Health IT Advisory Council

January 13, 2017
Session 2

Agenda

Welcome and Housekeeping	**2:30 pm**
Rhode Island Presentation	2:35 pm
Oregon Presentation	3:05 pm
Group Discussion	3:35 pm
Wrap-up and Next Steps	3:55 pm

Welcome and Housekeeping

EXECUTIVE OFFICE OF

Health & Human Services

STATE OF RHODE ISLAND

Rhode Island's Health Care Quality Measurement Reporting and Feedback Efforts

Amy Zimmerman, MPH
January 13, 2017

Overview:

- **History of Quality Measurement Efforts**

- **Goals**

- **RFI**

- **SIM Technology Workgroup**

- **Functional Requirements**

- **Provider Perspective**

- **Considerations/Lessons learned**

History of Quality Measurement Efforts:

- **RI PCMH programs (2008- present):**
  - One of the first multi -payer PCMH demonstration programs
  - Consistent contract terms, reporting requirements and quality measures for all providers and payers
- **Beacon Grant (2010-2013):**
  - RIQI obtained the grant (same agency that operates the statewide HIE)
  - Supported practice transformation through HIT
  - Created foundational capabilities to collect and feedback set of measures via portal (only for Beacon practices; somewhat limited)
- **Trailblazers Initiative: ONC and NASHP (2012-2013):**
  - Learning collaborative & TA to support selected states prepare for state-level HIT activities to support health care transformation; initiated concept for statewide eCQM system
- **SIM Round One Model Design: (2014)**
  - HIT and Measurement Workgroup supported concept of developing a statewide eCQM system

Goal of Statewide eCQM system:

- Create the capacity to obtain, analyze, benchmark, and feedback healthcare quality data from/to providers/practice settings to inform:
  - Quality Improvement
  - Health Care Purchasing
  - Evaluate healthcare quality performance across healthcare systems and providers, as part of new payment methodologies.
  - Consumer choice through public reporting and transparency process

- Reduce the risk of health care agencies duplicating capacity and expending resources inefficiently

Conducted Request For Information (2014)

- Questions focused on pros and cons of different approaches, and functions to creating a quality measurement, reporting and feedback system

- 17 Responses: Private consulting and Tech companies, several nonprofit entities (HIEs, QIOs, quality measurement entities)

- **Responses were varied and at times more promotional than responsive**

RFI Questions

What components are needed that were not addressed?	What are benefits/risks with open source tools?
What are Pros and Cons to using one vendor for all functions or multiple vendors?	Make recommendations for collecting CQMS (given not all providers can generate eCQMs)
What data format and standards should be used? (address if manually calculated	What data transport methods are recommended?
Questions related to QRDA 1 and 3 data formats? Advantages to use; Advice to implement?	What risk adjustment & stratification tools can be applied and how easily
What process and infrastructure is recommended for sharing feedback with providers?	Recommend strategies for public reporting; what should be shared with public
What process and infrastructure is recommended for sharing feedback with providers?	Recommend strategies fro public reporting; what should be shared with public
What attributes and capabilities does an entity need to have to operate this type program	What capabilities are needed to support payment reform; pros and cons of entity being supported by payers
Recommend an approach for gaining consensus re: measures, attribution, risk stratification,	What from of governance is recommended for the entity operating this program
Can such an entity be financially sustained? Do you support creating an entity to operate this type of program ?	Should the entity have a role and capacity to communicate measures to providers and the public

Possible Functions of the RI Healthcare Quality Measurement and Reporting System:

Selection and harmonization of measures

- Standardized set for provider practices for value based purchasing
- Ideally aligned with national measures
- Develop and manage ongoing community governance process

Data Collection

- Be electronic to extent possible, adjust for those without EHRs
- Individual or aggregate level, use national standards

Technical infrastructure

- Submit data once and send to all
- View provider & practice level data
- Generate provider alerts/reports if falling below benchmark
- Ability to export data from analytics

Analytics and Reporting

- Need attribution and risk adjustment strategies
- Tool to display data with actionable feedback to providers, practices, payers, state, etc. ; combine with other data sources (e.g. APCD/HIE)
- Foster sharing of best practices; peer to peer learning

Public Reporting

- Increase transparency of provider performance for consumers
- Allow public to compare across providers and practices
- Create performance ranking system

SIM: Round Two Model Test (2015-2019)

SIM Steering Committee Endorsed:

- Development of a measurement harmonization workgroup; now have a harmonized set of measures for contracting (PCP, ACP, hospital, behavioral health and maternity measures)

- Developing an statewide eCQM reporting, measurement and feedback system and creating a Technology Reporting Workgroup to defining necessary functional requirements for eCQM system

- Issuing an RFP to design, develop and implement statewide eCQM system.

