

eCQM Affinity Group

Session #4

Operational Discussion –

Data quality programs for Data Sourcing, eCQM Assessment & Calculation, and eCQM Reporting

Agenda

- Introductions
- Context review
- Data Quality program examples
 - Data sourcing quality program – QHN
 - Discussion/Q&A
 - Data calculation quality at integrated data intermediary - David Kendrick
 - Discussion/Q&A
 - Data reporting quality at HIE intermediary – MiHIN
 - Discussion/Q&A
- Next Steps

Context

ONC is convening the eCQM Affinity Group as collaborative peer sharing providing assistance for eCQM strategy development.

The eCQM Affinity Group will discuss an end-to-end framework and state/regional examples discussing strategic planning, technical models, and implementation best practices.

- Federal trajectory for quality measurement to support Alternative Payment Models
- ONC Health IT Stack for Value-Based Payment Models
- **ONC Learning Event** – eCQMS – National and State Usage and Issues in Support of Value-Based Payments
- **eCQM Affinity Group #1** - Building Clinical Quality Measure Capacity Framework
- **eCQM Affinity Group #2** – State eCQM models, Data Intermediaries, Data Formats
- **eCQM Affinity Group #3** – Data Intermediary Functional Requirements, Reporting & Data Formats

Context: Affinity Group Objectives & Output

- Discuss CQM framework supporting:
 - Strategic planning for innovation and value based payment models;
 - Discussing governance and policy to support building measurement capacity;
 - Understanding technical models and considerations for choosing appropriate technical model for your state; and
 - Supporting quality improvement activities improving health, quality of care, and reducing costs.
- Output:
 - State-level Implementation Guide for eCQM Strategic Planning for Innovation Models and Value-based Payment Models

Context: eCQM Uses and Benefits

Uses	Benefits
<ul style="list-style-type: none"> • Clinical Quality Calculation and Measurement improving quality of care delivery 	<ul style="list-style-type: none"> • Produces better value through higher quality and lower cost of care
<ul style="list-style-type: none"> • Measure for Payment – Pay for Value financial incentives for health care providers 	<ul style="list-style-type: none"> • Rewards providers for lower cost and better outcomes
<ul style="list-style-type: none"> • Public Reporting for cost and quality transparency 	<ul style="list-style-type: none"> • Provides transparency on quality of care supporting supports better decisions by consumers and purchasers
<ul style="list-style-type: none"> • Reuse collected data for clinical action and population health measurement 	<ul style="list-style-type: none"> • Collect data once and reuse for clinical quality measurement and clinical action (e.g., Clinical Decision Support (CDS) and provider self-monitor progress)
<ul style="list-style-type: none"> • Payment reform design, implementation, program monitoring and evaluation 	<ul style="list-style-type: none"> • Builds more effective programs using available quality measures • Assesses impact of payment reform programs on value
<ul style="list-style-type: none"> • Decision support and gap analysis of patient cohort 	<ul style="list-style-type: none"> • Cohort identification and understanding of controlled and uncontrolled patient cohorts

Context: eCQM Framework

Build Capacity for Measurement

Key Components

- ✓ Leverage new CEHRT and MU requirements
- ✓ Promote HIT infrastructure development
- ✓ Develop measurement infrastructure for analysis, reporting

Broaden Governance

Key Components

- ✓ Identify multi-stakeholder governance structure
- ✓ Identify priority uses of eCQM information and value proposition for all stakeholder groups (payers, purchasers, providers, patients)
- ✓ Align around a model
- ✓ Align measures across models

Strengthen Technical Infrastructure

Key Components

- ✓ Assess current technical assets/data intermediaries in the state to build CQM technical capacity (current core capabilities, expanding functions, future technology, or does not exist)
- ✓ Assess needs of data users and sources
- ✓ Identify opportunities for shared technical services or
- ✓ Confirm primary data intermediary functions

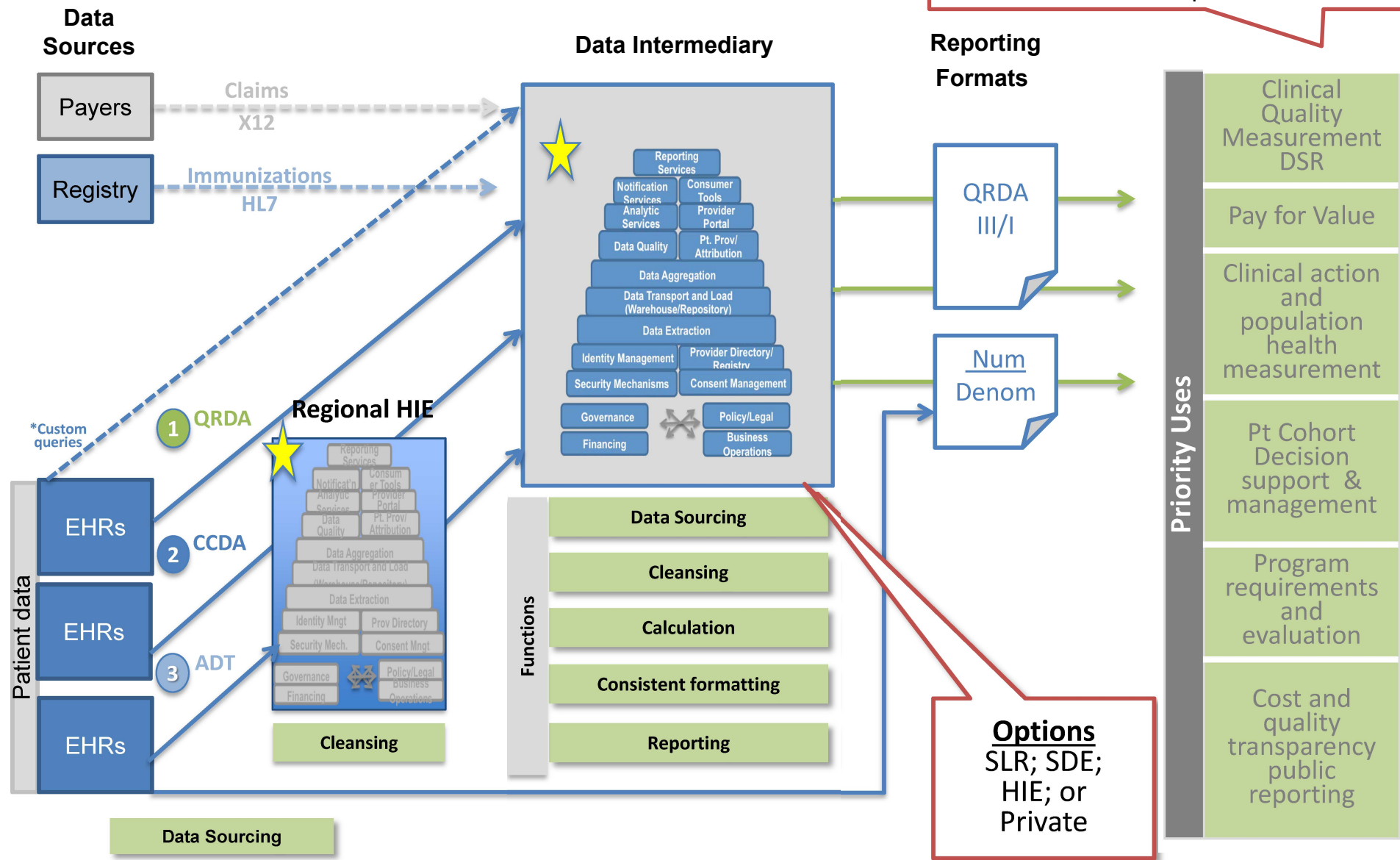
Improve use of CQM information

Key components

- Data quality assurance programs
 - Data Sourcing
 - Data Calculation
 - Data Reporting
- Programmatic performance evaluation
- Risk Stratification
- Pt. Attribution
- Public Reporting
- Feedback to providers

