



Best Practices in eMeasure Implementation
Will Begin at 9AM ET

eMeasure Learning
Collaborative
In-Person Meeting:
*Best Practices in
eMeasure
Implementation*



NATIONAL
QUALITY FORUM

April 26, 2012

Opening Session

Agenda

9:00 – 9:05am Welcome: *Floyd Eisenberg, MD, MPH*

9:05 – 9:15am eMeasure Education and Quality Measurement Landscape: *Paul Tang, MD*

9:15 – 9:20am Introduction of Keynotes: *Floyd Eisenberg, MD, MPH*

9:20 – 9:50am Keynote: *Farzad Mostashari, MD, ONC*

9:50 – 10:20am Keynote: *Kate Goodrich, MD, MHS, CMS*

10:20 – 10:30am Breakout Session Overview and Instructions: *Rosemary Kennedy, PhD, MBA, RN*

eMeasure Learning Collaborative: What Are We All About?

- Public initiative convened by the NQF to bring together diverse stakeholders from across the quality enterprise.
- Promote shared learning across key eMeasure stakeholders including understanding of major drivers and barriers.
- Advance knowledge and best practices related to the development and implementation of eMeasures.
- Project consisting of interactive webinars and in-person meetings – spearheaded by Collaborative members and focused on array of relevant topics, tools, and resources.

eMeasure Collaborative Deliverables

1. Identification of current best practices (repeatable models)
2. Identification of gap areas
3. Development of recommendations for the future (to expand use of best practices and to address gap areas)

April 26th In-Person Collaborative Meeting


Best Practices for eMeasure Implementation

Four Questions for the Collaborative to Answer

- 1. *What are best practices examples*** related to the development and implementation of eMeasures?
- 2. *What are the mechanisms to enhance data and workflow capability?***
- 3. *What are the recommendations*** for future use of health IT and standards to enable performance measurement?
- 4. *How can we “rethink”*** what we are looking for?

Planning Group Members

- Dana Alexander, RN, MSN, MBA
- Dwight Brown, NREMT-P
- Zahid Butt, MD
- Jason Colquitt
- Kendra Hanley, MS
- Delane Heldt
- Sharon Hibay, RN, DNP
- Louis Hochheiser, MD
- Jesse James, MD, MBA
- Liz Johnson, MS, RN-BC
- John Maese, MD
- Ginny Meadows, RN
- Michael Mirro, MD
- Lori Nichols
- Karen Nielsen, MBA, MPA
- Ted Palen, PhD, MD, MsPH
- Greg Pawlson
- Amit Popat
- Jacob Reider, MD
- Chris Snyder, DO
- David A. Stumpf, MD, PhD
- Aldo Tinoco, MD
- Ann Watt

