Transitioning to Electronic Clinical Quality Measures

How Are You Positioned?
Agenda

- The Importance of Electronic Clinical Quality Measures (eCQMs)
- How To Assess Your Readiness for eCQMs
- Challenges of Transitioning to eCQMs
- Questions
Our Story

FOCUS

Healthcare IT

25+ years average experience

180+ clients since 2009

PEOPLE

77% clinical or graduate management degrees

87% health operations experience

25+ years average experience

SOLUTIONS

coreGPS®

coreANALYTICS™

REPUTATION

KLAS®

Consistent high performer since 2010
Together, We Put a New Lens on Healthcare…

- Unlock insights from patient data
- Demonstrate value in evidence-based medicine
- Improve outcomes and reduce costs

Disease and diagnosis
Data science
Therapeutic insights

Providers
EHRs and operational data
Process and workflows
The Importance of Electronic Clinical Quality Measures (eCQMs)
Electronic Clinical Quality Measures (eCQMs) at the Center of Change

- 50% of CMS payments tied to alternative payment models by 2018
- 90% of CMS fee-for-service payment tied to quality by 2018

- Meaningful Use introduced 29 eCQMs for attestation ONLY (so far…)
- 28 IQR CQMs
  - 4 required to be electronically submitted in 2016
  - 15 eCQMs proposed in 2017

- Shared Savings Programs
- Bundled Payments
- Capitated Contracts

- Value-Based Purchasing
- Pay for Performance Incentives

Shift to Value

Quality Measures

Electronic Reporting

Currency for demonstrating quality and value
Inpatient Prospective Payment System 2017 Proposed Rule Highlights

• Reimbursement impact of not reporting eCQMs is unchanged
• Proposed removal of 13 of 28 eCQMs
• Report all remaining 15 eCQMs
• No new eCQMs proposed
• No measure performance thresholds
• Report 4 quarters of data - not 1 quarter
• CMS will not publicly report eCQMs in 2017
IQR Timeline

Chart-abstracted measures

Electronically reported measures (eCQMs)

2015
No eCQMs

2016
4 eCQMs

2017
15 eCQMs

2018
15+ eCQMs

2019
## eCQMs

Annual IQR Updates
• New specifications
• New measures
• Remove topped out measures
Abstracted vs. eCQMs

**Capture**
- Data documented in patient record

**Use**
- Chart review by abstraction/coding staff

**Calculate**
- Extracted Validated
  - Using a 3rd-party software tool

Submitted by Quality Department

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**Sample size**

**All patients**

**Capture**
- Structured data entered into EHR by clinician

**Use**
- Data must be **codified** to eCQM requirements

**Calculate**
- Data calculated and reported **electronically**

Electronically submitted on a schedule

Certified EHR Technology
Why Are eCQMs Important?

• Reporting eCQMs for the Inpatient Quality Reporting Program (IQR) impacts Medicare reimbursement
• eCQM requirements will increase from 4 in 2016 to 15 (proposed) in 2017
• Proposed reporting period increases from one quarter in 2016 to four quarters in 2017
• Beginning January 1, 2017 all 15 eCQMs must be reported
• eCQM performance will be publically reported in the future
• Employers and commercial payers utilize quality measures to negotiate contracts and reimbursement with providers
• Patients are increasingly engaged in their care and rely on quality measures to evaluate providers
• Providers strive to provide quality care and the perception of quality care
## Potential Medicare Reimbursement Impacts

*eCQMs for the Inpatient Quality Reporting (IQR) Programs*

<table>
<thead>
<tr>
<th></th>
<th>Hospital A</th>
<th>Hospital B</th>
<th>Hospital C</th>
<th>IDN D</th>
<th>IDN E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Hospitals</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Number of Beds</td>
<td>330</td>
<td>420</td>
<td>1,000</td>
<td>597</td>
<td>1,175</td>
</tr>
<tr>
<td>Total Revenues (<em>in Millions</em>)</td>
<td>$920</td>
<td>$2,000</td>
<td>$5,200</td>
<td>$2,600</td>
<td>$8,500</td>
</tr>
<tr>
<td>Net Medicare Revenue (<em>in Millions</em>)</td>
<td>$74</td>
<td>$85</td>
<td>$225</td>
<td>$375</td>
<td>$182</td>
</tr>
<tr>
<td>Impact of Not Reporting 4 eCQMs for IQR in 2016 (<em>in Thousands</em>)</td>
<td>$175</td>
<td>$180</td>
<td>$440</td>
<td>$375</td>
<td>$480</td>
</tr>
<tr>
<td>Potential Two-Year Impact (<em>in Thousands</em>)</td>
<td>$350</td>
<td>$360</td>
<td>$880</td>
<td>$750</td>
<td>$960</td>
</tr>
</tbody>
</table>

