Best Practices for eMeasure Implementation

Breakout Session #1:
Implementation in the Acute Setting

Track Leaders:
Zahid Butt, MD
Ginny Meadows, RN

April 26, 2012

NATIONAL QUALITY FORUM

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?**

Breakout Session Objectives

- Share vignettes and current experience on how acute facilities are managing eMeasurement today
- Recognize current methods, challenges and opportunities for eMeasure implementation in the acute setting
- Identify best practices for eMeasure implementation in acute facilities
- Develop recommendations to drive eMeasure implementation forward

Breakout Session Agenda
10:45am– 2:00pm with working lunch

- 10:45 – 11:15am
- 11:15 – 11:35am
- 11:35 – 11:55am
- 11:55 – 12:15pm
- 12:15 to 2:00pm
- 2:00pm
- 2:00 – 2:30pm
- 2:30pm

- Presentation of use example(s) or vignette(s)
- Group discussion of presentation(s)
- Begin response to vignette questions
- **Break: Lunch pick-up, restrooms, phone calls**
- Working lunch, continue group discussion, vignette questions
- Summarize key points for report out
- Breakout session ends
- **Break**
- Large group re-convenes

Use Examples for eMeasure Implementation in Acute Facilities

- Phelps County Medical Center

  Rolla, Missouri

- Texas Health Resources

  Arlington, Texas

Phelps County Regional Medical Center
Rolla, MO

- Pam Feeler, BS-ChE, RN-BC Nursing Informatics
  - » Director of Nursing Informatics
- Linde Merrow, RN, MS
  - » Administrative Director Clinical Quality and Measurement

Phelps County Regional Medical Center
Rolla, MO

- Phelps County Regional Medical Center is south central Missouri's leading regional referral hospital, serving more than 250,000 residents for nearly 60 years.
- Our mission is to provide every resident in our community the opportunity for optimal health through access to world-class, patient-centered healthcare, delivered safely, efficiently and effectively, close to home.
- PCRMC is a 242-bed hospital with services that include: nationally accredited cancer care services, cardiac catheterization lab and cardiac rehabilitation, full-service medical imaging, comprehensive surgical services and ambulatory surgery unit, Maternal Child services, inpatient nursing units, inpatient and outpatient rehabilitation services, skilled nursing, home health and hospice services, the Comprehensive Breast Center, inpatient and outpatient mental health programs, sleep center and educational and community service programs.
- PCRMC is a HIMSS Stage 6 hospital who attested to ARRA Stage 1 Meaningful Use in 2011.

Initial Steps

- **Gap Analysis** with quality reporting vendor

- **Establish Core Team**
  - Clinical quality member
  - IT Applications
  - Project Manager
  - Nursing Informatics

- **Understand Measures thoroughly** (Important Documents)
  - HITSP documents
  - HIS Vendor Best Practice Document
  - Testing Certification Documents
  - CMS Clarification Documents

Develop Workflows for Each Indicator

- Identify documentation requirements for each indicator
- Ensure have appropriate team members involved in development of workflows
- Insert into existing successful workflows when possible
- Consolidate measure documentation when possible

Standardized nomenclature

- Map nomenclature in background of documentation when possible (SNOMED, RX Norm, LOINC).

- RX Norm codes for clinical branded drugs are not all listed in the JC value sets for Stage 1. Needed to map these accordingly with CMS permission.

Validation

- Validate along the way
- During build, validate each point of documentation for each measure to ensure you have captured all points of indicator
- Useful to use a vendor reporting product for quality measures that correlates the results with the required documentation
- Data Repository Accuracy