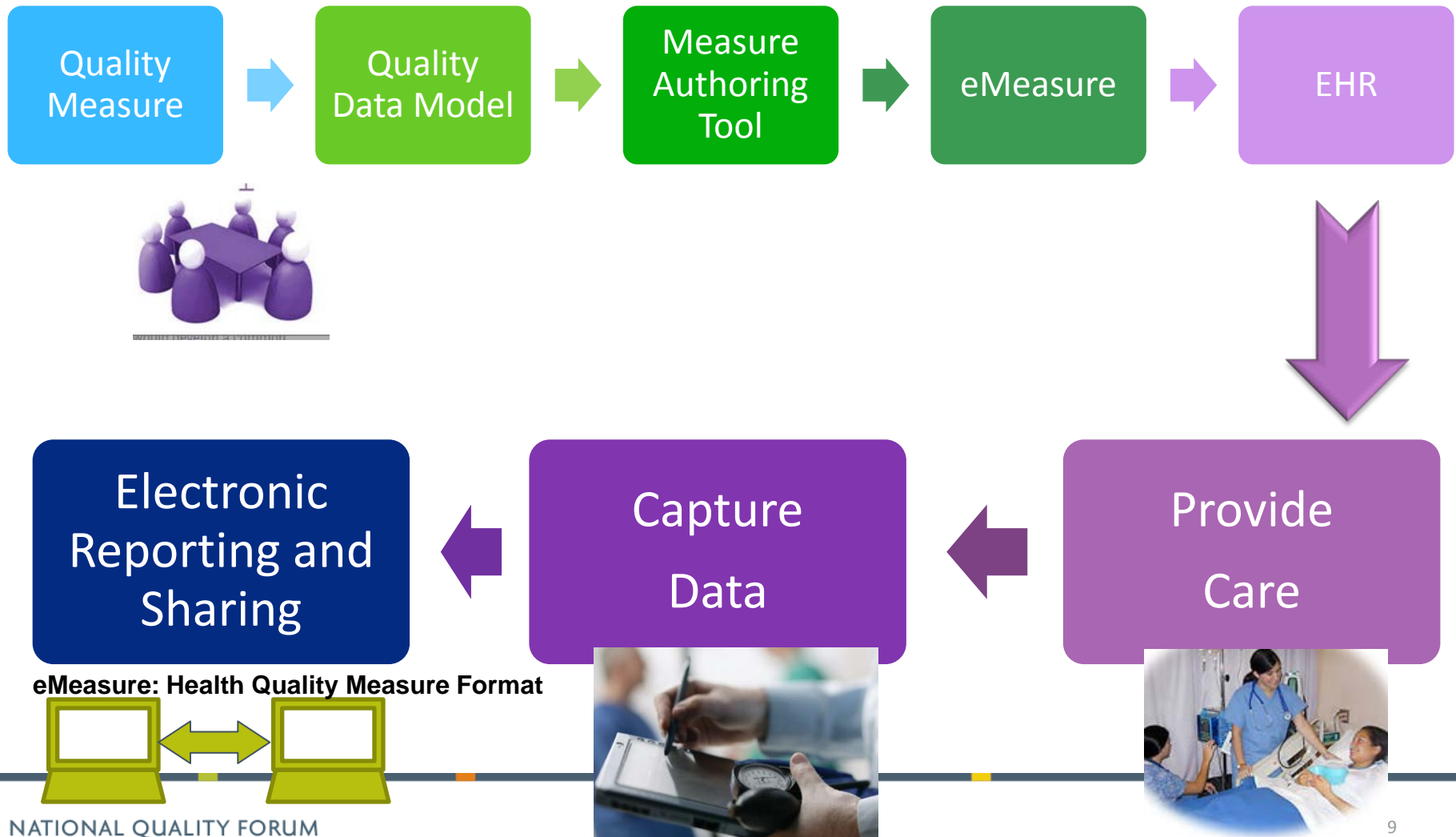


eMeasure Education and Quality Measurement Landscape

Paul Tang, MD

Chair, NQF Health Information Technology
Advisory Committee

Health IT is a Core Component of the Quality Continuum



KEYNOTE



Farzad Mostashari, MD
Office of the National Coordinator (ONC)
US Department of Health & Human Services



KEYNOTE

Kate Goodrich, MD, MHS
Centers for Medicare & Medicaid Services
US Department of Health & Human Services