Context: CQM Data Sources & Intermediaries

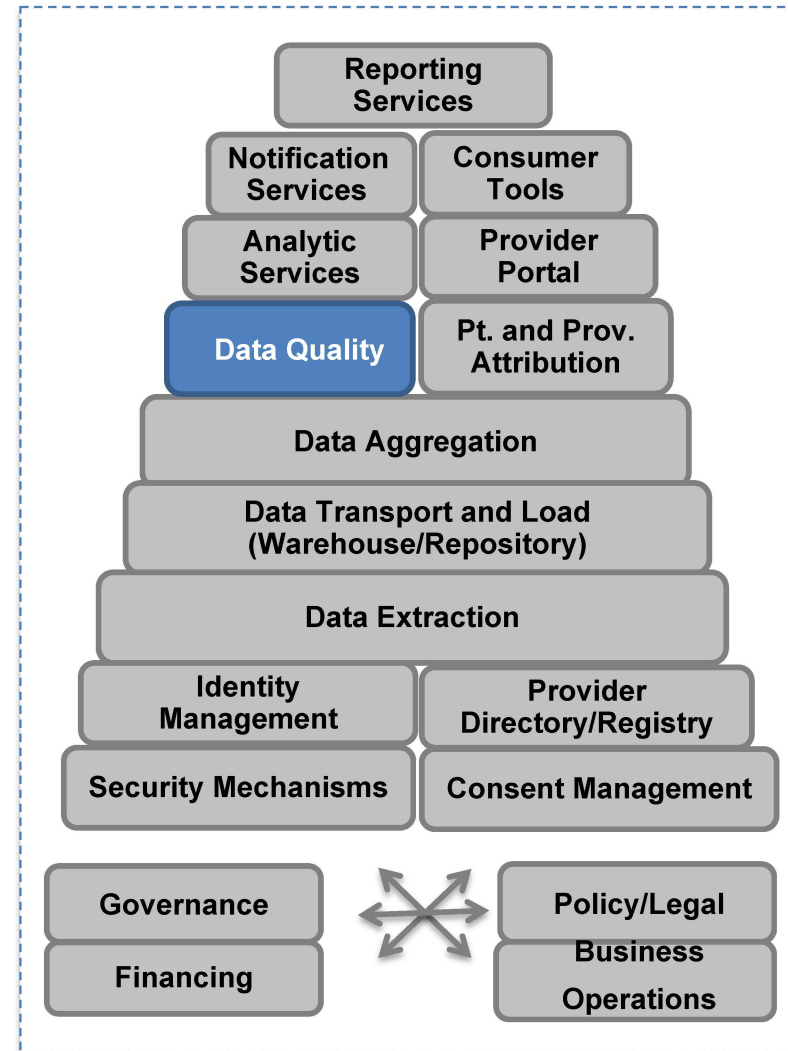
Cannot achieve all uses without some common services and patient level data



Data Quality

Data Quality Assurance

- **Data quality** improvement services supporting practices with data capture may be professional services or technical solutions
 - **Data completeness and consistency** – address data gaps and missing data elements
- Sourcing data (Quality Health Network)
- Reporting data (MiHIN – Michigan)
- Integrated data (MyHealth Access – Tulsa)





Operationalize Data Management

- ◆ Define use cases
- ◆ Understand the needs for data
- ◆ Work with data sources
 - Help them get better
- ◆ Work with data recipients
 - Quality changes over time

Quantify Data Quality

- ◆ Understand and improve initial quality
- ◆ Put into place processes to identify changes



Identify and build data quality components into practice transformation efforts

- ◆ Data quality happens at the point of care and point of data entry
- ◆ Integrate data quality into the practices workflow and technology
- ◆ Work with the Practice Transformation Organizations teams on incorporating “Data quality plan in practice”
- ◆ Practice Assessment Tool data quality enhancements

Identify and build data quality components of into data acquisition

- ◆ Establish minimum standards for data and exchange and first prioritizing our usages
- ◆ Build into the data acquisition process the ability to monitor for data quality and proactively address issues with sources

Questions

- Who are QHN's partners?
- Any other data sources other than EHRs?
- Any barriers or lessons learned?