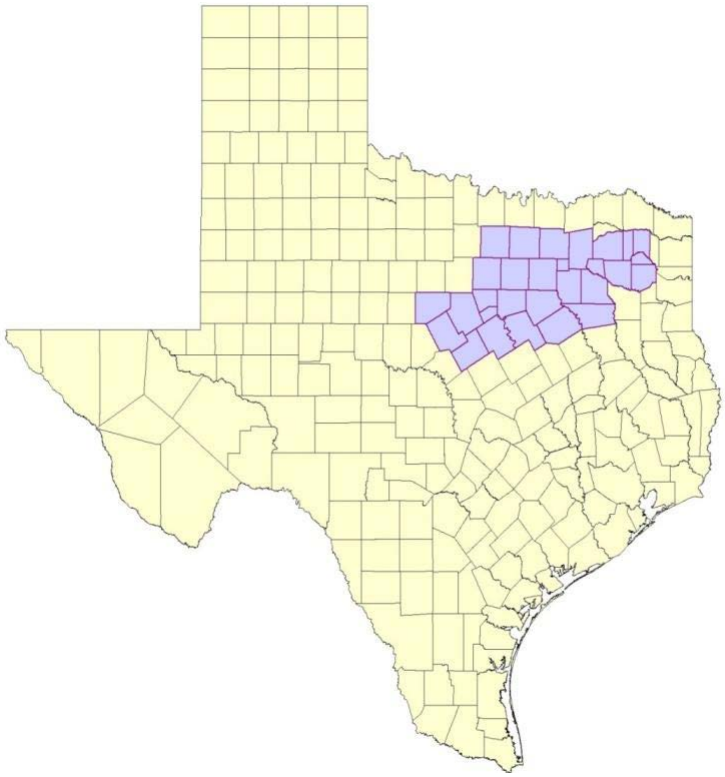
Education

- Initial education – Overview of measures for EVERYONE
- Focus Education for each measure to appropriate parties
- Use cases that fall into the denominator to focus education to the level necessary

Future Challenges

- Currently many physicians document per dictation – not conducive to eMeasure reporting
- Currently most physicians do not document their contraindications – this is a new practice
- Need clinical decision support related to clinical measures as it is difficult for physicians to remember all of the documentation requirements of the measures
- Validation – how do we validate the data for eMeasures
- Sampling processes – what will happen with the sampling process

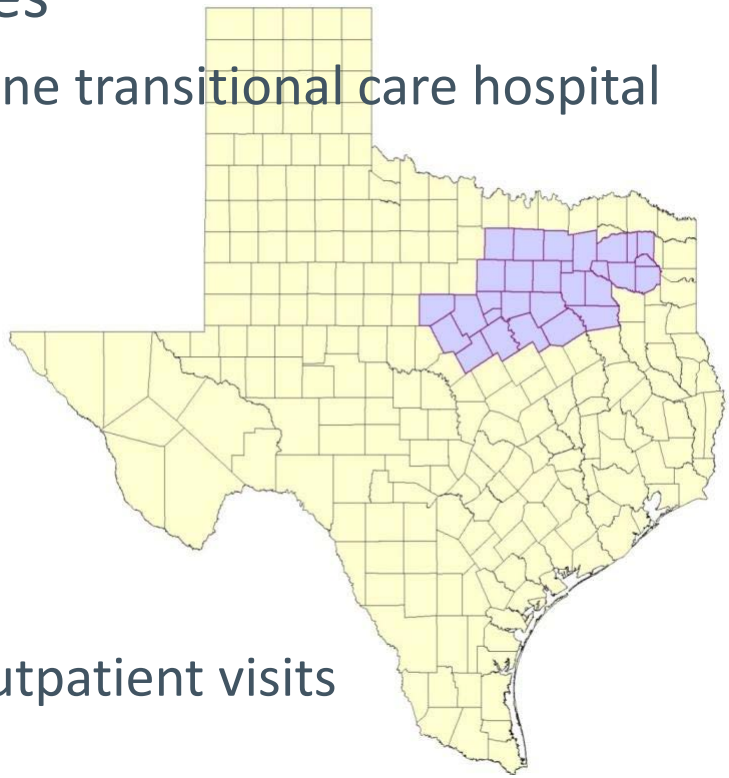
Texas Health Resources
Arlington, TX



- Tanna Jackson, RN
  - Software Analyst III
- Amy Crow
  - Project Consultant, Project Management Office, Innovative Technology Solutions

Texas Health Resources

- One of the largest faith-based, nonprofit health care delivery systems in the United States
  - Includes 13 acute-care hospitals and one transitional care hospital
  - 4 Magnet Hospitals
  - 3,762 licensed hospital beds
  - Employs more than 18,000 people
  - More than 3,800 physicians
  - 557,785 annual emergency visits
  - 24,573 annual deliveries
  - More than 1.3 million inpatient and outpatient visits



Quality Measures

- EHR Quality Measure Reporting
  - Benefits
    - Patient population identification
    - Discrete data is easily reportable
    - Simplified abstraction
    - Electronic submission to vendor
  - Issues
    - Utilization of discrete documentation tools by the end user
    - Transition from paper to electronic
    - Software development limitations
    - High effort for analysis, configuration, testing, and enhancing reports