Quality Measurement Strategy and Alignment

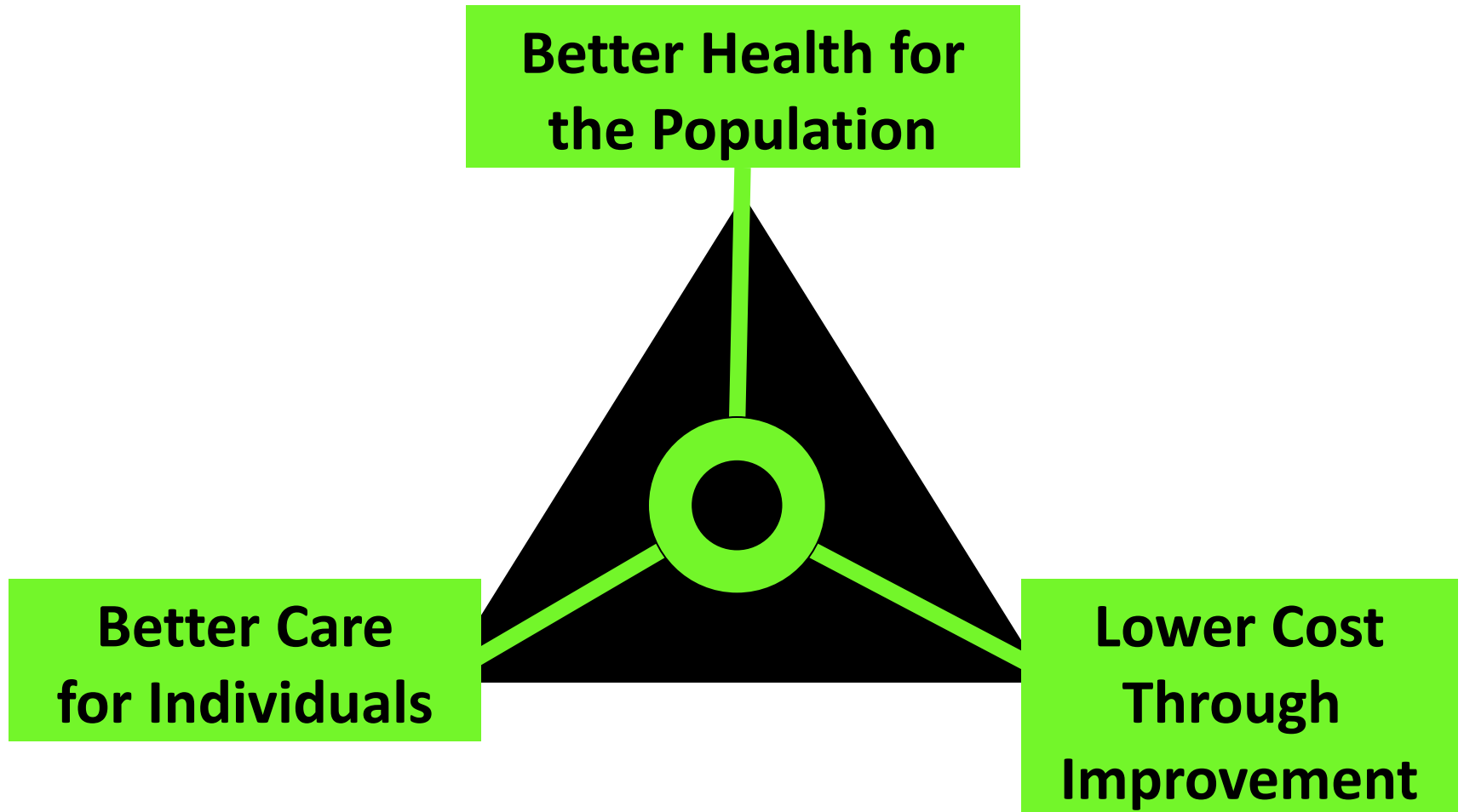
Kate Goodrich, MD MHS

Senior Advisor

Office of Clinical Standards and Quality

Centers for Medicare and Medicaid Services

The “Three-Part Aim”



National Quality Strategy promotes better health, healthcare, and lower cost

Report to Congress

National Strategy for Quality Improvement in Health Care

March 2011



Three-part aim:

- **Better Care:** Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.
- **Healthy People and Communities:** Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.
- **Affordable Care:** Reduce the cost of quality health care for individuals, families, employers, and government.

Six priorities:

- **Making care safer** by reducing harm caused in the delivery of care.
- Ensuring that each **person and family are engaged as partners** in their care.
- Promoting effective **communication and coordination of care**.
- Promoting the most effective **prevention and treatment practices** for the leading causes of mortality, starting with **cardiovascular disease**.
- Working with communities to promote wide use of **best practices to enable healthy living**.
- **Making quality care more affordable** for individuals, families, employers, and governments by developing and spreading new health care delivery models.

