

Quality Forms **Quality**
MACRA PQRS Reports
Numerator CPT **Quality**
ACO **Quality**
SNOMED Denominator
Quality **Quality**
Registry Medications Observation Terms
MIPS **Quality** PCMH
CQR Problems
Quality **Quality**

Implementing Quality Improvement without Major Workflow Impacts

- This process and content are currently being utilized by approximately 10 sites with various specialties who are preparing for MIPS as early as possible
- Not all measures are currently available
- Clinical Content and reports require sites to be using orders for billing
 - Customized options would be available if needed

Quality Data Capture Planning

- Select measures that meet are realistic for your practice and specialty
- Providers will have to be involved and will need to understand the impact of quality on their practice
- This is not just a government penalty
 - It is a model change
 - It will also create a different patient market with your quality reports being readily available to patients and families

Quality Data Capture Planning

- Determine the measure requirements
 - Numerator
 - Denominator
 - Exclusions
- Review the CMS specification in detail.
 - Do not forget exclusions

Quality Data Capture Planning

- Outline the forms and/or workflows current used to capture this data.
 - For example – BMI is capture on Vital Signs by Nurse
- How is this data currently stored in your EHR (Observation terms, medications, problems, etc)

Quality Data Capture Planning

- How does your organization plan on reporting/submitting quality data
 - CQR, Registry?
- How is the submitting system going to request data
 - Direct EHR (CQR Tool), Flat File for Registry, Registry pulls data, etc

Quality Data Capture Planning

- What criteria is your data submission organization (registry, CQR, etc) using to extract numerators and denominators
 - CMS outlines mostly SNOMED and CPT Codes to determine numerators/denominator/exclusions
 - Developing this standard now will assist with data capture, monitoring, improvement and submission

What & How to Implement

- Review existing forms to be certain data capture is discrete
- Update all existing forms as necessary to capture data needed for quality measures
- Consider creating or implementing quality scoreboard as a stand alone form for review by providers and staff
 - Strongly recommend utilizing SNOMED & CPT data capture

What & How to Implement

- In addition to stand alone quality dashboard consider and “interactive” dashboard
 - Provides more workflow friendly approach to capturing quality data
- Assist providers and staff in identifying quality measures that are due or out of range during the course of the visit

What & How to Implement

- We have developed several clinical content options for documenting and tracking quality along with customized crystal report dashboards that can be easily ran from within Centricity
 - The forms and reports are bundled with our MIPS Implementation services as an optional add on
- A stand alone quality “scoreboard” allows users to go to one page and review the measures that YOUR organization has selected for quality
- An interactive quality gaps form and interactive quality forms banner that follows the users throughout the visit allows for real time updates to key data elements that follow the user workflow and do not require users to go to “another page” to document or determine how this particular patient is doing with quality measures

What & How to Implement

- The next few screens will show the Stand Alone Quality Scoreboard
- A live demonstration will follow the presentation

Shows Compliance with Organizations Selected Quality Measures

PQRS/CQM Refresh

Pt Name: Jennifer Monahan DOB: 04/30/1975 Age: 41 Insurance (P): Aetna

Add/Update Orders

Numerator	Denominator	Measure	Code
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Use Screening and Cessation Intervention (18 and older)	PQRS 226 / CMS 138
<input type="checkbox"/>	<input type="checkbox"/>	Unhealthy Alcohol Use Screening	PQRS 431
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BMI Screening and Follow-Up Plan	PQRS 128 / CMS 69
<input type="checkbox"/>	<input type="checkbox"/>	Documentation of Current Medications in the Medical Record	PQRS 130 / CMS 68
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Preventive Care and Screening: Influenza Immunization	PQRS110 / CMS127
<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia Vaccination Status for Older Adults	PQRS111 / CMS127
<input type="checkbox"/>	<input type="checkbox"/>	Screening for High Blood Pressure and Follow-Up Documented	PQRS 317 / CMS 22
<input type="checkbox"/>	<input type="checkbox"/>	Controlling High Blood Pressure	PQRS236
<input type="checkbox"/>	<input type="checkbox"/>	Pain Assessment and Follow-Up	PQRS 131
<input type="checkbox"/>	<input type="checkbox"/>	Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy	PQRS 32
<input type="checkbox"/>	<input type="checkbox"/>	Medication Reconciliation Post-Discharge	PQRS 46

BMI Screening

--- No recent BMI recorded ---

Prior

Height: 52 in 52 (03/09/2016)