My Health Access

- Demonstration

Quality Measure Initiatives



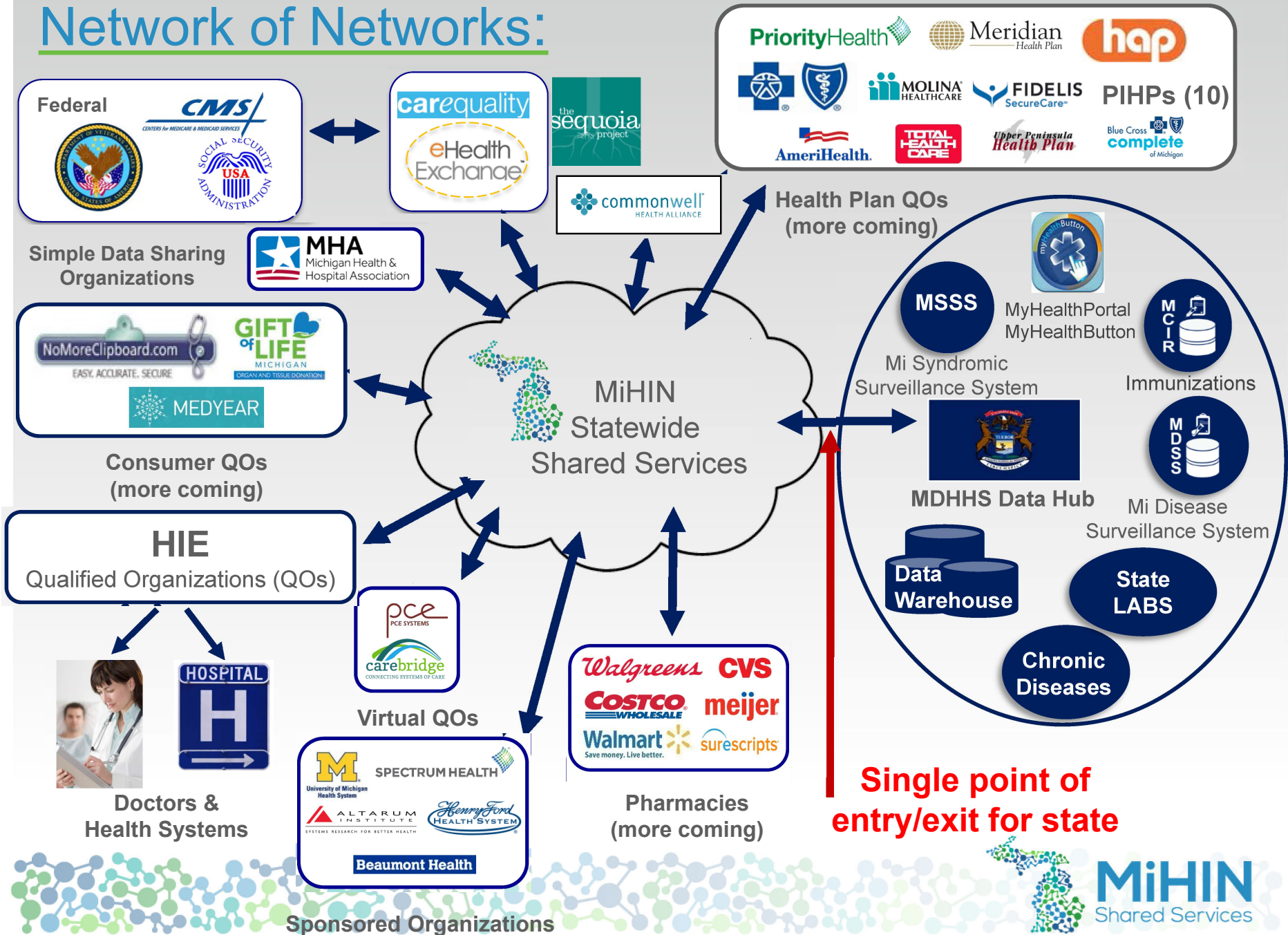
MiHIN
Shared Services

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Network of Networks:

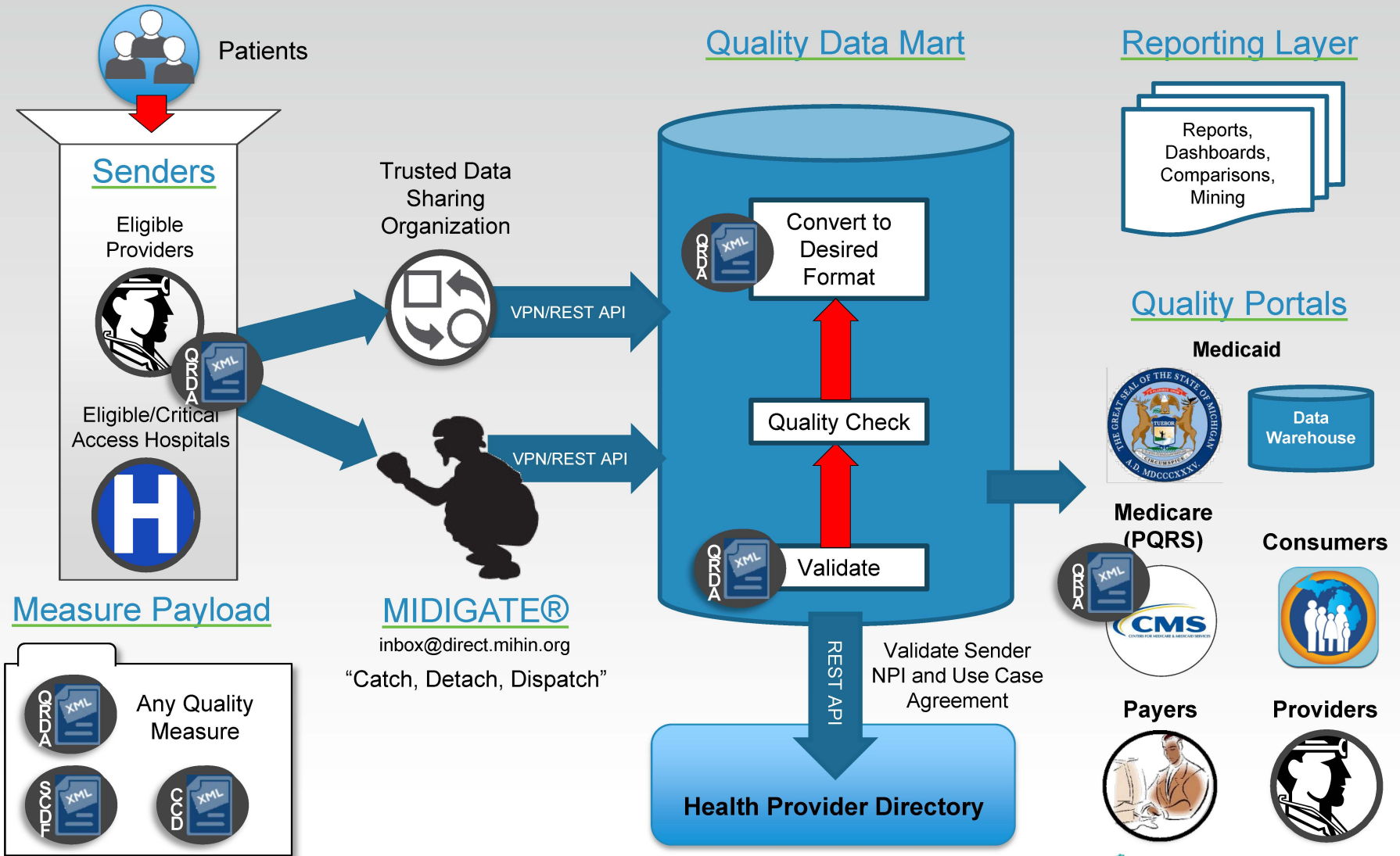


“One and Done” - Easier, Simplified, Predictable Data Sharing

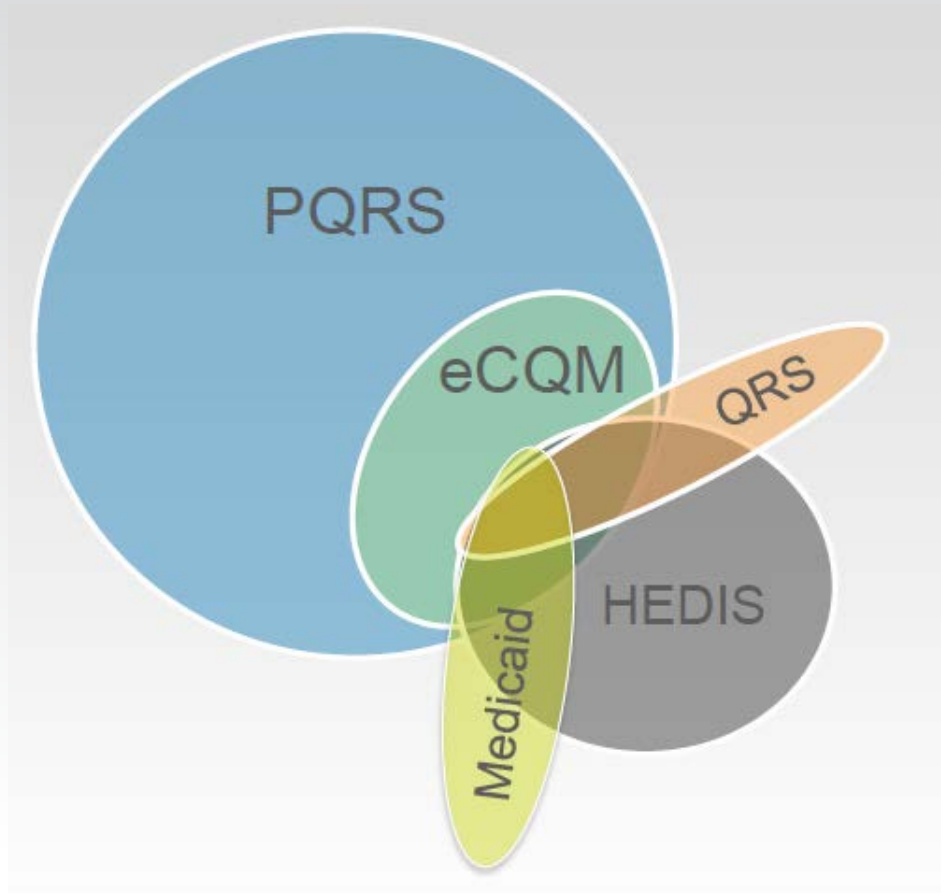
- 1. Sign once**
 - Common legal framework across the state
 - Transparent data usage for each use case
- 2. Connect once**
 - MiHIN network includes all of health care: HIEs, HISPs, health plans, the state and the federal agencies
- 3. Publish once**
 - Patient and provider delivery preferences easily registered and centrally managed
- 4. Report once**
 - Messages can be routed to multiple destinations – no duplicate interfaces or repeat reports
- 5. Log-on once**
 - Single sign-on across patient/member and provider portals



Clinical Quality Measurement Recovery and Repository (CQMRR)



Alignment of Quality Measures

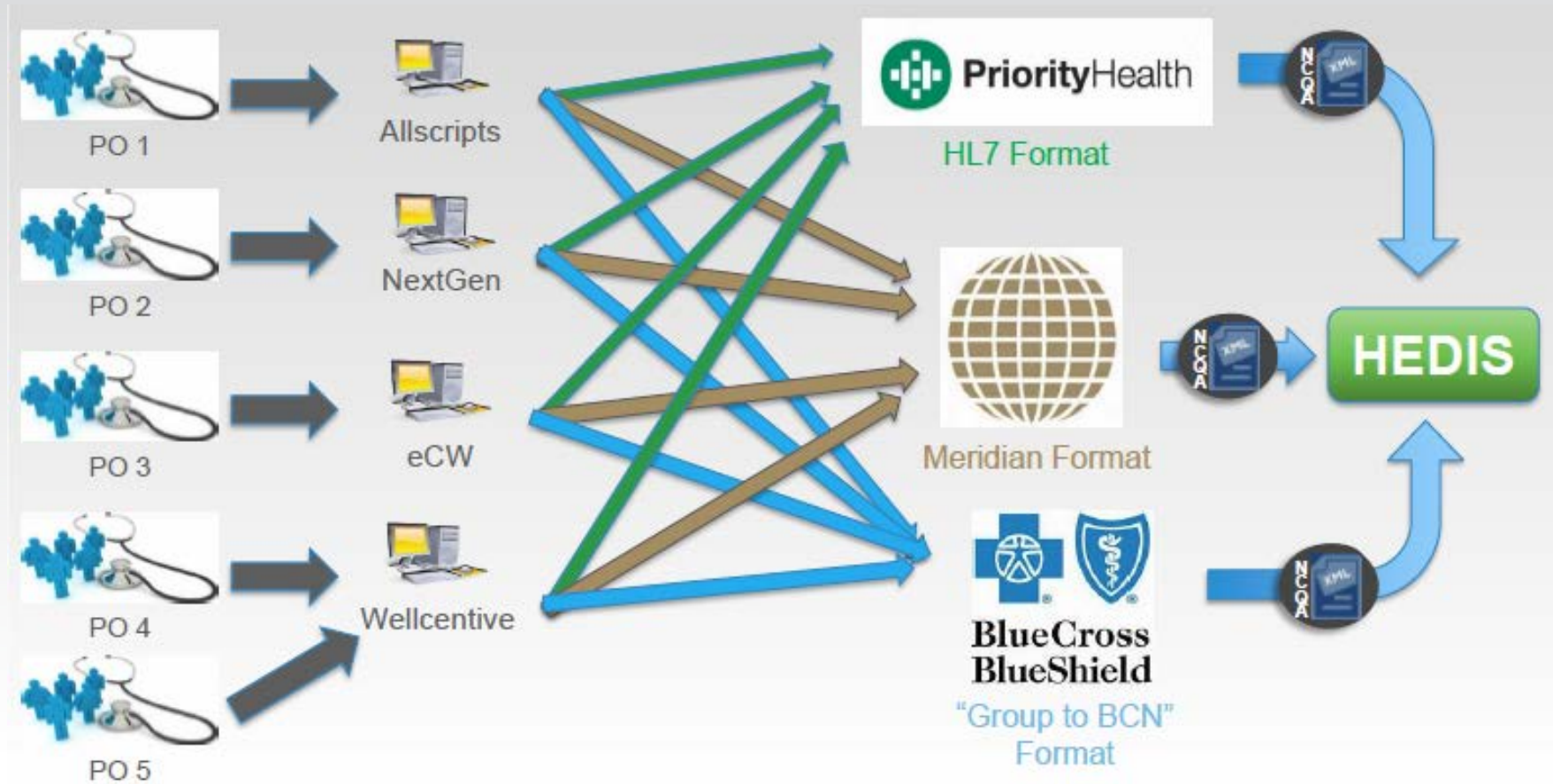


Set	# of Measures
PQRS	254
EP eCQM	64
Medicaid Core Set	45
HEDIS	78
QRS	43
Overlap	9