CMS has a variety of quality reporting and performance programs

Hospital Quality	Physician Quality Reporting	PAC and Other Setting Quality Reporting	Payment Model Reporting	Population* Quality Reporting
<ul style="list-style-type: none"> • Medicare and Medicaid EHR Incentive Program • PPS-Exempt Cancer Hospitals • Inpatient Psychiatric Facilities • Inpatient Quality Reporting • HAC payment reduction program • Readmission reduction program • Outpatient Quality Reporting • Ambulatory Surgical Centers 	<ul style="list-style-type: none"> • Medicare and Medicaid EHR Incentive Program • PQRS • eRx quality reporting 	<ul style="list-style-type: none"> • Inpatient Rehabilitation Facility • Nursing Home Compare Measures • LTCH Quality Reporting • Hospice Quality Reporting • Home Health Quality Reporting 	<ul style="list-style-type: none"> • Medicare Shared Savings Program • Hospital Value-based Purchasing • Physician Feedback/Value-based Modifier* • ESRD QIP 	<ul style="list-style-type: none"> • Medicaid Adult Quality Reporting* • CHIPRA Quality Reporting* • Health Insurance Exchange Quality Reporting* • Medicare Part C* • Medicare Part D*

* Denotes that the program did not meet the statutory inclusion criteria for pre-rulemaking, but was included to foster alignment of program measures.

Quality Measures Task Force

- Charge: Develop recommendations on CMS measure implementation with the goal of aligning and prioritizing measures across programs and avoidance of duplication or conflict among developing and implemented measures
- Goals:
 1. Establish and operationalize policies for program-specific and CMS-wide measurement development and implementation
 2. Align and prioritize measures across programs where appropriate
 3. Coordinate development of new measures across CMS
 4. Coordinate measure implementation, development and measurement policies with external HHS agencies

Quality Measures Task Force

- Senior representatives from across CMS
- All measures in programs for 2012 rule-making cycle are presented and evaluated measure-by-measure based on criteria for inclusion in programs, removal from programs, and alignment across programs
- MAP input on measures explicitly reviewed
- Alignment of measures is force function (e.g. occurs unless compelling reason, which has not happened)
- Measures for non-rule-based programs also reviewed and aligned (Medicaid/CHIP, Part C&D, CCIIO, CMMI, MMCO)
- Sample accomplishments:
 - Alignment of quality dimensions across CMS programs
 - Alignment of measure selection, removal and retirement criteria across CMS programs
 - CMS and ONC collaboration on MU Stage 2 rule
 - Prioritizing and aligning measures for Partnership for Patients and Million Hearts

CMS Measure Domains

 **Greatest commonality of measure concepts across domains**

Clinical Care

- Acute care
- Chronic care
- Prevention
- Clinical effectiveness

Care coordination

- Transition of care measures
- Admission and readmission measures
- Provider communication

Population/ community health

- Health behaviors
- Access to care
- Social and economic factors
- Physical environment
- Disparities in care (could also apply across domains)

Person- and Caregiver-centered experience and outcomes

- Patient experience
- Caregiver experience
- Patient-reported and functional outcomes

Safety

- Patient safety
- Health care acquired infections and conditions
- Provider safety