Weight: lbs 132 (03/09/2016)

BMI: 34.45 03/09/2016

Dietary management education, guidance, and counseling performed: Yes Not Required

Allows Users to Enter Data Element when selected

Identifies Measures that are excluded for this patient based on CMS Exclusion Criteria

Refresh

Total Measures Met: 1
Total Domains: 1 ?
Crosscutting Measures: 1

Orders: Infl... ived [G8482]

PQRS/CQM Refresh

Pt Name: Jennifer Monahan DOB: 04/30/1975 Age: 41 Insurance (P): Aetna

Add/Update Orders

- | Numerator | Denominator | Order |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Tobacco Use Screening and Cessation Intervention (18 and older) PQRS 226 / CMS 138 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Unhealthy Alcohol Use Screening PQRS 431 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="radio"/> BMI Screening and Follow-Up Plan PQRS 128 / CMS 69 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Doc the |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Pre Imm |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Pne Adu |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="radio"/> Scr Fol |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Con |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Pair |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="radio"/> Stro Dis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> Med |

BMI Screening

--- No recent BMI recorded ---

Prior
Height: 52 in 52 (03/09/2016)
Weight: lbs 132 (03/09/2016)
BMI: 34.45 03/09/2016

Centricity Practice Solution

PQRS128 / CMS69 / NQF 0421 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter

Normal Parameters:
Age 65 years and older BMI => 23 and < 30 kg/m2
Age 18 - 64 years BMI => 18.5 and < 25 kg/m2

OK

Gives Measures Specifics according to CMS Guidelines when button is pushed

Refresh

Total Measures Met: 1
Total Domains: 1 ?
Crosscutting Measures: 1

Orders: Influenza immunization administered or previously received [G8482]

What & How to Implement

- The next few screens will show the Interactive Quality Gaps Page and Interactive Quality Gaps Forms Banner
- A live demonstration will follow the presentation

Quality Gaps

Refresh Quality Gaps

PHQ9 for Depression - Due for patients yearly
Pain Screening - Due for patients 18 and older yearly
Function Status Assessment - Due for patients 18 and older yearly
BMI - Due for patients 18-74 yearly
BP - Due for patients 18 and older yearly

Automatically presents users with outstanding quality gaps due for this patient

- Problems +
- Medications +
- Allergies
- Directives
- Flowsheet
- Orders
- Refill
- Superbill**
- Additional forms
-
- Demographics
- Appointments
- Quality Gaps

PHQ9 for Depression
Pain Screening
Function Status Assess
BMI
BP

- Prior HPI
- Prior A&P
- Active Problems
- Active Medications/Allergies

Vitals Vision/Hearing Lab Intake Menstrual Hx Quality Measures

Vital Signs

Prior

*Height: 52 in 52 (03/09/2016) Refused Unable to obtain cm

*Weight: lbs 132 (03/09/2016) Refused Unable to obtain kg

lbs. include wt change in note

*BMI: Waist Circ. Neck Circ. in.

Temperature: °F
Temp. site:
O2 sat: %
Respirations: /min
Pacemaker Card. Defibrilator

Blood Pressure

Refused Unable to obtain

	Rate	Rhythm	Comments	
*BP #1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Me"/>
BP #2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Me"/>
BP #3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Me"/>

Pain Assessment

Patient in pain? yes no

Nurse/MA Click to Sign

Transition of Care

This patient has been treated by the last visit to this office.

No Yes physici

Medications	Allergies
AMOXICILLIN 500 MG TABS (AMOXICILLIN) take 4 tablets 1 hour before procedure CYMBALTA 20 MG CPEP (DULOXETINE HCL) 1 tablet by mouth daily	

- Problems
- Medications
-
-
-
-
-
-

- Additional forms
-
- Demographics
 - Appointments
 - Quality Gaps

PHQ9 for Depression
Pain Screening
Function Status Assess
BMI
BP

Right Sided Interactive Banner Follows Users Throughout the Entire Visit

Vitals Vision/Hearing Lab Intake Menstrual Hx Quality Measures

Vital Signs

Prior

*Height: 52 in 52 (03/09/20...)

*Weight: 150 lbs 132 (03/09/20...)

Calc Wt change

*BMI: 39.14 Waist C...