Quality Measures

Stages of ~~grief~~ quality measurement

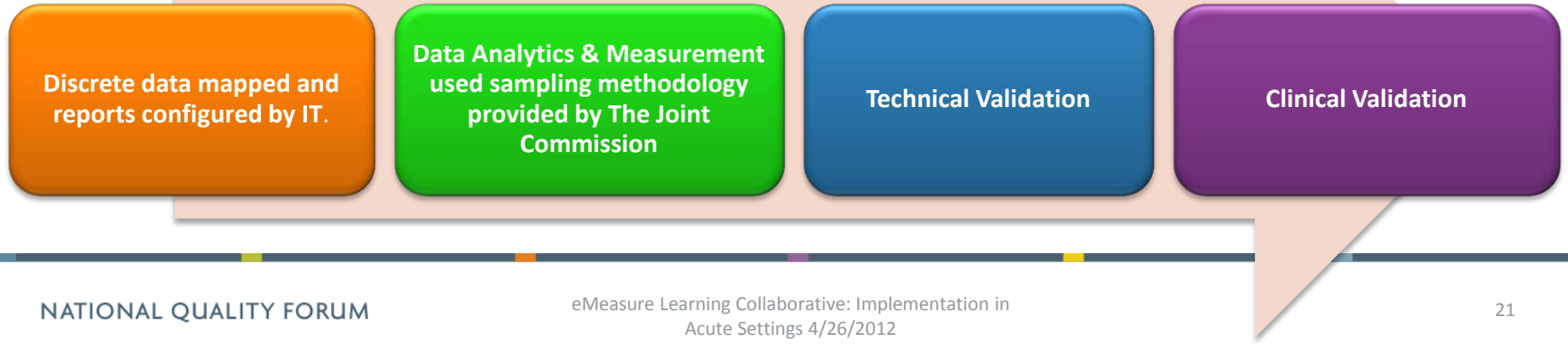
Kübler-Ross	Sims
Denial	There's not a problem
Anger	Data is ***completely*** wrong
Bargaining	Need different metrics
Depression	My patients are sicker
Acceptance	OK, maybe we can do better

Configuration

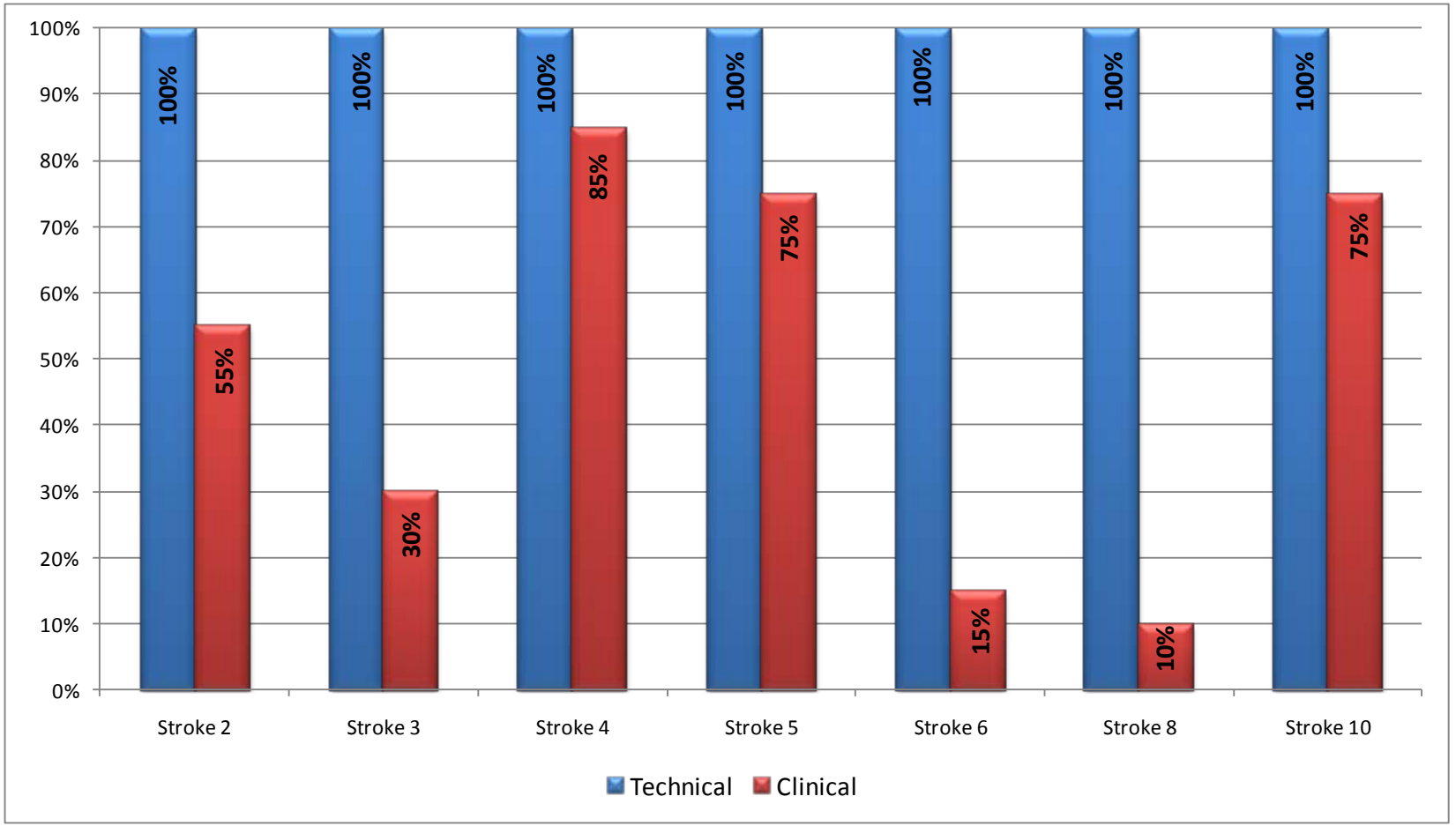
- Gap Analysis
  - Evaluation
    - » Evaluated CMS guidelines for each data element
    - » Evaluated EHR Model configuration capabilities
  - Configuration
    - » Mapped discrete elements into EHR reporting
    - » Strategically placed documentation elements where needed