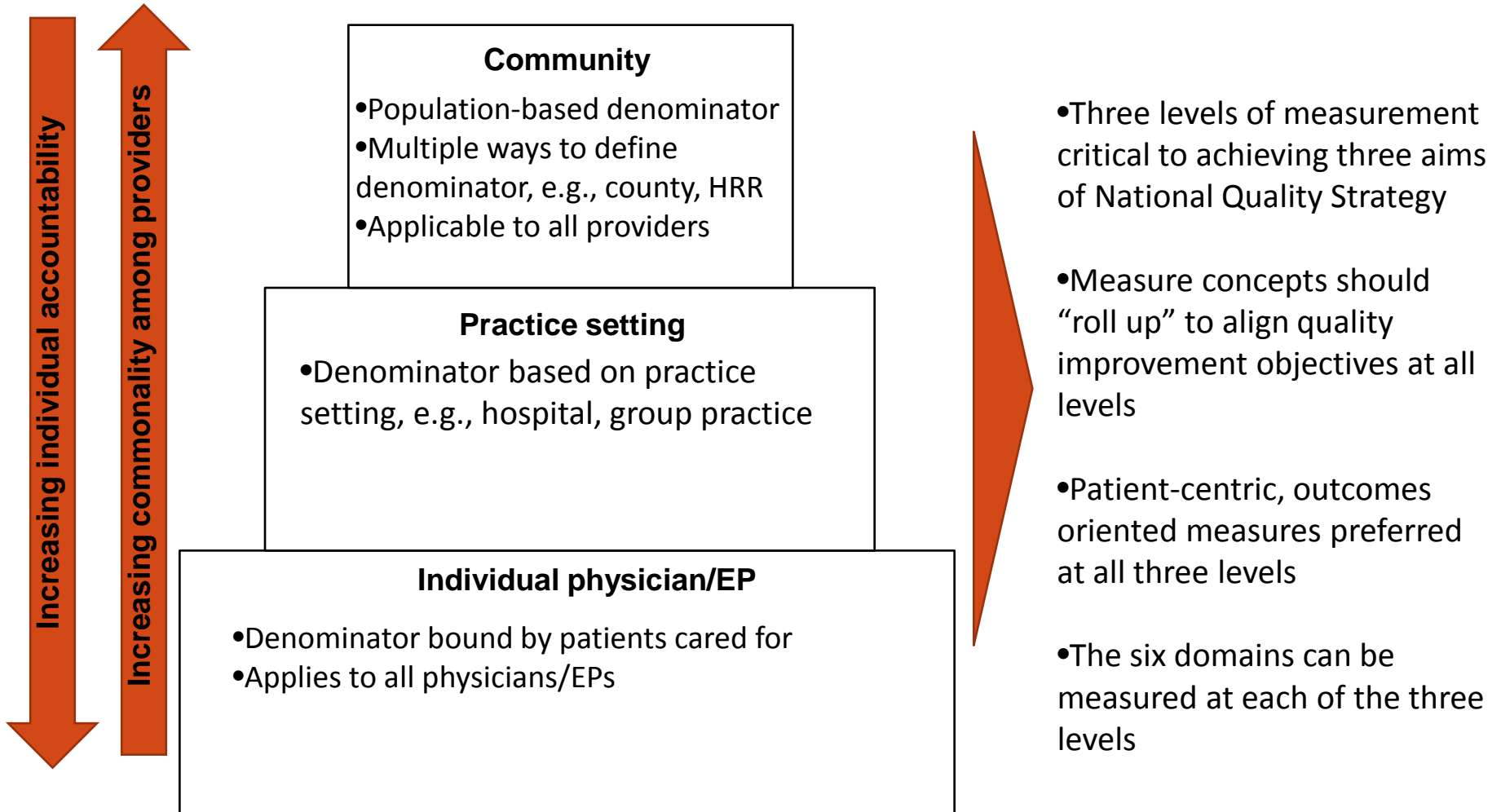
Efficiency and cost reduction

- Annual spend measures (e.g., per capita spend)
- Episode cost measures
- Quality to cost measures



- **Measures should be patient-centered and outcome-oriented whenever possible**
- **Measure concepts in each of the six domains that are common across providers and settings can form a core set of measures**

Quality can be measured and improved at multiple levels



CMS Vision for Performance Measurement

- Align measures with the National Quality Strategy and Six Measure Domains
- Implement measures that fill critical gaps within the 6 domains (and will need select measure development of measures that matter)
- Align measures across programs whenever appropriate
- Leverage opportunities to align with private sector (e.g., NQF MAP)
- Focus on patient centered measures (patient outcomes and patient experience)

CMS Vision for Performance Measurement

- Parsimonious sets of measures; core sets of measures and measure concepts
- Maintain optional menu measures to apply to broad range of specialties and clinical practice of medicine in programs seeking broad, diverse participation
- Removal of measures that are no longer appropriate (e.g., topped out)
- Maximize improvement in quality and minimize provider burden

CMS Goals in Electronic Specification Effort

- Begin development of *de novo* measures that capitalize on the data captured in EHRs
- Provide clear interpretation and understanding of the specification for vendors and providers
- Work towards continued standardization of eMeasures to meet the needs of multiple programs