Technology Reporting Workgroup Goals:

- Improving the quality of care for patients and driving improvement in provider practices by giving feedback to providers, provider organizations and hospitals about their performance based on quality measures

- Producing more valuable and accurate quality measurements based on complete data from the entire care continuum

- Leveraging centralized analytic expertise to provide valuable and actionable reports for providers and to drive improvements in population health

Technology Reporting Workgroup Goals:

- Reducing the duplicate reporting burden upon providers and provider organizations by having a common platform for reporting

- Publically reporting quality measurements in order to provide transparency and support patient engagement in making informed healthcare decisions

- Using existing databases, resources and/or systems that meet our needs, rather than building from scratch

Desired Functional Requirements:

Easily capture data in a standard and consistent manner (no extra work for providers)

Calculate measures from our SIM harmonized measure set and relevant national measure sets

Become a Qualified Clinical Data Registry (QCDR) to allow the reporting of results directly to CMS, NCQA, and the payers, and fulfill additional reporting obligations on behalf of providers

Benchmark providers at the provider level and the provider organization level

Consist of detailed, individual level data from multiple sources matched to a single person, and make that data available to providers to improve individualized care while appropriately protecting confidentiality

Share analyses and results back to providers, provider organizations, payers, state government, and, eventually, the public

Other important considerations:
- Focus on collecting data from practices with Electronic Health Records (EHRs)
- Establish a governance structure with adequate community and provider engagement to determine what data is shared to whom and how it is shared

Provider Perspective:

- Sent a survey to a couple hundred providers; 56 responses

- 96.4% have an EHR (The remaining 3.6% will be implementing one soon)

- 62% respondents were PCPs; 20% were emergency medicine providers

- 27% or respondents were in a 1-3 person practice and 29% were part of a practice with 21+ person practice

