Implementation in Office Based Practices Breakout Session Notes

April 26, 2012; 10:45am – 2:00pm ET

Attendees: Jennifer Bertsch, Kristen Fessele, Kendra Hanley, Suzanne Leous, John Maese, Kelly Miller, Michael Mirro, Jon Morrow, MaryAnne Peifer, Mike Sacca, Rebecca Swain-Eng, William Underwood, Kara Webb, Scott Weinberg

NQF Staff: Helen Imbernino, Shan Evans

Vignette – MaryAnne Peifer, Lehigh Valley Family Practice

- Differences in guidelines and practices
    - Age
    - Always must dos; allow flexibility
- Clinicians reporting
- How did data get in
    - Basics easy
    - Directing how to enter data – such as diabetic foot exam
    - Team training
- How does data get into registry
    - Everything is automated
    - Clinical data copied every night
- Population differences hard to manage
- Don't ask people to re-enter data – produces more errors
- Can specifications actually be used;
- EMR vs. work flow regarding measure specifications
- Moving toward SNOMED-CT forward – year(s) out
- What providers experience
    - Keep flexibility

Vignette – Michael Mirro, MD, Parkview Physician Group

- Cardiologists are the only group using PINNACLE
- Ambulatory setting; harmonization; endorsed measures
- Originally allowed paper entry; no longer. Must use some type of EHR
- Uses SNOMED-CT
- Data fields harmonized across registries
- Physician becomes editor of data
- Incentivizes physicians to participate
- Key takeaways
    - Active data entry

    - Note exceptions
- Physician specific reports
- Improvements:
    - Tracking care coordination
    - Point of care (POC) entry
- Documenting exceptions are key
- Process:
    - Beta-test with committed group
    - Try not to interrupt work flow (less than 5 clicks)
    - Worked with vendor to auto-populate data fields so MD only has to edit data – not do data entry on repeat visits.

Best practices

- Capture data at point of care; work with vendors to enhance data capture
- Auto-populate registries from EHR data
    - Feedback to clinicians at POC
- Coding systems: structured data capture, Standardized nomenclature, continued refinement
- Transparency at individual MD, practice and community level
- Manage the culture: use measures important to clinicians; start with a small committed group
- Educate on importance, meaning and methods before measurement
- Sharing data to refine data collection
- Use of Structured data fields

Recommendations

- Harmonization of measure specifications, measures, terminology, use of measures and output for reporting
- For small specialty practices select small number relevant measures and standardize data capture for those
- Identify mechanisms to capture, validate, use and incorporate external data such as outside care, patient reported data, deaths
- Explore use of new technologies such as NLP; improve reliability of same
- Emphasize eye on prize; goals; buy in; why
- Keep workflow as similar as possible to current practice

Challenges

- Dr. Mirro – cultural difference. People in his town do have registries. If there were other registries would be able to share with other practices.
- Focus is not on PQRS, but making sure you can improve quality and patient care. We do not want to have measures just to meet a requirement (especially regulatory), but measures that can be used across the board for various purposes.

Gaps

- Cultural
- Terminology, lack of standardization and data entry capture.
- What are the specifications for harmonizing across measures and specialties? Trying to make sure the same measure is used universally in all programs is vital. Otherwise there may be slight nuances to each eMeasure rather than the same one.
- Private payer incentive programs - unifying on one area, but not unifying on the technical area. eMeasure not standard by program .may have to do it four different ways and vendor has to develop 3 different ways to collect
- Having information clearly out there – in one place or clearinghouse so there can be more harmonization.
- eMeasure are not where they need to be - technology and eMeasure specific infrastructure (QRDA etc.) are important in moving eMeasure forward