Next Steps eMeasures/Reporting

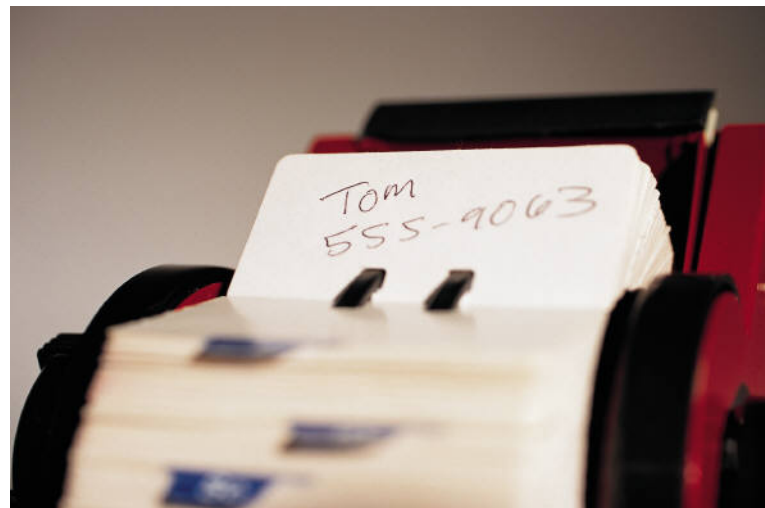
- Continued evolution of the MAT to create eMeasures
- Continued evolution of the QDM as a hierarchical information model
- CMS Measure Manager Blueprint – updated to include the HQMF eMeasure DSTU
- eMeasures Issues Group (eMIG) - a forum of measure developers, contractors and other federal agencies to work through eMeasure standardization and related issues
- Alignment of EHR Incentive Program with other CMS initiatives
- Pilot testing transmission specifications
- Integration of eMeasure with other HIT functions, such as Clinical Decision Support (CDS)

HHS Measurement Policy Council

- Building from CMS work, recently established a sub-group of HHS National Quality Strategy group focused on measure alignment across the Department
- Includes AHRQ, CMS, ONC, SAMHSA, ASPE, HRSA, CDC, OMH, FDA and others
- Will start with alignment and prioritization of measures in two major areas: likely patient safety and cardiovascular disease
- Will establish and operationalize policies for HHS-wide measure development and implementation

Contact Information

Dr. Kate Goodrich, MD MHS
Senior Technical Advisor
Office of Clinical Standards and Quality
410-786-6841
kate.goodrich@cms.hhs.gov





Breakout Session Overview and Instructions

Rosemary Kennedy, PhD, MBA, RN
VP, Health Information Technology, NQF

Breakout Tracks: Methods

- Present vignette showing successful implementations
- Identify key success factors
- Identify gaps
- Report out recommendations for the future

April 26th In-Person Collaborative Meeting

Best Practices for eMeasure Implementation

Track #	Track Description	Breakout Track Overview
1	Implementation <i>Acute</i>	Discussion will center on the clinician interface, with respect to workflow management and vendor support
2	Implementation <i>Office-Based Practices</i>	Discussion will center on clinician interface, with respect to workflow management and vendor support.
3	Technical	Focus on current efforts and formats used to express requests for information and will identify the benefits and challenges of various methods and the essential requirements for such formats to fit the data workflow and next steps for determining achievable solutions.
4	Clinical Data Analytics	Best practices and workflow management for collecting, scrubbing, analyzing, and using clinical data to allow aggregation for quality measurement and reporting.
5	Innovation	Focus on the identification of new, innovative methods to enhance the value of structured data and to interpret unstructured data for use in quality measurement and reporting from EHRs and other data sources.

April 26th In-Person Collaborative Meeting

Best Practices for eMeasure Implementation

Track #	Track Description	Track Leaders	Breakout Track Vignettes
1	Implementation <i>Acute</i>	Zahid Butt, MD Ginny Meadows, RN	Phelps County Regional Medical Center Texas Health Resources
2	Implementation <i>Office-Based Practices</i>	Kendra Hanley, MS John Maese, MD Michael Mirro, MD	Parkview Physicians Group Cardiology and Parkview Research Center Lehigh Valley Physician Group
3	Technical	Delane Heldt Erik Pupo	Query Health Quality Data Model and Logic
4	Clinical Data Analytics	Dana Alexander, RN, MSN, MBA Karen Nielsen, MBA, MPA Ted Palen, MD Christopher Snyder, DO	Kaiser Permanente Peninsula Regional Medical Center
5	Innovation	Dwight Brown, NREMT-P Sharon Hibay, RN, DNP David Stumpf, MD, PhD	Mayo Clinic Blackstone Valley Community Healthcare