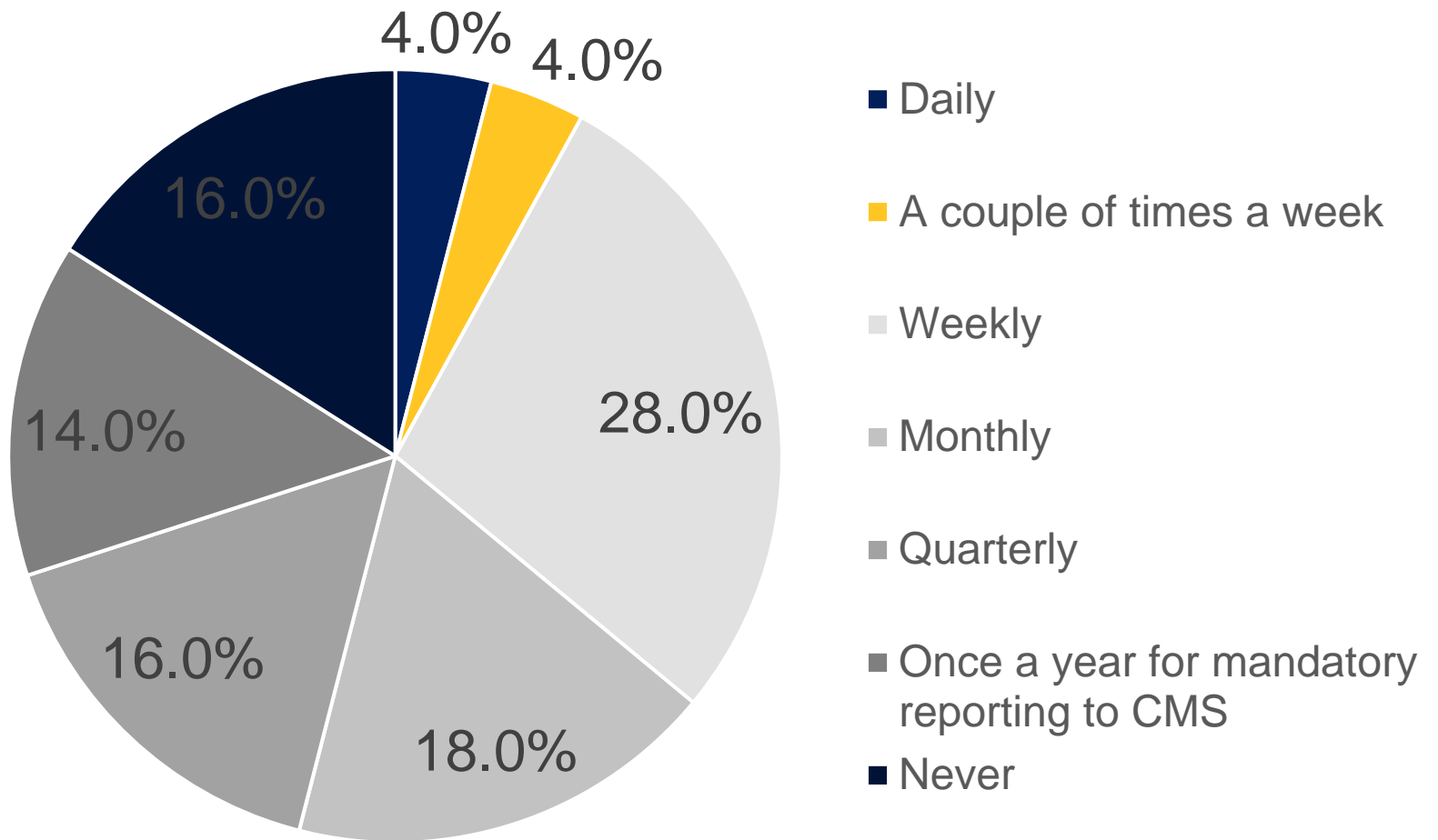# To which organizations do you currently submit quality measures?
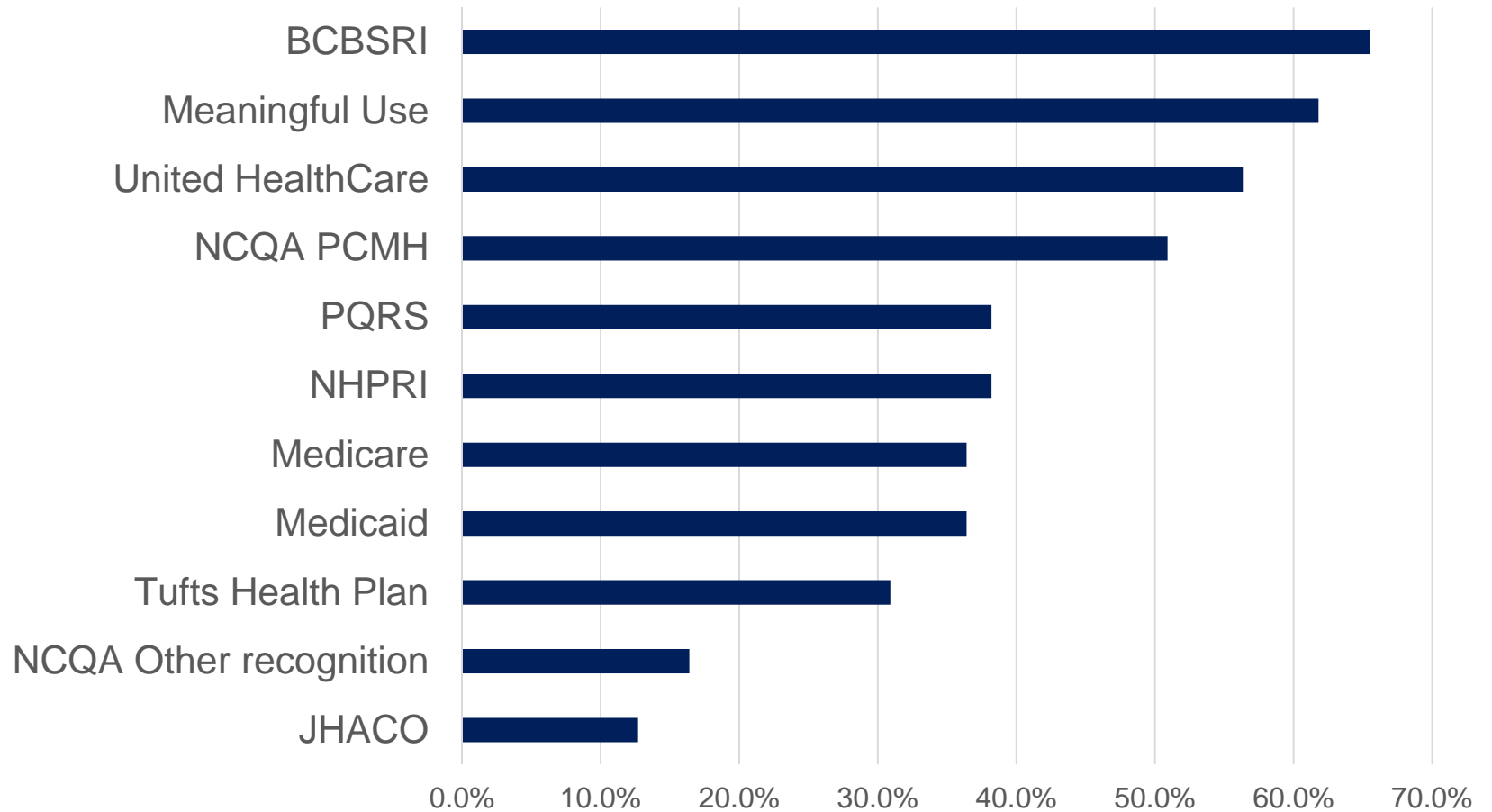
Would this system be valuable to your practice?