Validation Descriptions

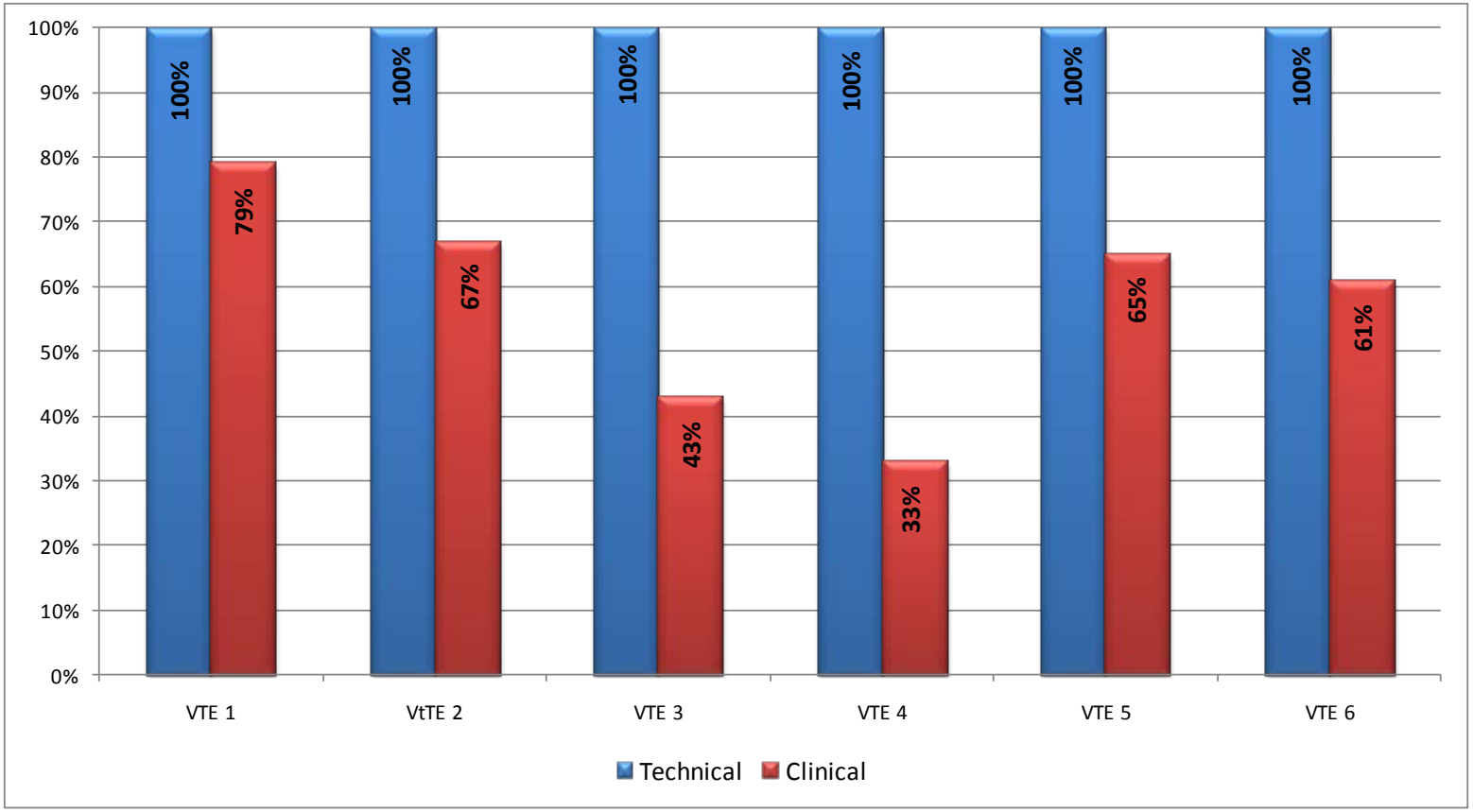
- Technical Validation (electronic abstraction):
  - Question: Is the report finding all of the discrete information it should?
    - » Match (the Report returns the data from discrete documentation in the Medical Record)
    - » No Match (the Report does not return data from discrete documentation in the Medical Record)
- Clinical Validation (manual abstraction):
  - Question: How different is the report (discrete) from what can be found with manual abstraction (discrete and non-discrete)?
    - » Match (the Report displays the same data found through manual abstraction)
    - » No Match (the Report does not display the same data found through manual abstraction