Notes:

1. Hospitals will be subject to a reduction of one-quarter of the Medicare market basket update for failure to submit four eCQMs for the Inpatient Quality Reporting Program (IQR) in 2016 for 2018 Medicare payments. This reduction is equal to .6% of the Medicare market basket update.
2. Reimbursement impacts to each organization and/or network is dependent on Medicare payer mix, inpatient/outpatient mix, Medicare volumes, growth rates, base Medicare DRG payments and various other factors.
3. Potential impact was calculated based on publically available data.
4. Two-year impact is estimated assuming the financial penalty for not submitting eCQMs in 2017 will be similar to 2016.
5. To determine the impact of not submitting four eCQMs for 2016 for a specific organization, refer to the Inpatient Prospective Payment System 2016 Final Rule and your reimbursement experts.
How To Assess Your Readiness for eCQMs
## eCQM Measure Performance – A Case Study

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>eCQM</th>
<th>IQR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED-2</td>
<td>ED Decision to Admit</td>
<td>219</td>
<td>187</td>
</tr>
<tr>
<td>PN-6</td>
<td>Antibiotic Selection PN</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>ICU Patients</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td></td>
<td>Non-ICU Patients</td>
<td>47.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>SCIP-1</td>
<td>ABX Timing</td>
<td>93.1%</td>
<td>99.1%</td>
</tr>
<tr>
<td>SCIP-9</td>
<td>Urinary Catheter Removed on POD 1 or POD 2 with Surgery Day Zero</td>
<td>64.0%</td>
<td>97.9%</td>
</tr>
<tr>
<td>STK-2</td>
<td>DC on Antithrombotic Therapy</td>
<td>94.6%</td>
<td>99.4%</td>
</tr>
<tr>
<td>STK-3</td>
<td>Anticoag for Afib/Flutter</td>
<td>66.1%</td>
<td>94.2%</td>
</tr>
<tr>
<td>STK-4</td>
<td>Thrombolytic Therapy</td>
<td>100.0%</td>
<td>99.9%</td>
</tr>
<tr>
<td>STK-6</td>
<td>DC on Statin Medication</td>
<td>95.2%</td>
<td>96.4%</td>
</tr>
<tr>
<td>VTE-1</td>
<td>VTE Prophylaxis</td>
<td>71.6%</td>
<td>99.2%</td>
</tr>
<tr>
<td>VTE-2</td>
<td>VTE Prophylaxis ICU</td>
<td>99.5%</td>
<td>92.7%</td>
</tr>
<tr>
<td>VTE-3</td>
<td>Overlap Therapy</td>
<td>35.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>VTE-4</td>
<td>UFH by Protocol</td>
<td>96.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>VTE-6</td>
<td>Preventable VTE</td>
<td>58.8%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
eCQM Assessment

- eCQM Comparison
  - Discovery Sessions
    - eCQM Analysis
      - eCQM Findings
        - eCQM Recommendations
Common eCQM Findings

- Workflows nonexistent or not adopted
- Unstructured data
- Data not interfaced from ancillary systems
- Report configuration
- Value sets missing or incorrect
Challenges of Transitioning to eCQMs
Challenges of Transitioning to eCQMs

- eCQM measure performance has been ignored
- Quality leadership has only focused on the abstracted clinical quality measures
- IQR 2017 proposed requirements to report all 15 eCQMs
  - Resource constraints
  - Timeline
  - New eCQM build
- EHR vendors do not have all the answers
- Transitioning to new CEHRT technology
What Do I Need to Do Now

As Quality Moves More and More into the EHR’s domain

• Inventory eCQMs available for reporting
• Understand the current state of your eCQMs performance
• Develop a strategy for submitting 4 eCQMs for 2016 (**2 months remain before start of Q4**) and 15 eCQMs in 2017 (**5 months remain before start of Q1**)
• Identify and resolve the performance differences between chart-abstracted CQMs and eCQMs
• Prepare to report for a full year in 2017
• Review your EHR vendor’s certification and planning

<table>
<thead>
<tr>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 or 2015 CEHRT Edition</td>
<td>2014 or 2015 CEHRT Edition</td>
</tr>
<tr>
<td>QRDA I format</td>
<td>QRDA I format</td>
</tr>
<tr>
<td>June 2015 Measure Specifications</td>
<td>Most Recent Measure Specifications</td>
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**eCQMs now impact hospital reimbursement**
Questions

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Thank You!