- Yes — 17.9%
- Maybe — 35.7%
- No — 19.6%
- I don't know — 17.9%
- Skipped Question — 8.9%
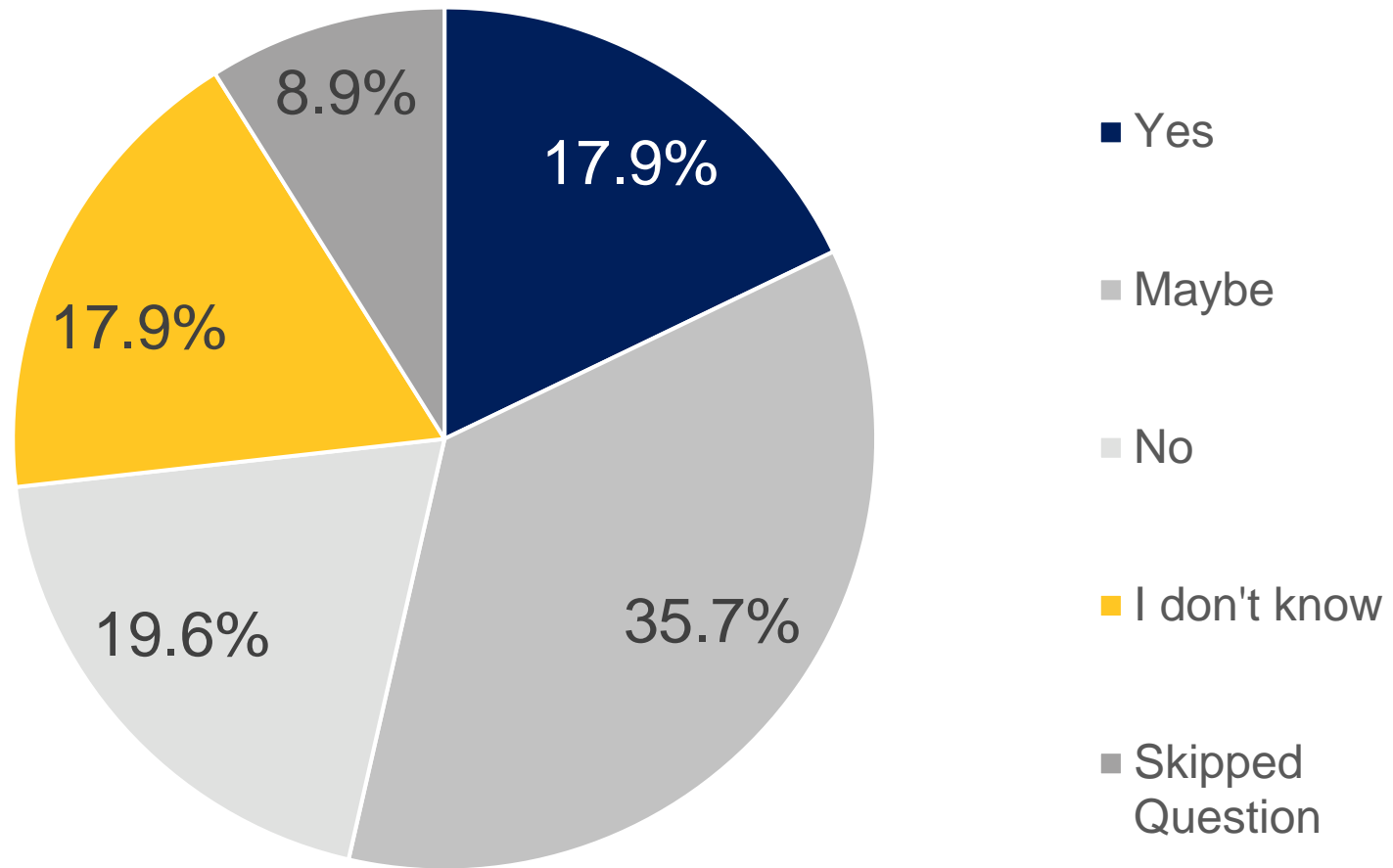
How often would you use a system like this one?

Measure Calculation

How important do you think each of the features listed below are to making this tool useful to you?

Benchmark you individually against other providers

Benchmark your practice against other practices

Incorporate risk adjustment

Calculate the measures for your practice using your data

Allow your practice to calculate the measures and submit results

Calculate measures for national quality programs you participate in

Calculate measures included in your contracts with payers

0.00　　1.00　　2.00　　3.00　　4.00　　5.00

5 is Extremely Important, 0 is Not at All Important

Data Collection

How important do you think each of the features listed below are to making this tool useful to you?

Feature	Rating
Collect historical data from past years	~3.7
Provide training sessions in a group setting	~3.4
Provide one-on-one technical assistance and training available for you if you…	~4.2
Ability for you to look at a list of patients who are not compliant	~4.1
Ability for you to manually upload or enter data	~3.05
Ability to incorporate data from your EHR automatically without any intervention	~4.65