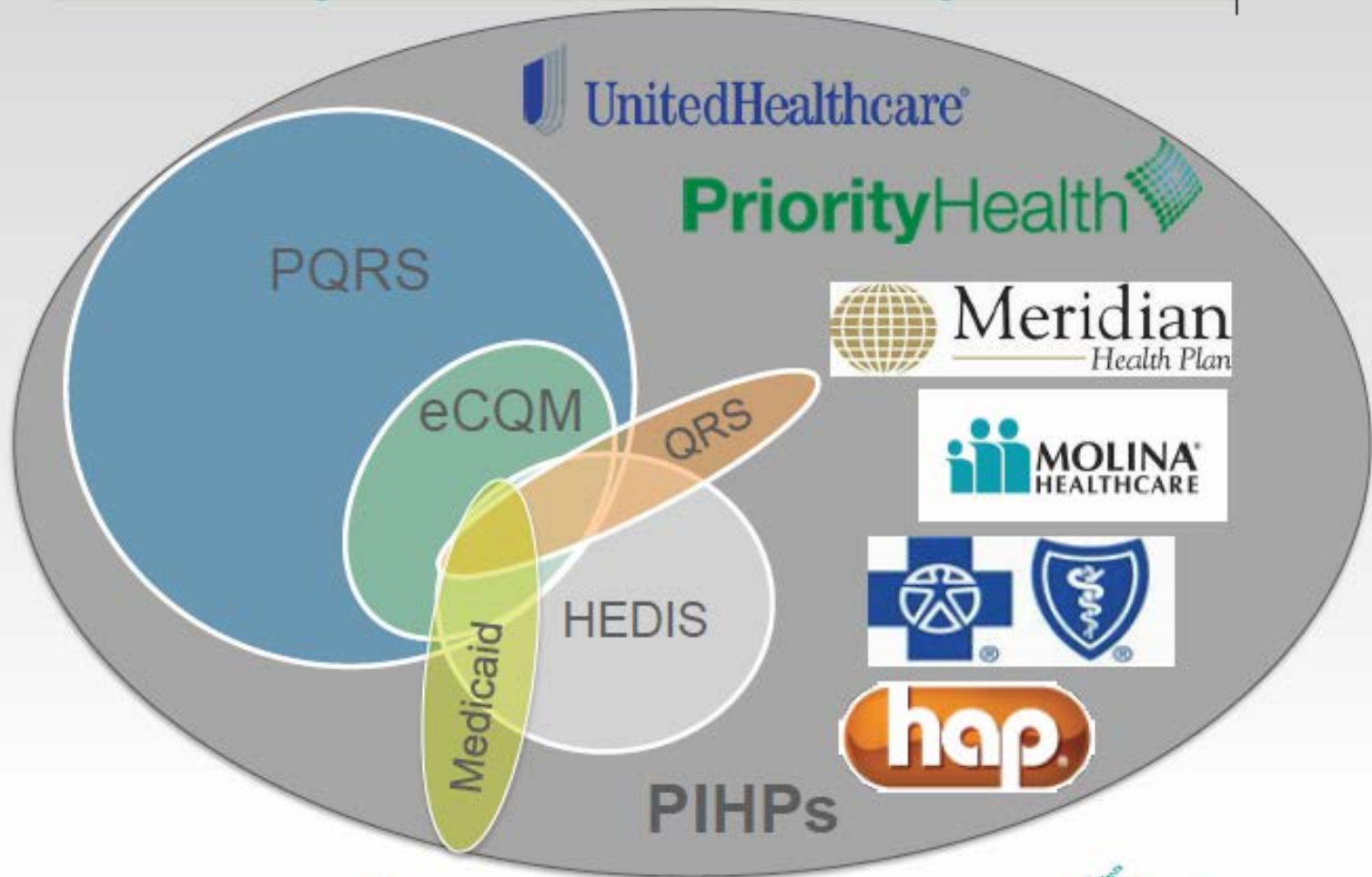


Physician-Payer Quality Collaborative

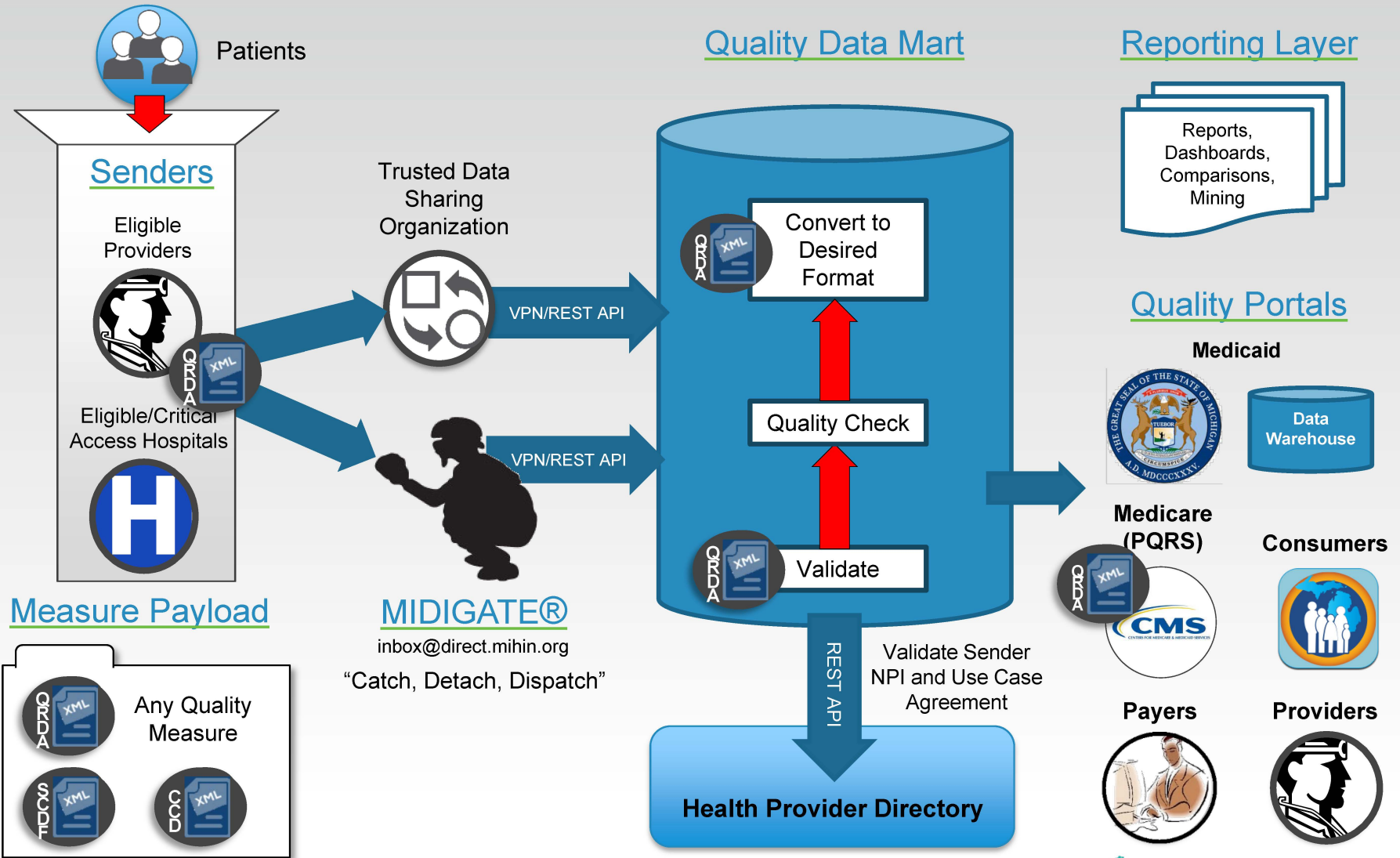
Current State of Supplemental Clinical Data