Stroke Correlation



VTE Correlation



Gap Analysis – Take Two

- Evaluation
  - Evaluate the location that abstractors look to find the data in the HER
  - Evaluate how the documentation gets documented discretely
- Recommendations
  - How do the two locations differ? Why?
  - Are there opportunities to improve documentation?
  - What are *all* possible ways the element can be documented discretely?
- Additional Configuration
  - Utilize unconventional ways to capture the information
  - Push the limits of the system to make it work for you

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

Questions for the Collaborative to Answer

1. ***What are best practices examples*** related to the development and implementation of eMeasures?
   - Processes / Workflow with Existing Products
   - Code Systems (structured data)
   - Culture

Questions for the Collaborative to Answer

2. ***What are the mechanisms to enhance data and workflow capability?***

Workflow

- How can understanding the data workflow enhance standards and define expectations for EHRs and other clinical applications?
- What clinical workflow challenges exist with existing products (hospital and/or ambulatory)? What are the recommendations ?
- Are there workflow or staffing issues that constrain implementation?

Questions for the Collaborative to Answer

2. ***What are the mechanisms to enhance data and workflow capability?***

Data

- What are the challenges in using current code systems to express information required by eMeasures? What are the recommendations?
- What techniques are used to address unstructured data?

Questions for the Collaborative to Answer

3. ***What are the recommendations*** for future use of health IT and standards to enable performance measurement?

- What concepts are needed to address requirements for future measurement and how do they align with other secondary use data analysis needs?
- What innovative techniques are needed to capture structured data (or map unstructured data) and manage clinical workflow to enable performance reporting as a byproduct of care delivery?

Vignette Discussion

- What tools and strategies were utilized to support eMeasure implementation?
- What structured data sources were utilized to develop (represent) an eMeasure?
- What data sources and health IT technologies are available for implementation of an eMeasure?
- How were data capture and clinical workflows addressed?
- Is a best practice demonstrated in this case?

What challenges to eMeasure implementation exist in today's acute environment?

- What data sources are not available in structured format for reporting and why?
- What are the challenges in expressing and interpreting eMeasures?
- What techniques are used to address unstructured data?
- Are there workflow or staffing issues that constraint implementation?
- What role does organizational culture play in successful implementations?

What opportunities come out of our present state of eMeasure readiness?

What recommendations would you make for future use of health IT and standards to enable performance measurement?

- What concepts are needed to address requirements for future measurement?
- What innovative techniques are needed to capture structured data and manage clinical workflow to enable performance reporting as a byproduct of care delivery?
- What are the methods for MU Stage 2?

How can we rethink what we are looking for?

- What innovative ideas for the future are generated from this discussion?

Summary of key discussion points

Implementation – Acute

- Leading (Best) Practices
  - Collaborative, multiple stakeholder team
  - Strong physician leadership/ champion
  - Allow time for education
  - Engage bedside clinicians early and often

- Gaps
  - Evidence based practice vs. specification– timeliness of evidence and trailing specification
  - Inability to use unstructured data in an efficient way for eMeasures reporting
  - Cultural and technical issues with capturing structured data for sufficient eMeasure reporting

- Recommendations
  - Field testing for eMeasures
  - Leading vs. best practices
  - Develop cultural and technical solutions for capturing more structured data within clinician workflow (consider compliance and user ability levels)
  - Usability testing to ensure that we are accomodating workflow (simulation centers or labs)
  - Specifications and standards should be consistent with code sets (SNOMED and ICD)