0.00 1.00 2.00 3.00 4.00 5.00
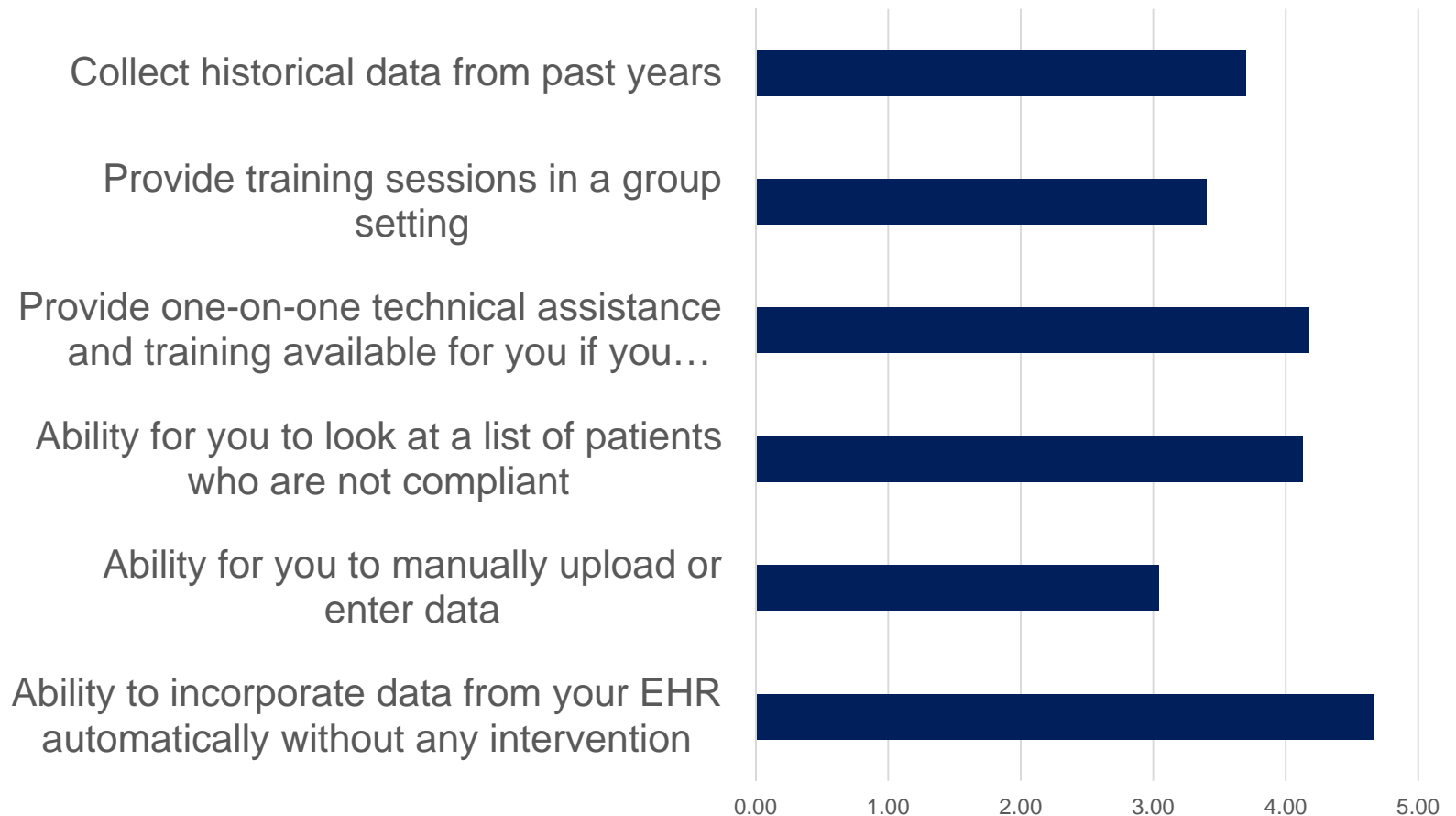
5 is Extremely Important, 0 is Not at All Important

Sharing Results

How important do you think each of the features listed below are to making this tool useful to you?
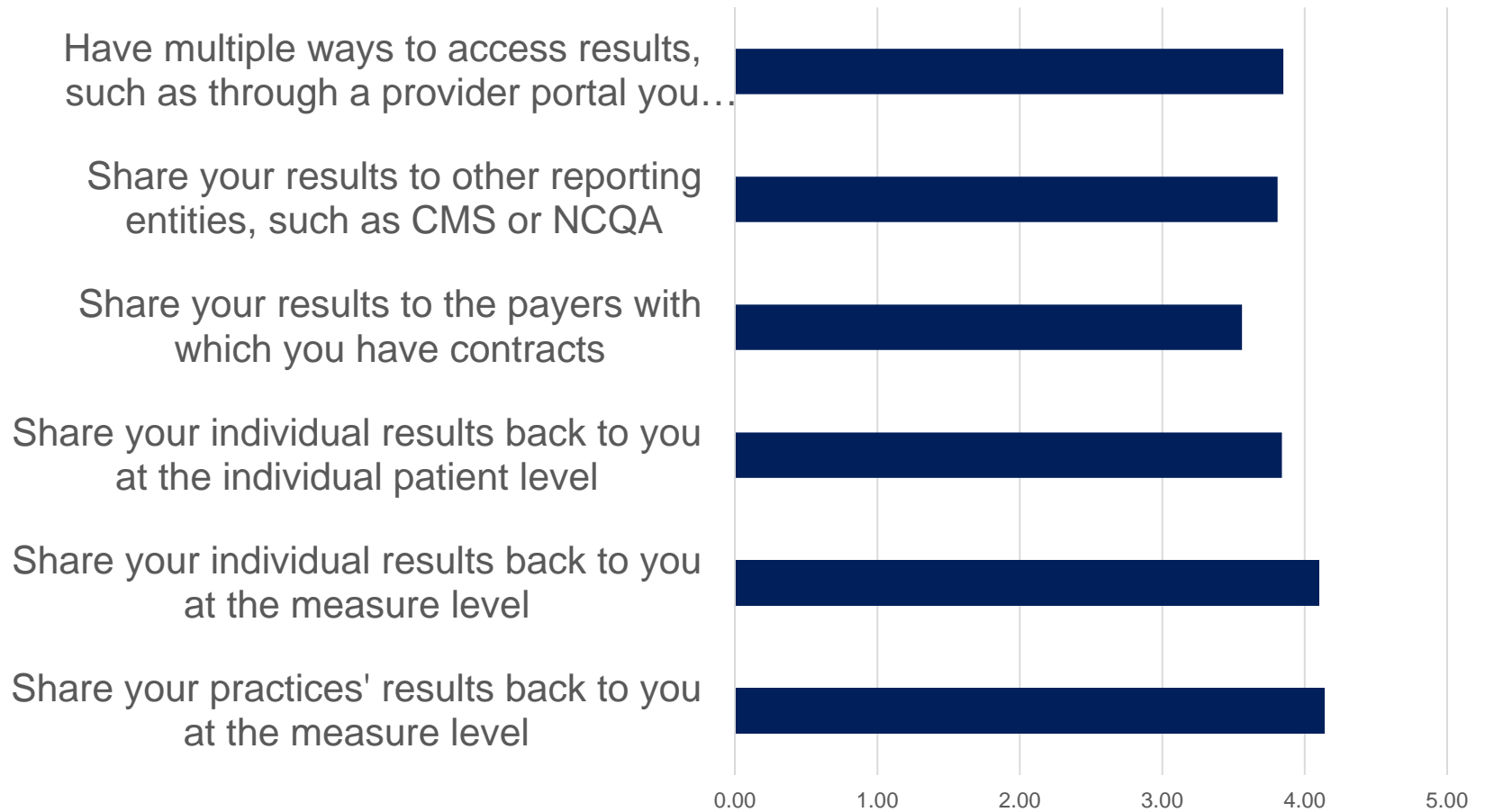
5 is Extremely Important, 0 is Not at All Important

