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

Today’s Presentation

Chat with presenter

Send
Use of Clinical Dashboards to Drive Performance Improvement for eCQMs

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.
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

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 eCQMs with FHIR and APIs
- Use of eCQM standards to support interoperability
- Consolidated pre-submission validation testing tools
- eCQM attribution research and pilots
Texas Health Resources

- 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

**CONSUMER FOCUS**
Earn the trust and lifetime loyalty of healthcare consumers

**CULTURE OF EXCELLENCE**
Hold ourselves accountable for top performance in key measures of success and sustainability

**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

**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
  o Personal (standard) view includes VTE, Stroke, and ED measures – Intended for entity-based personnel
  o 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

- 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
- Mapped & Submitted for
  - Q3 2016
  - Q2 2017
  - Q1 2018
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.
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.
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.

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Dashboard Tip Sheet

Description:
Two MU eCQM Dashboards are available in CareConnect. 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) file is run.

Context/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

- 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 104), VTE-2 (CMS 106)
    - STK-2 (CMS 104), STK-3 (CMS 71), STK-5 (CMS 102), STK-6 (CMS 103), STK-9 (CMS 104), 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 104), VTE-2 (CMS 106)
    - STK-2 (CMS 104), STK-3 (CMS 71), STK-5 (CMS 102), STK-6 (CMS 103), STK-9 (CMS 104), STK-10 (CMS 102)
    - PC-01 (CMS 113), PC-02 (CMS 95), EMDI (CMS 31), AMI-4a (CMS 55)

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eCQM Process Evolvement: eCQM Dashboard a Key Component

- Run QRDA
- Review APTT
  - 2016–2017 eCQM Review Process
  - Run Clarity Detail and Summary Reports
  - Review the QRDA I XML files
  - Review in Epic

- Review eCQM Quality Summary Report in Epic
- 2017–2018 eCQM Review Process (V17 Upgrade)
  - Run QRDA
  - Review Measure Status Details, QRDA Clinical Data Elements in Epic
  - Run eCQM Workbench Report in Epic or Clarity Detail Report
  - Review MU eCQM - CMS Dashboard in Epic

07/31/2019
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

Baseline period: January-March

Mean post PI performance = 53%. 42% improvement from baseline
Thank You

Texas Health Resources

Holly McNary, BSN, RN
Clinical Outcomes Specialist, Quality Measurement & Reporting

Barbara Ray, RHIA
Director Quality Measurement & Reporting
Open Door Family Medical Centers

Denise Garcia Egan, MPH, Director of Clinical Business Intelligence
History of Open Door

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

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

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

LOCATIONS

OSSINING
165 Main Street
Ossining, NY 10562

BREWSER
155 Main Street
Brewster, NY 10509

PORT CHESTER
5 Grace Church Street
Port Chester, NY 10573

MOUNT KISCO
30 West Main Street
Mount Kisco, NY 10549

MAMARONECK
689 Mamaroneck Avenue
Mamaroneck, NY 10543

SLEEPY HOLLOW
300 N. Broadway
Sleepy Hollow, NY 10591

SAUGERTIES DENTAL
16 W. Bridge Street
Saugerties, NY 12477

SCHOOL-BASED HEALTH CENTERS

ANNE M. DORNER MIDDLE SCHOOL
Ossining

JOHN F. KENNEDY MAGNET SCHOOL
Port Chester

OSSINING HIGH SCHOOL
Ossining

PARK AVENUE SCHOOL
Port Chester

PORT CHESTER MIDDLE SCHOOL
Port Chester

PORT CHESTER HIGH SCHOOL
Port Chester

THOMAS A. EDISON ELEMENTARY SCHOOL
Port Chester
Open Door Care Delivery Sites
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

07/31/2019
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%
- **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 treated nearly **57,000** patients in 2018

Health Centers like Open Door SAVE 24% per Medicaid patient compared with other providers

Open Door delivered **452 babies** in 2018.
Open Door National Recognition/External Accreditation

- The Joint Commission National Quality Approval
- Health Resources and Services Administration Health Center Program: Health Center Quality Leader 2018
- NCQA Recognized Patient-Centered Medical Home
- All of Us Research Program
- Davies Award for Davies Centers for Medical Excellence

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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