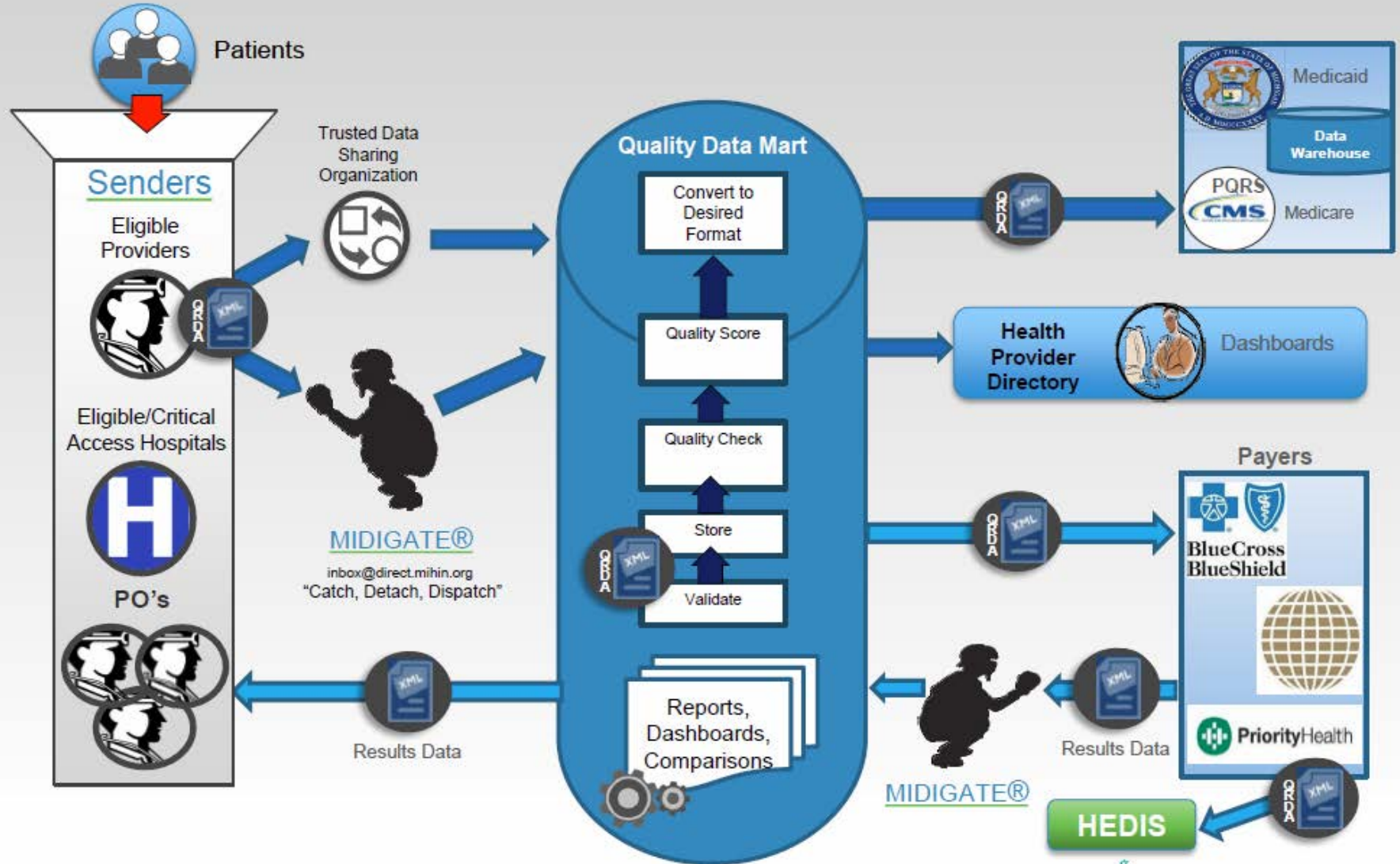
Report Once: Quality Measure “Superset”



Clinical Quality Measurement Recovery and Repository (CQMRR)



Quality Alignment and Transport Service™ (Future State)



Thank You!

Questions? Comments?

quality@mihin.org



MiHIN Slides

- Who are MiHIN partners for eCQMs?
- How did MiHIN include eCQM reporting into HIE privacy policies?
- What policy levers is the State of Michigan using to advance eCQM reporting through MiHIN?
- What data quality efforts are in place at MiHIN?

eCQM Reporting

- **BONNIE**: Companion service for creating synthetic test patients
- **Cypress**: Testing tool for evaluating eCQM calculations in EHRs
- **Data Element Catalogue**: Summary of data elements required by CQMs
- **Measure Authoring Tool**: HQMF editor
- **Value Set Authority** – National Library of Medicine
 - Value Set management

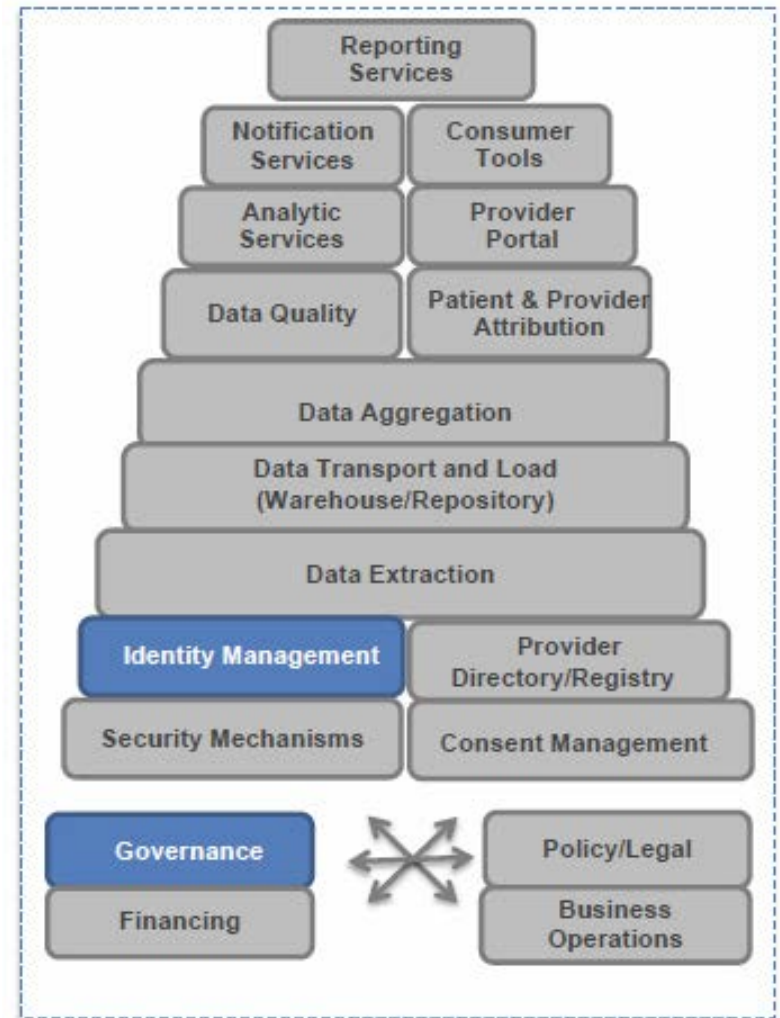
Next Steps

- Session #5 (optional) – Thursday, 1/21 – 11 am ET
 - EHR Vendor eCQM Capabilities discussion
- Specific requests or questions contact ONC Resource Center or submit TA request through TASC system
 - Feedback loop for providers
 - Public reporting examples
 - Sustainability funding options
 - Risk stratification
 - Others?