Other Features suggested

- Assurance of accuracy
- Above all, accuracy
- Ability to rule out patients who have not seen in 3 years, inactive, or deceased
- Ease of submitting data is critical. Eliminating duplication of effort
- Ability to retrieve data that is entered into our EMR
- Use the HIE
- Prospective reporting, such as reporting gaps in care on patients with upcoming appointments.
- Select our own measures important to practice and population
- Ability to design custom measures
- Report at practice, location, provider grouping, and individual provider levels
- Use claims data to input data
- Make sure this meets the requirements of MACRA
- Automated quarterly reporting got providers in a risk adjusted fashion and a way to make sure providers review their data and demonstrate QI steps if needed

Public Reporting

How important do you think each of the features listed below are to making this tool useful to you?

Public reporting at the provider level

Public reporting at the practice level

Public reporting of summary quality of care information (example: a practice is one of the best with diabetes care)

Public reporting of detailed quality of care information (example: 74% of the diabetics at a practice are in control) viewable by the…

A community governance process, with provider participation, to determine what information is shared

0.00   1.00   2.00   3.00   4.00   5.00

5 is Extremely Important, 0 is Not at All Important

Summary (very diverse responses)

- ***Overall 53.6% answered yes or maybe to the question of whether they thought it would be helpful. 19.6% said it wouldn't be useful at all.***

- Respondents did not see themselves using the system regularly, rather on a monthly/quarterly/annual basis for reporting

- Top Features:
  - Incorporate EHR data without intervention
  - One-on-one technical assistance
  - Lists of patients non-compliant
  - Calculate a variety of measures they need
  - Risk adjustment
  - Share back at provider/practice levels

- Least Popular Features:
  - Public reporting
  - Group trainings
  - Ability to manually upload data

Some Considerations:

- Third party data intermediary vs. within state government?

- Type of data: clinical vs. claims vs. both and which data standards (CCD, QRDA , other)

- Who and how to provide TA to providers to use data to drive transformation (same or different organization)

- Need for a corresponding provider directory (track of provider affiliations)

- Do any components already existing in your community ? Can they be leveraged? Is partnering possible?

- For clinical data – only EHR derived data or accept other ?

- Governance: who can obtain what data and at what level

- Model for sustainability of a statewide system once built ? Who will use it, who willing to pay for it ?

Contact Information:

Amy Zimmerman, MPH

RI State HIT Coordinator

Executive Office of Health and Human Services

amy.zimmerman@ohhs.ri.gov

401-462-1730 office

401-641-8839 cell

Oregon's Clinical Quality Metrics Registry (CQMR)

Kate Lonborg

CQMR Program Manager

Oregon Health Authority

CQMR in Oregon's Health IT Portfolio

- Current initiatives in procurement
  - Common Credentialing
  - Provider Directory
  - Clinical Quality Metrics Registry (CQMR)
- OHA contracted with Harris Corp as systems integrator for these projects

http://www.oregon.gov/oha/OHIT/Pages/Initiatives.aspx

CQMR – Goals

Collect meaningful clinical data for transparency and improvement, without creating undue burdens

- Gather timely quality measure data out of electronic health records (EHRs), as opposed to claims or chart review

- Measure outcomes as opposed to processes

- Collect patient-level data to support analytics, including analysis of disparities

- Decrease reporting burdens
    - Potential "report once" strategies
    - Align with federal standards for certification of EHRs (e.g., QRDA I and QRDA III) and quality reporting (e.g., MACRA/ MIPS)

