

Health Data Colorado

SIM eCQM Reporting



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March 8, 2019

SIM Collaborative Learning Session



Objectives

- Learn about the SIM eCQM Solution
 - Why has SIM invested in this?
 - How is it being done?
 - Who is Health Data Colorado?
 - What are some of the Lessons Learned?
 - How can I participate?
 - What happens after SIM?

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SIM goals for eCQM Solution

- Practices extract once and report to many
- Practice Success with Alternative Payment Models
- Reduce Provider Burden of Reporting

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Who

- Health Data Colorado (HDCo)- Collaboration of 3 Organizations
 - QHN (Western Slope)
 - CCMCN (FQHC's)
 - CORHIO (Front Range, Eastern Plains)
- Participating SIM Primary Care Practices
 - Currently 113 Practice Sites have applied to participate

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How

- HDCo- extracting data from Practices and Calculating eCQM's
 - QHN & CORHIO- utilizing CCD interfaces (existing and new)
 - CCMCN – utilizing FQHC data extracts (existing and new)
 - All are using certified software for measure calculation
- Selected a sub-set of SIM Measures to report
- Quarterly measure submission electronically from HDCo to SIM
- January 2019 (Quarter 4 of 2018)

HDCo reported for 49 Practice Sites

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SIM eCQM Quality Measures Reported

- **Health Data Colorado Q4 2018 Quality Measure Submission**

- CCMCN Submitted for 40 Practice Sites
- CORHIO Submitted for 2 Practice Sites
- QHN Submitted for 7 Practice Sites

- **49 Individual Practice Sites** reported the following number of measures

- 18 Practices reported on 6 measures
- 7 Practices reported on 5 measures
- 15 Practices reported on 4 measures
- 2 Practices reported on 3 measures
- 5 Practices reported on 2 measures
- 2 Practices reported on 1 measure

- Practices report Adult or Pediatric measures or both

SIM eCQM Quality Measure Update

- **Current SIM eCQM Measures**

- Adult

- cms2 Screening for Depression and Follow Up Plan
- cms69 Body Mass Index (BMI) Screening and Follow Up Plan
- cms122 Hemoglobin A1C (HBA1C) Poor Control (>9%)
- cms138 Tobacco Use; Screening and Cessation Intervention
- cms165 Controlling High Blood Pressure