Appendix: Building Quality Measurement Capacity

Dependencies

- **Governance**
 - Decentralized – services provided separately and by separate organizations
 - Central – one data intermediary providing services (e.g., SDE, HIE, state)
 - Coordinated – one or more data intermediaries with virtual trust community and technical services
- **Identity Management** supporting cross organization and provider calculation
- **Data Type** – claims, clinical encounter, administrative, and/or registry data



Appendix – Data Sourcing: Quality Reporting, C-CDA, and other available data

	Reporting Format
Category	QRDA Cat I
Intended Use	Quality reporting format for consistent, high reliable measurement for payment adjustment
Perspective	Ambulatory/hospital oriented: Aims to capture information on provider/hospital behaviors and processes and their impact on patient care and outcomes
Function	Used reporting format eCQM data between systems for quality measurement and reporting initiative
Available Data	QRDA I is limited to data required for eCQM calculation
Structured Data	Enforces structured data capture improving interoperability and comparisons

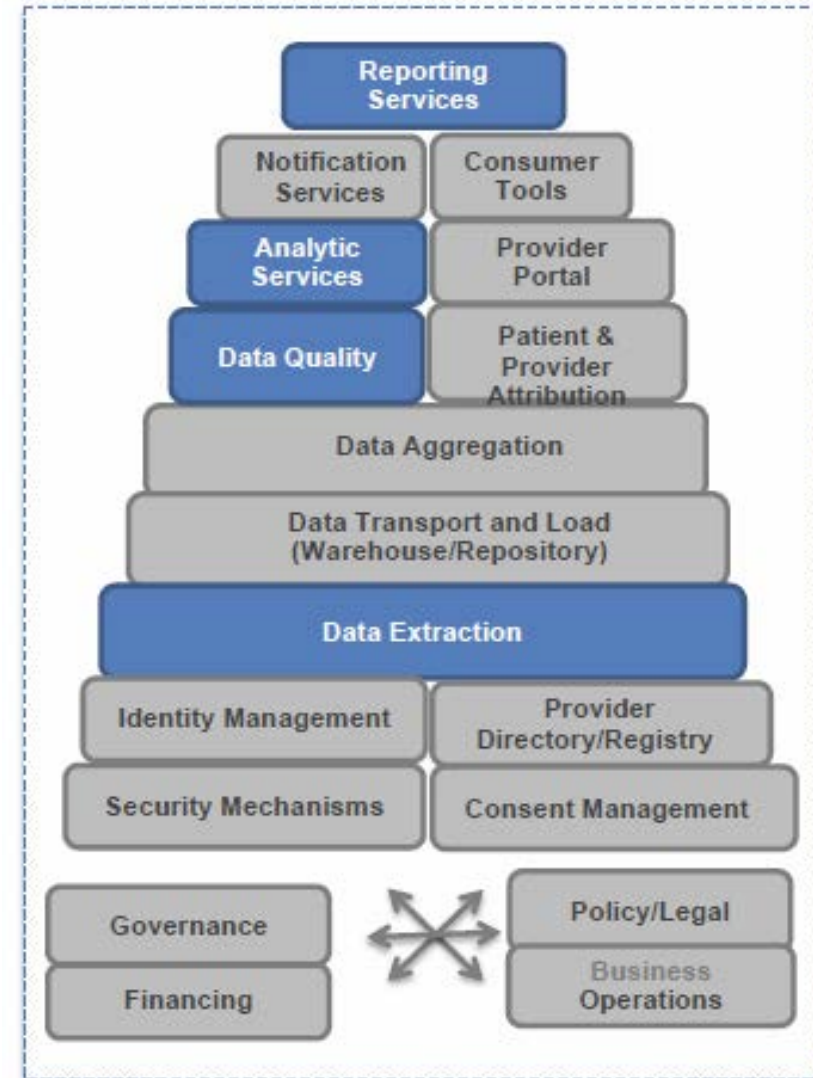
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Data Sourcing	Other data available for augmenting quality reporting data (e.g., claims, lab reporting, eRx)
C-CDA	Other data format example – ADTs
Data sourcing format developed to acquire and provide for a longitudinal view of patient’s health information to support care coordination	ADT messages are important in HL7 communications because they provide vital data about the patient and why the message is being sent
Patient oriented: Aims to capture information to provide a longitudinal view of a patient’s health and healthcare history	Event oriented: Important patient data, event, and determine when and where message must go based on triggering event
Primary function is to support care coordination but can be used for quality reporting	To carry patient demographic info for HL7 communications but also provide important trigger event information, such as patient admit, discharge, transfer, registration
C-CDA includes additional data components that can support multiple functions	ADTs provide vital data about the patient and why the message is being sent
May require additional data quality efforts and manipulation for QRDA reporting	Supports structured data for trigger events and may require additional data quality efforts

Appendix: Quality Measurement Data Intermediary

Functional Requirements

- **Sourcing** – Obtaining data from EHRs for quality reporting or other uses
- **Cleansing and management**– Normalizing, scrubbing or cleaning data for reporting purposes
- **Calculation** – calculate eCQM results based on the criteria defined by an eMeasure specification
- **Consistent formatting** – produce a corresponding QRDA Category III report
- **Optional functions** – benchmarking and feedback reports