CQMR Scope

- Initially, the CQMR will be used to collect data for
  - Medicaid EHR Incentive Program (Meaningful Use) Clinical Quality Measures (CQMs) – currently being collected by manual entry in MAPIR
  - EHR-based incentive measures for Coordinated Care Organizations (CCOs) – currently being collected in Excel templates
- CQMR will be a source of data, but public reports will occur through other websites and communication methods
- In later phases, the CQMR may be used to support a "report once" strategy

CQMR Uses – CCO incentive measures

Under 1115 waiver, Oregon Health Authority (OHA) contracts with 16 CCOs to deliver care to Oregon's Medicaid population

- About 1 million Oregonians are enrolled in Medicaid; over 90% are enrolled in a CCO
- CCOs are eligible for incentives based on quality performance

Quality and Accountability

Oregon's Health System Transformation: Performance Metrics

Across Oregon, private hospitals and coordinated care organizations (CCOs) are working on a local level to transform the health care delivery system to bring better health, better care and lower costs to Oregonians. To provide status updates on the state's progress towards these goals, the Oregon Health Authority (OHA) is publishing semi-annual reports showing quality and access data, financial data, and progress toward reaching benchmarks.

https://www.oregon.gov/oha/Metrics/Pages/index.aspx

CCOs and quality reporting

https://www.oregon.gov/oha/news/Documents/CCO%20Service%20Area%20Map%205-19-2015.pdf

CCO EHR-Based Measures: *Reporting Parameters by Program Year*

Key
Y1 – 2013   Y4 – 2016
Y2 – 2014   Y5 – 2017 (draft)
Y3 – 2015   Y6   2018 (draft)
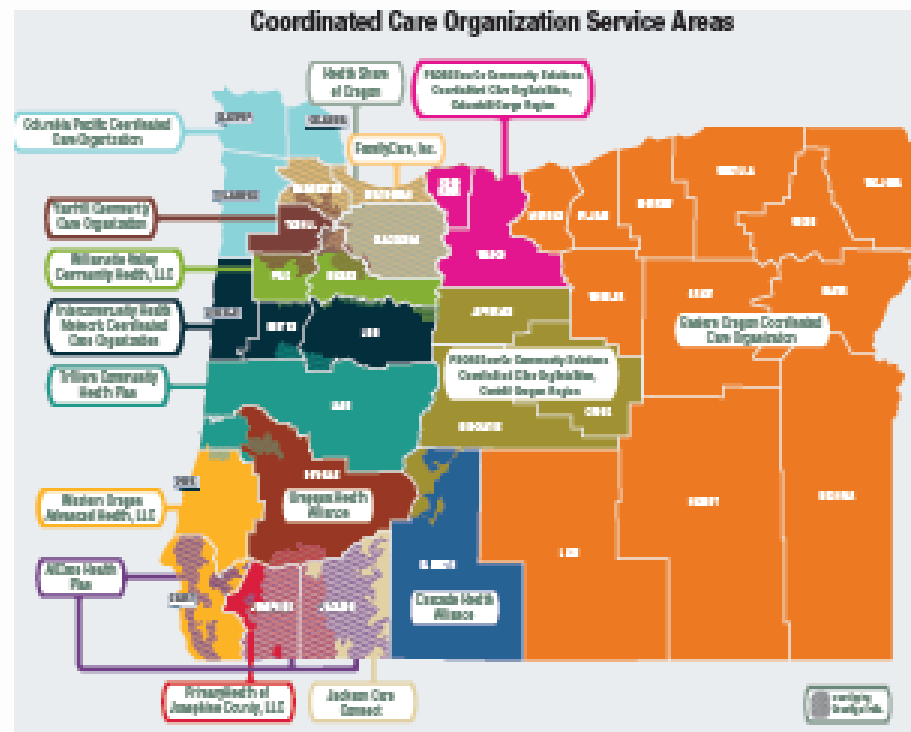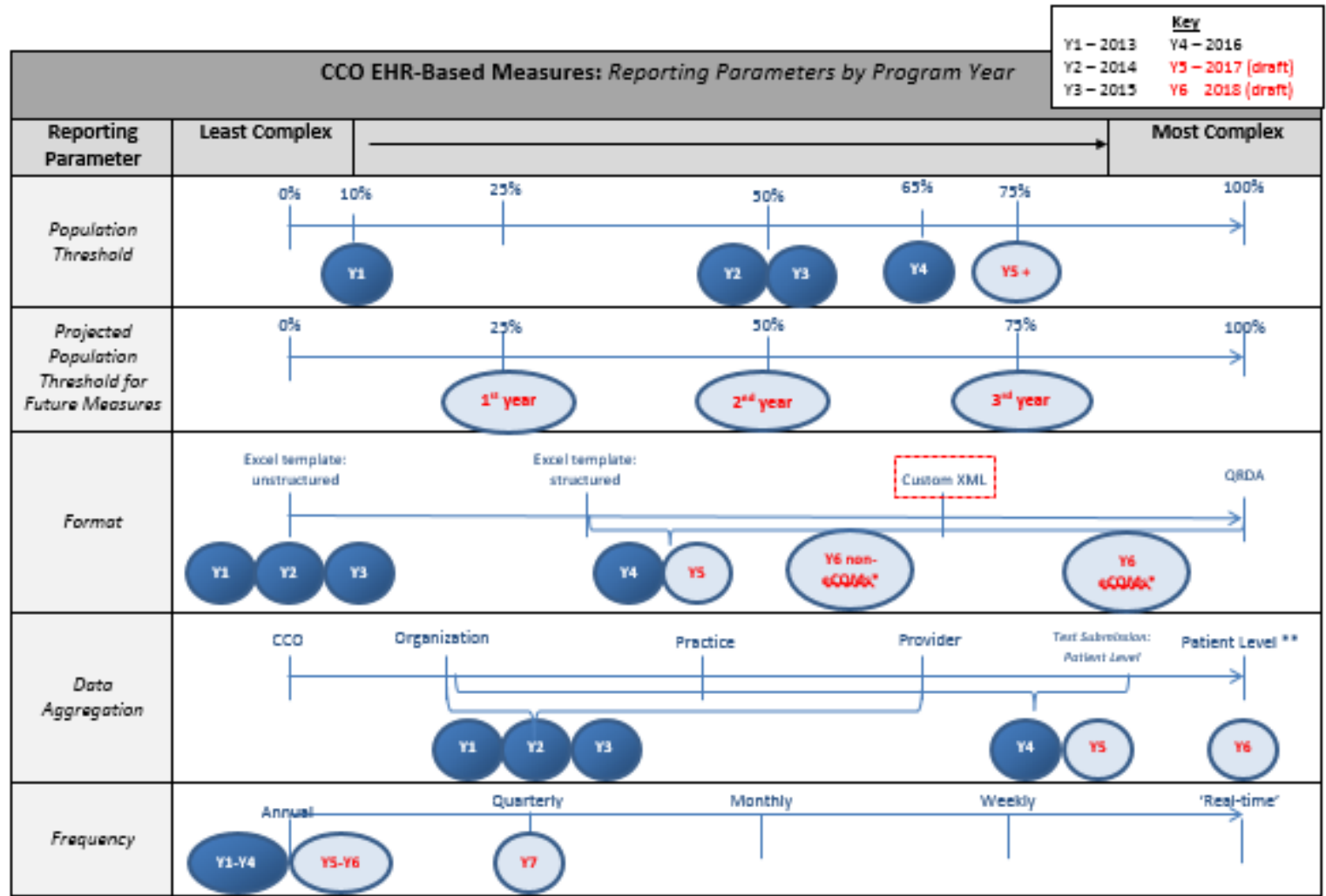
* eCQMs refer to electronically specified measures included in Meaningful Use. Non-eCQMs refer to Oregon measures such as smoking prevalence, which do not have electronic specifications. OHA anticipates that non-eCQMs are unlikely to be reported in QRDA format.