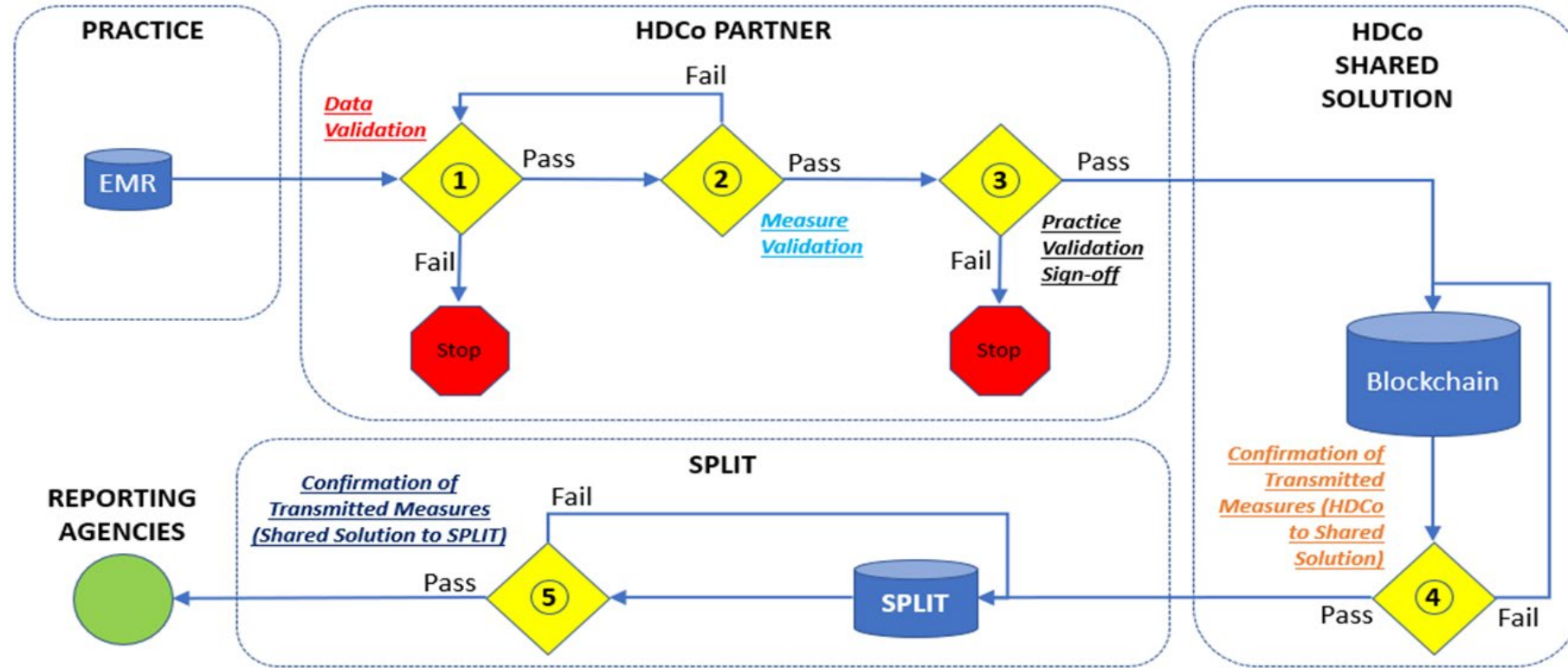
- Pediatric

- cms82 Maternal Depression Screening
- cms155 Weight Assessment and Counseling
 - Cms155w Assessment of BMI
 - Cms155n Nutritional Counseling
 - Cms155p Counseling for Physical Activity
- cms117 *Childhood Immunization Status

* Will begin reporting this measure with next submission in April of 2019

Quarterly Measure Submission Process

Quarterly Measure Validation Process Flow



Important Note: Each measure for a practice goes through this process independently each quarter

Overall Success Stories

- Practices appreciate ability to have another way to validate the data they have been pulling from EMR.
 - In some cases this validates the data the EMR produces
 - In Most Cases the Practice learns the EMR reports have a lot of discrepancies
- Practices appreciate the Validation work being done by the HDCO Partner on their behalf
- Practices appreciate the ability for HDCO Partner to be able to report on some measures that their own EMR has not built or will not build

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Barriers

- Some EMR's have difficulty in interface connection
 - Approximately 18 Practice Sites have an EMR interface issue
 - eClinical Works, Allscripts- cost prohibitive to the practice
 - Practice Fusion- will not respond to interface request
- Measure Validation and Practice Sign off require Practices to be engaged and responsive
 - SIM is ending
 - Participation is not yet associated toward any benefit of payment or decreased burden (still have to manually report)

QHN Lessons Learned

- Comparing QHN Diameter Reports to Practice Reports- some are very close

QHN-Diameter QRDA			
<u>HGBA1C-cms122</u>	<u>num</u>	<u>denom</u>	<u>rate</u>
1/31/2019	28	116	24.14%
12/31/2018	23	112	20.54%
Test 12 17 18	22	110	20.00%

Practice Report to SIM			
<u>HGBA1C-cms122</u>	<u>num</u>	<u>denom</u>	<u>rate</u>
12/31/2018	36	138	26.09%
9/30/2018	36	124	29.03%
6/30/2018	42	110	38.18%
3/31/2018	35	73	47.95%
12/31/2017	25	141	17.73%

QHN-Diameter QRDA			
<u>HTN- cms165</u>	<u>num</u>	<u>denom</u>	<u>rate</u>
1/31/2019	320	535	59.81%
12/31/2018	309	521	59.31%
Test 12 17 18	296	520	56.92%

Practice Report to SIM			
<u>HTN- cms165</u>	<u>num</u>	<u>denom</u>	<u>rate</u>
12/31/2018	421	615	68.46%
9/30/2018	367	548	66.97%
6/30/2018	319	463	68.90%
3/31/2018	183	303	60.40%
12/31/2017	413	593	69.65%

QHN-Diameter QRDA			
<u>BMI- cms69</u>	<u>num</u>	<u>denom</u>	<u>rate</u>
1/31/2019	1315	3237	40.62%
12/31/2018	1244	3019	41.21%
Test 12 17 18	1230	2941	41.82%