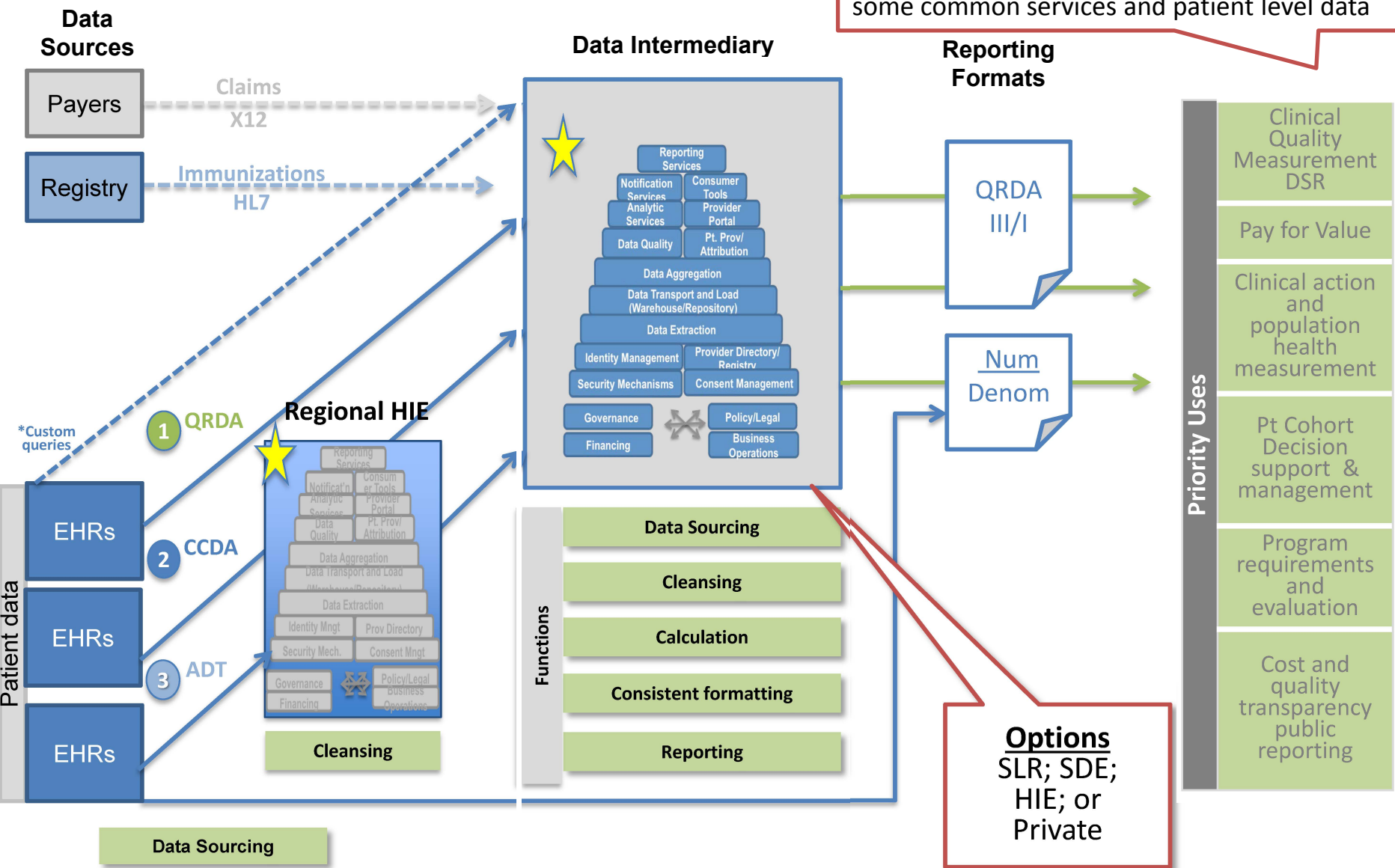


Appendix: Quality Measurement Data Intermediary Examples

- **Data Warehouse**
- **Specialty Registry**
- **State Level Registry (e.g., Medicaid eCQM tool)**
- **Performance measurement system vendor**
- **State designated entity**
- **Health information exchange**
 - **State level or regional HIE**
 - **Federated** – data is not stored at a central location but pulled from collection of clinical data repositories located remotely
 - **Centralized** – clinical data repository storing all data in single format - and transforming into different format
 - **Hybrid** – stores some data but queries data from contributing data systems
 - **Private** – act as central HIE under single, private governing
- **Integrated data intermediaries** aggregating multiple sites
- **Options**
 - Smaller states may consider a state owned registry for full solution – Wyoming

Appendix - CQM Data Intermediaries

Remember: Can not achieve all uses without some common services and patient level data



Options
SLR; SDE;
HIE; or
Private

Appendix: State eCQM Technical Models

Use of Data Intermediary

Claims data only	<u>Numerator</u> Denominator	Clinical data only	Integrated data
<ul style="list-style-type: none"> • Aggregation of claims data across payers • HEDIS • Manual chart review/surveys <ul style="list-style-type: none"> • Time-limited • No clinical quality measure data 	<ul style="list-style-type: none"> • Program reporting • Organization/Provider level • Calculation within EHR <ul style="list-style-type: none"> • Can't measure across organizations w/out Master Pt. Index • Multiple attribution issues • Uses: <ul style="list-style-type: none"> • Multiple reporting requirements 	<ul style="list-style-type: none"> • <u>Data sourcing-</u> <ul style="list-style-type: none"> • Indexing clinical data (keeping data at source) • Extraction of data for quality measurement (QRDA III/I; CCDA; custom queries) • Extraction of data for other uses (care coordination, longitudinal health record) • <u>Aggregation of</u> clinical data at central source for <ul style="list-style-type: none"> • Calculation – across providers/organizations • Centralized Program Reporting to CMS/Medicaid/Comm. payers 	<ul style="list-style-type: none"> • Clinical and claims data • Aggregate centrally for data calculation • Coordinated governance • Uses: <ul style="list-style-type: none"> • Supports pay for value • Quality measurement • Population health measurement
Iowa - VIS	Medicaid EHR Incentive Program attestation	Michigan - CQMRR at HIE	MyHealth Access Network Tulsa, OK
		Oregon - CQMR	The Health Collaborative - Cincinnati, OH
		Connecticut - Indexing / Edge servers	Utah - UHIN

eCQM Resources

- **eCQI Resource Center** - <https://ecqi.healthit.gov/>
- **CMS MeT HITECH Resource Center** - <http://www.medicaidhitechta.org/>
- **Center for Healthcare Transparency** - <http://www.pbgh.org/cht>
- **State-specific SIM models** - contact your State SIM leadership teams
- **ONC State Health IT Policy Levers Compendium** – <https://www.healthit.gov/policy-researchers-implementers/health-it-legislation-and-regulations/state-hit-policy-levers-compendium>

Appendix: Electronic Clinical Quality Measures (eCQMs) Criteria

- **2015 Certification continues with 2014 edition (MU2) eCQM certification approach**
- **What do we certify?**
 - Modular certification for:
 - Capture and export of quality measure data (c)(1)
 - Import and calculate quality measures (c)(2)
 - Report quality measures (c)(3) as aggregate data by provider and/or individual patient level data
 - Filter (c)(4) - new optional criteria, not required by MU.
- **Changes from 2014 (MU2)**
 - Enhanced rigor of testing, require ability for on demand export of **quality** measures by providers, all vendors must be certified to export patient level data.
 - Filter (c)(4) - Ability to filter eCQM results by demographics, payer, medical condition, practice site.
- **State Implications**
 - Re-affirmed QRDA (quality reporting data architecture) as the standard for eCQM.
 - CMS is requiring all providers to submit eCQM data to CMS in 2018.
 - States could require filter (c4) in 2018 (for 2019 data submission) if there are needs to filter data by practice site, payer or demographics.
 - States can currently require patient-level or aggregate data submission—this will continue.

Appendix: eCQMs for Program Evaluation

- What are examples of states using data intermediaries for Grant or Innovation Program Evaluations?
 - Colorado Comprehensive Primary Care Initiative (CPCI) –
 - **Data sources:** APCD, payers' self-funded data
 - **Use:** Operational use and view of provider claims-based cost data
 - **Program evaluation use:** CPCi, SIM (potentially)
 - Others - ?
- What needs to be considered?
 - **Measure alignment across stakeholders** – Align to program objective measures
 - **Data sourcing** – Identify data sources (data intermediaries/Medicaid State Level Registries, APCD)
 - **Reporting to whom** – State evaluators, Federal evaluators, others?
 - **Data use agreements and policies** –