** With patient-level data submissions, OHA plans to calculate CCO incentive measures based on CCO Medicaid member data only.

Appendix to Year Four EHR-Based Measures Reporting Guidance Documentation
www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

Robust stakeholder engagement

http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

CQMR Solution Needs

Trying to find the sweet spot where we

- Have a solution works well for end users with a wide range of technical sophistication

- Meet program needs for Medicaid EHR Incentive Program and EHR-based CCO incentive measures

- Can expand to meet future needs without incurring immediate costs for functionality we don't need

  - Focused on data collection, validation, and calculation with basic tracking

  - Not procuring a wide range of analytics within the CQMR itself

RFP Process

- Extensive planning process starting in 2013
  - RFI in late 2014
- OHA contracted with Harris Corp. as systems integrator and Harris managed the CQMR RFP process
  - RFP issued on 8/26/16 to vendors who expressed interest
  - Initial review and down selection
  - Product demos
  - Virtual site visits with vendors' customers
- Recently selected Michigan Health Information Network Shared Services (MiHIN) as CQMR vendor

CQMR Timeline

Vendor selection in Dec 2016

Contract to be executed by 3/29/17

Deployment by 12/1/17
- EHR-based CCO incentive measures
- Medicaid EHR Incentive Program CQMs

TBD – Expansion to other programs

Lessons Learned – Ongoing Program and RFP

- Start where you can with measurement, plan a glide path, and be prepared to adjust
  - What it sounds an EHR will produce v. what happens when someone actually runs a report
  - Capacity building/ pay for reporting

- Be clear about your scope and intended direction and communicate that in your RFP

- Think through and communicate where your business needs are different from other purchasers of quality measurement tools

Oregon
Health
Authority

Additional information

- Oregon's CQMR overview: http://www.oregon.gov/oha/OHIT/Pages/CQMR.aspx

- CCO incentive measures specifications and guidance: http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

Wrap up and Next Steps

- Next Meeting - January 19, 2017

Contact Information

- Health IT Advisory Council and SIM HIT
  - Sarju Shah, Sarju.Shah@ct.gov

- SIM PMO
  - Mark Schaefer, Mark.Schaefer@ct.gov
  - Faina Dookh, Faina.Dookh@ct.gov

- CedarBridge Group
  - Carol Robinson, carol@cedarbridgegroup.com
  - Teresa Younkin, teresa@cedarbridgegroup.com

Health IT Advisory Council Website

http://portal.ct.gov/en/Office-of-the-Lt-Governor/Health-Care-IT-Advisory-Council