Practice Report to SIM			
<u>BMI- cms69</u>	<u>num</u>	<u>denom</u>	<u>rate</u>
12/31/2018	1658	3650	45.42%
9/30/2018	1314	2725	48.22%
6/30/2018	1062	2204	48.19%
3/31/2018	683	1389	49.17%
12/31/2017	1777	3157	56.29%

QHN Lessons Learned

- Comparing QHN Diameter Reports to Practice Reports- some are very different

QHN-Diameter QRDA				Practice Report to SIM			
HGBA1C-cms122	num	denom	rate	HGBA1C-cms122	num	denom	rate
1/31/2019	87	272	31.99%	12/31/2018	117	529	22.12%
12/31/2018	66	216	30.56%	9/30/2018	147	416	35.34%

QHN-Diameter QRDA				Practice Report to SIM			
HTN- cms165	num	denom	rate	HTN- cms165	num	denom	rate
1/31/2019	766	1054	72.68%	12/31/2018	1208	2772	43.58%
12/31/2018	610	835	73.05%	9/30/2018	1195	2301	51.93%

QHN-Diameter QRDA				Practice Report to SIM			
BMI- cms69	num	denom	rate	BMI- cms69	num	denom	rate
1/31/2019	637	2082	30.60%	12/31/2018	2289	3466	66.04%
12/31/2018	512	1628	31.45%	9/30/2018	2282	3330	68.53%

- Denominators in Practice Report seemed way too high for the size of the Practice
- This Practice agreed to run an apples to apples comparison test to determine differences

QHN Lessons Learned- Measure Validation

- Practice agreed to run an apples to apples comparison of the same 150 patients through to compare Practice Report to QHN Report

Hypertension Control cms165

	Num	Denom	
Practice report	83	108	76.85%
QHN report	65	83	78.31%

Denominator difference = 25

Helpful in understanding why the denominators were so different

25 patients missing from the QHN Diameter denominator of those 25

Issues found in Practice Denominator

- 6 duplicated and counted in the Practice report twice
 - 11 over the age 85 in 2018
 - 2 no office visit in 2018 found in CCD's that qualify for measure
 - 1 has office visit but hypertension was diagnosed 9/27/18 so after the start of the measurement period
 - 1 has hypertension coded without an onset date
- 21

Issues found in QHN Diameter Denominator

- 4 has office visit and has hypertension diagnosed
- ** after review with Diameter discovered these patients had their diagnosis of Hypertension listed as Inactive on the CCD

This Validation indicated that the Practice Report was not following the technical specifications for the measure

Practice found this information very valuable and learned a lot about measure through this process

QHN Lessons Learned- Infusing HIE Data

- Diabetes Poor Control Measure- goal is to be as low as possible

Clinic	Report End Date	Before HIE Data	After HIE Data	Percent Difference
Practice A	12/31/2018	68.97%	37.93%	31.04%
Practice A	1/31/2019	43.59%	38.46%	5.13%
Practice B	1/31/2019	33.33%	31.99%	1.35%
Practice C	1/31/2019	22.32%	19.65%	2.67%
Practice D	1/31/2019	31.18%	23.66%	7.53%
Practice E	1/31/2019	24.14%	24.14%	0.00%
Practice F	12/31/2018	25.45%	21.82%	3.64%
Practice F	1/31/2019	22.81%	21.05%	1.75%
Practice G	1/31/2019	47.62%	40.69%	6.93%

Lessons Learned- Quality Measure Reporting Problems

- Certification does not mean standardization
 - EHR's interpret the measures differently for reporting
- Complete Patient Centered Data is not available in EHR
 - Missing data to give true measure of Patients care
- Validation takes time
 - Clinicians want/need to see Patients- not validate data
- Payment adjustment requires trust from Payers/Providers
- Some EMR's can only report measures Year to Date
- Availability of measures not limited by EMR

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Lessons Learned- QHN eCQM Reporting Solutions

- Standardized measure methodology with QHN Solution
- Patient Centered Data is included with QHN Solution
- Validation work can be done on behalf of Practice
- Trust can be established for Payers/Providers
- Measures to be reported not limited to individual EMR
- QHN- Qualified Registry for CMS Quality Payment Program for 2019