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Relevant Dashboards

Quality Measures

Productivity

Reports

Visit Planning

Visit Calendar

Population Explorer

Quality Measure Trends

Panel Explorer

A/R Aging
Measure and Goal Selection Process

- Team Based Care Units
  - Review Quality Measures
  - Share Plans/Goals With Teams
  - Risk Management, Performance Improvement, Clinical Performance Committees
  - Teams Select Measures and Begin PDSA
  - Report Outcomes Internally & Externally
  - External Reporting – UDS, CMS Promoting Interoperability Program, HEDIS, Value-Based Payment Contracts

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Use Case: Colorectal Cancer Screening

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
Open Door Visit Planning
Setting Up Care Gaps and Visit Planning Alerts

Care Gaps: Colorectal Cancer Screening

Required importers
Last modified: 3 months ago by Relevant Support
Intervention: Order CRC screen
Description:
Data source: Staging database

Care Gap SQL

```sql
-- age 59-75
DROP TABLE IF EXISTS universe;
CREATE TEMPORARY TABLE universe AS
SELECT DISTINCT patients.uid AS patientid
FROM patients
INNER JOIN patients ON patients.pid = patients.uid
WHERE patients.username NOT ILIKE 'Test1'
    AND patients.username NOT IN ('AAA', 'AAAA')
    AND patients.status = 0
    AND patients.deceased = 0
    AND extract(YEAR FROM age(current_date, patients.dob)) BETWEEN 59 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
```
Relevant: Visit Planning Report *

VP Report

- Reviewed before morning and afternoon sessions by care team
- Alerts team to gaps in care

Team Huddles

- Initiated by care team to review patient needs
- Support team is empowered through standing orders

Improve Care and Efficiency

- Support team can care for patient before clinician enters the room

---

Gavin Hauck has 18 appointments on 8/18/2018

9:00 AM  
Baby Konopelski  
Opt Annual  
Female, born 08/17/1921, 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  
Care Gaps:  
Tobacco use screening  
Recommended Intervention: Screen for tobacco use

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

*False patient data displayed
Open Door Proactive Outreach
Population Health

- Registry report for CRC compliance
- Care team engagement to target patients with CRC gap
- Patient education, navigation and support
- CRC report/results are uploaded into eCW
Non-Compliant Patient Reports*

*False patient data displayed
Pay For Performance

P4P - Colorectal Cancer Screening (Goal 60%)

Compliance

57%

2,839

4,947

0 exclusions

Target

-3

Compliance is 3 percentage points below the organization's target of 60%.

Compliance trend

Compliance by Location

SHOD: 73%
MKOD: 68%
MOD: 54%
OCD: 54%
PCOD: 53%
Brewster: 51%
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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Director of Clinical Business Intelligence
Open Door Family Medical Centers
Email: degan@odfmc.org
Website: opendoormedical.org
Collaborative Measure Development (CMD) Workspace
CMD Workspace Background

- 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

Inputs into eCQM Concepts
- Meaningful Measures Areas
- CMS Measures Inventory Tool (CMIT)
- Measures Under Consideration (MUC) List

Perform assessment against Meaningful Measures Areas
- Perform assessment against CMS eCQMs under development
- Check if already exists in similar measure

- Communicate regular updates on measures under development

SUBSCRIBE TO CMDW UPDATES
- Provide access to test results
- Provide access to all important test attributes
- Provide access to a test measure scorecard

Collaborative Measure Development Workspace
- Provide access to eCQM data elements
- Provide access to value set codes
- Allow users to access use cases related to a data element(s)
- Access data element test results
- Provide comments related to a data element(s) for measures under development

eCQM CONCEPTS
- Provide a shared development workspace
- Provide access to measure workflow documentation
- Capture comments on evolving eCQMs
- Allow sites to express interest in testing

NEW eCQM CLINICAL WORKFLOW
- eCQM TEST RESULTS
- eCQM DATA ELEMENT REPOSITORY
CMD Workspace

CMD Workspace:
https://ecqi.healthit.gov/collaborative-measure-development
Use of Clinical Dashboards to Drive Performance Improvement for eCQMs

Question and Answer Session
Continuing Education (CE) Approval

This program has been approved for CE credit for the following boards:

• National credit
  o Board of Registered Nursing (Provider #16578)

• Florida-only credit
  o Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  o Board of Registered Nursing
  o Board of Nursing Home Administrators
  o Board of Dietetics and Nutrition Practice Council
  o Board of Pharmacy

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