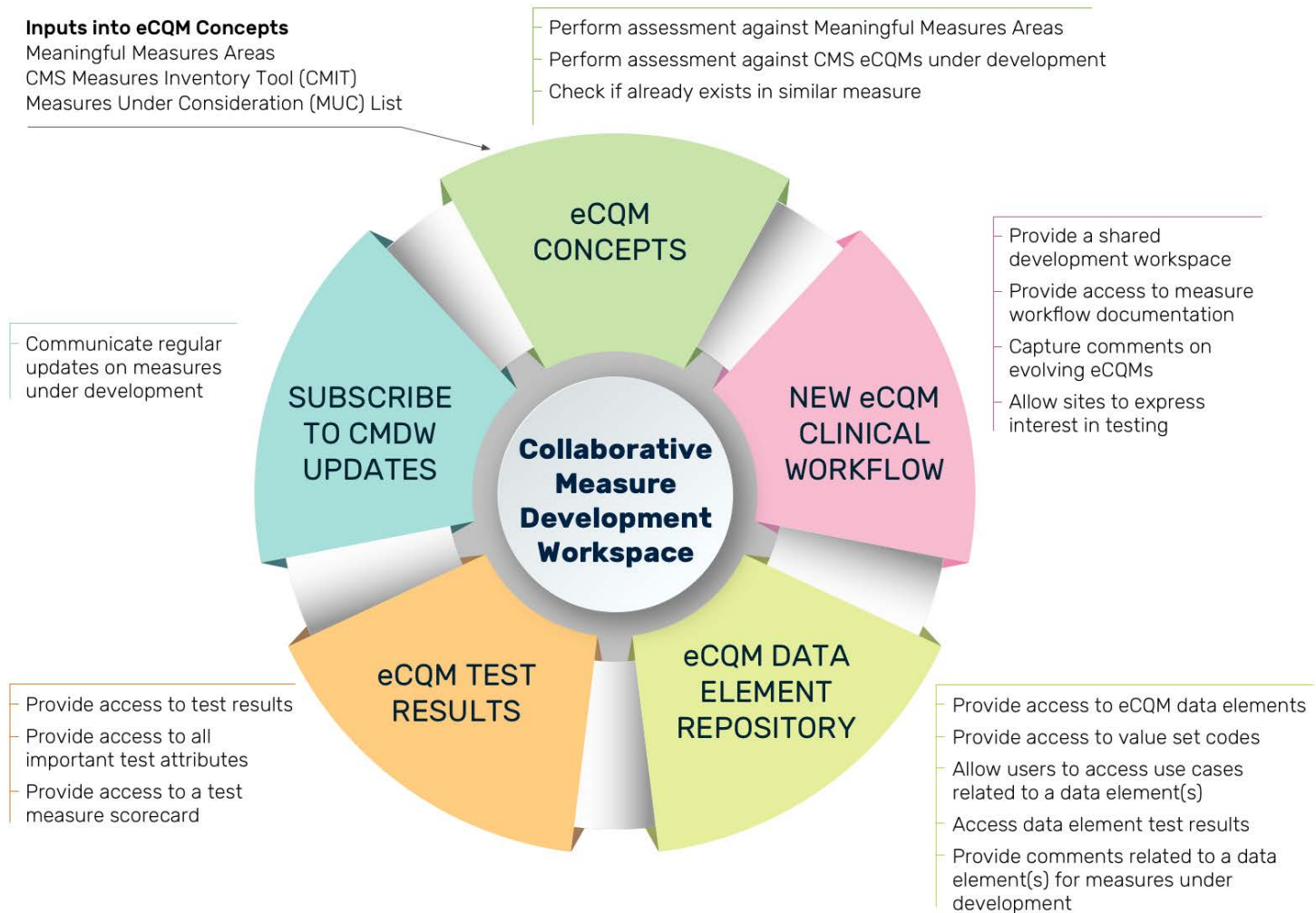
Rose Almonte, MS, RN, Principal Clinical Informatics, MITRE

## **Collaborative Measure Development (CMD) Workspace**

# CMD Workspace Background

- Hosted on the Electronic Clinical Quality Improvement (eCQI) Resource Center (<https://ecqi.healthit.gov/>)
- Set of interconnected resources, tools, and processes for eCQMs
- Promotes transparency and better interaction across stakeholder communities interested in developing and implementing more harmonized, accurate, and meaningful electronic clinical quality measures.
- Provides access to the eCQM Data Element Repository, an online, searchable tool that provides all the data elements associated with eCQMs used in CMS Quality Reporting Programs

# Overview of CMD Workspace Tool



# CMD Workspace

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CMD Workspace:

<https://ecqi.healthit.gov/collaborative-measure-development>

Use of Clinical Dashboards to Drive Performance Improvement for eCQMs

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## **Question and Answer Session**



# Continuing Education (CE) Approval

This program has been approved for [CE credit](#) for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

**Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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**Thank You**

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