Breakout Track Locations/NQF Staff

Breakout Track	Location	NQF Staff
Implementation <i>Acute</i>	9th Floor Conference Room B	Juliet Rubini Farhia Mussa*
Implementation <i>Office-Based Practices</i>	2nd Floor Conference Room	Helen Imbernino Shan Evans*
Technical	8th Floor Small Conference Room	Floyd Eisenberg Chris Millet Ahmed Haque*
Clinical Data Analytics	9th Floor Conference Room A	Beth Franklin Anisha Dharshi*
Innovation	8th Floor Large Conference Room	Rosemary Kennedy Beth Carey Lindsey Tighe*

April 26th In-Person Collaborative Meeting Best Practices for eMeasure Implementation

NETWORKING BREAK

2:00 – 2:30pm

April 26th In-Person Collaborative Meeting Best Practices for eMeasure Implementation

Closing: Report Out & Implementation Perspectives

- 2:30 – 2:35pm Moderator: *Floyd Eisenberg, MD, MPH*
 - » 2:35 – 2:45pm Implementation Acute
 - » 2:45 – 2:55pm Implementation Office Based Practices
 - » 2:55 – 3:05pm Technical
 - » 3:05 – 3:15pm Clinical Data Analytics
 - » 3:15 – 3:25pm Innovation
 - » 3:25 - 3:40pm Summary Report: Shawn Griffin, MD
- 3:40 – 4:00pm Next Steps: *Floyd Eisenberg, MD, MPH*
- 4:00pm Adjourn

Next Collaborative Events

**eMeasure Learning Collaborative
Webinar
June 2012**

**eMeasure Learning Collaborative
In-Person Meeting
August 9, 2012**

April 26th In-Person Collaborative Meeting Best Practices for eMeasure Implementation

Thank You

Planning Group Members

- **Dana Alexander, RN, MSN, MBA, VP, Chief Nursing Officer- GE Health Care IT Solutions**
- **Dwight Brown, NREMT-P, Manager of Quality Measurement – Mayo Clinic**
- **Zahid Butt, MD, CEO – Medisolv, Inc.**
- **Jason Colquitt, Director of Clinical Development - Greenway Medical Technologies**
- **Kendra Hanley, MS, Project Manager – AMA-convened PCPI™**
- **Delane Heldt, Project Manager – AMA-convened PCPI™**
- **Sharon Hibay, RN, DNP, Director of Measure Instrument Development and Support – Quality Insight of Pennsylvania**
- **Louis Hochheiser, MD, Chief Medical Leader – Humana Inc.**
- **Jesse James, MD, MBA, Sr. Medical Officer Meaningful Use - ONC**
- **Liz Johnson, MS, RN-BC, VP Applied Clinical Informatics – Tenet Healthcare**
- **John Maese, MD – Geriatric Private Practice**
- **Ginny Meadows, RN, Executive Director, Program Office – McKesson Corporation**

Planning Group Members

- **Michael Mirro, MD** – Parkview Physicians Group Cardiology and Parkview Research Center
- **Lori Nichols, Director** – Whatcom Health Information Network; Share Care Plan
- **Karen Nielsen, MBA, MPA, Analytics & Business Development R&D** – Siemens
- **Ted Palen, PhD, MD, MSPH Internist** – Kaiser Permanente
- **Greg Pawlson, Executive Director, Quality Innovations** – Blue Cross Blue Shield Association
- **Amit Popat, Interface Analyst** – Epic
- **Jacob Reider, MD, Senior Policy Advisor** - ONC
- **Chris Snyder, DO, Chief Medical Information Officer** – Peninsula Regional Medical Center
- **David A. Stumpf, MD, PhD, Professor Emeritus** – Northwestern University Feinberg School of Medicine
- **Aldo Tinoco, MD, Physician Informaticist** – NCQA
- **Ann Watt, Associate Director, Department of Quality** – The Joint Commission