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eCQM Solution Future

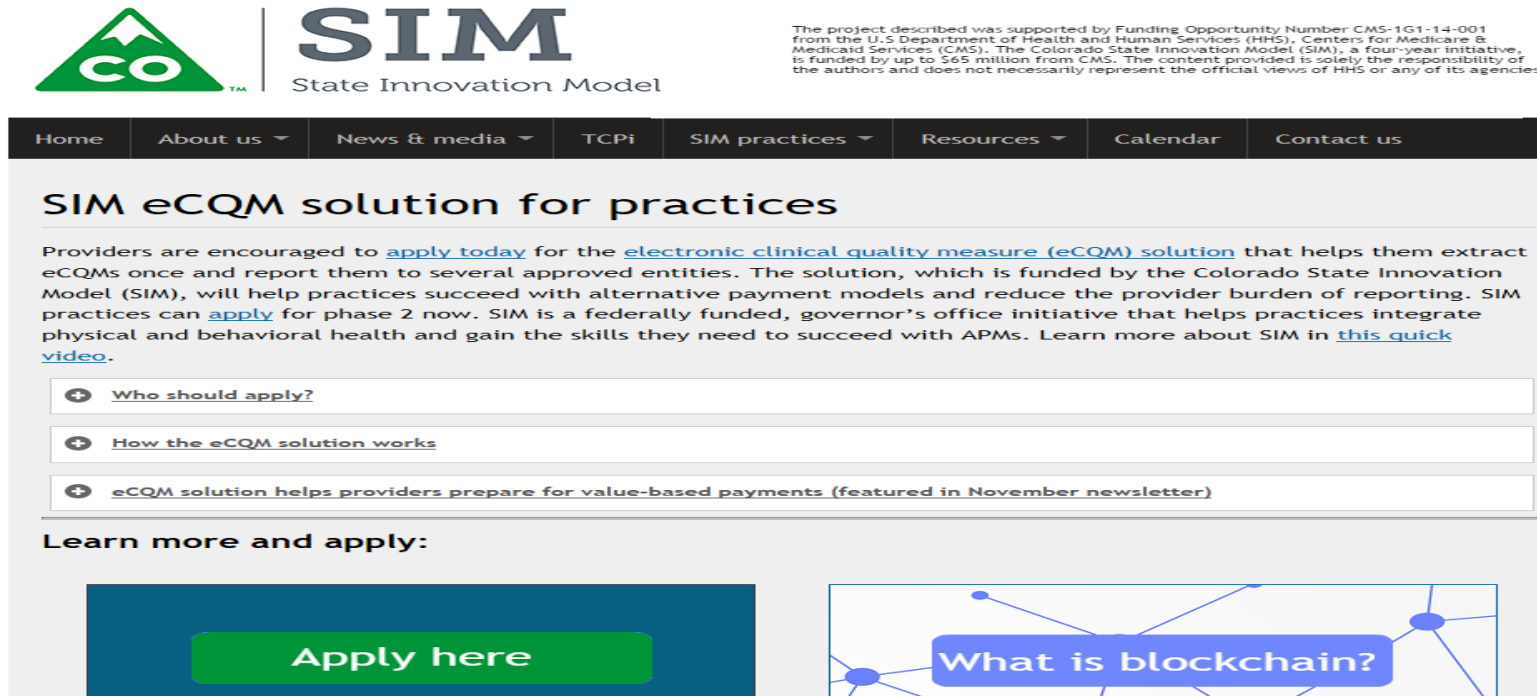
- Expand to be used to report to other payers and quality entities
 - Colorado Medicaid Alternative Payment Model
- Expand beyond SIM measures to meet various payers needs and/or practice needs


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How to Participate

- Apply via the SIM website-
 - application can be found under SIM Practices tab
 - ecqm solution for SIM practices



 **SIM**
State Innovation Model

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SIM eCQM solution for practices

Providers are encouraged to [apply today](#) for the [electronic clinical quality measure \(eCQM\) solution](#) that helps them extract eCQMs once and report them to several approved entities. The solution, which is funded by the Colorado State Innovation Model (SIM), will help practices succeed with alternative payment models and reduce the provider burden of reporting. SIM practices can [apply](#) for phase 2 now. SIM is a federally funded, governor's office initiative that helps practices integrate physical and behavioral health and gain the skills they need to succeed with APMs. Learn more about SIM in [this quick video](#).

+ Who should apply?

+ How the eCQM solution works

+ eCQM solution helps providers prepare for value-based payments (featured in November newsletter)

Learn more and apply:

[Apply here](#)

What is blockchain?

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Questions?

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