°F

/min

Defibrillator

Users Continue to Document In Existing Forms Using Existing Workflow

Blood Pressure

Refused Unable to obtain

*BP #1: / Rate Rhythm Comments Me

BP #2: / Me

BP #3: / Me

Load form for Orthostatic BP

Pain Assessment

Patient in pain? yes no

Nurse/MA Click to Sign

**Right Sided Interactive Banner Is Updated as Quality Gaps Are completed.
In this example the BMI is no longer presented as a quality gap to the user**

- Problems +
- Medications +
- Allergies
- Directives
- Flowsheet
- Orders
- Refill
- Superbill**

- Additional forms
- Demographics
 - Appointments
 - Quality Gaps

**PHQ9 for Depression
Pain Screening
Function Status Assess
BP**

Transition of Care

This patient has been treated by

No Yes phys

the last visit to this office.

Medications Allergies

AMOXICILLIN 500 MG TABS (AMOXICILLIN) take 4 tablets 1 hour before procedure

CYMBALTA 20 MG CPEP (DULOXETINE HCL) 1 tablet by mouth daily

What & How to Implement

- Don't forget training
 - Provide everyone with a global understanding of quality improvement
 - Re-design workflows as necessary to accommodate adequate data capture without negatively impacting patient flow
 - Provide support after implementation as needed

Monitor Your Progress

- Strongly encourage groups to monitor compliance early in the process
 - CQR Tool
 - Customized Crystal Report Dashboard
 - Business Intelligence Tool
 - Other Monitoring Device

What & How to Implement

- The next screen will show you the customized Crystal Report dashboard
- A live demonstration will follow the presentation

"Practice Name" PQRS Dashboard

Period of: 6/1/2016 to 6/7/2016

Report calculates patients seen during the reporting period and determines compliance with the following measures:

- [Measure 126: Body Mass Index \(BMI\) Screening and Counseling](#)
- [Measure 130: Documentation of Current Medications](#)
- [Measure 226: Tobacco Use Screening and Cessation](#)
- [Measure 431: Unhealthy Alcohol Use Screening and brief counseling](#)
- [Measure 131: Pain Assessment and Follow-Up](#)
- [Measure 154: Falls: Risk Assessment](#)
- [Measure 155: Falls: Plan of Care](#)
- [Measure 110: Influenza Immunization](#)
- [Measure 11: Pneumonia Vaccination for Older Adults](#)
- [Measure 39: Screening for Osteoporosis for Women 65-85](#)
- [Measure 48: Urinary Incontinence Assessment of Presence or Absence of Urinary Incontinence](#)

Measure # 126 Preventive Care and Screening: Body Mass Index (BMI) Screening and	Measure # 130 Documentation of Current Medications in the Medical Record	Measure # 226 Preventive Care and Screening: Tobacco Use: Screening and Cessation	Measure # 431 Unhealthy Alcohol Use: Screening & Brief Counseling	Measure # 131 Pain Assessment and Follow-Up	Measure # 154 Falls: Risk Assessment	Measure # 155 Falls: Plan of Care	Measure # 110 Preventive Care and Screening: Influenza Immunization	Measure # 111 Pneumonia Vaccination Status for Older Adults	Measure # 39 Screening for Osteoporosis for Women Aged 65-85 Years of Age	Measure # 48: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence
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Provider Name	Numerator	0	0	0	0	0	0	0	0	0	0	
	Denominator	23	23	23	23	23	11	11	31	11	1	5
	Percent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Provider Name	Numerator	0	0	0	0	0	0	0	0	0	0	
	Denominator	28	30	30	28	28	11	11	34	11	1	5
	Percent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Provider Name	Numerator	0	0	0	0	0	0	0	0	0	0	
	Denominator	33	33	33	33	33	13	13	37	13	1	5
	Percent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Provider Name	Numerator	0	0	0	0	0	0	0	0	0	0	
	Denominator	9	9	9	9	9	3	3	10	3	1	5
	Percent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Provider Name	Numerator	0	0	0	0	0	0	0	0	0	0	
	Denominator	0	3	3	0	0	0	0	0	0	0	0
	Percent	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Once Crystal Report will show all measures and all providers in a dashboard format

Improve Your Quality

- Monitor reports monthly at a minimum
- Identify under performing providers
- Provide additional training and feedback to staff and providers
- Address any workflow or system setup concerns

Collect Your Money

- 50% of MIPS is Quality
- There is the potential for larger payouts for those performing well early in the process
 - Base Incentive
 - Exceptional Performance Bonuses

Continue to Monitor and Improve

Thank you very much!