Understanding CQM MU Requirements for Hospitals

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Let’s Hear Your Questions
The History:

1999  “... at least 44,000 and perhaps as many as 98,000 hospitalized Americans die every year from medical errors.” National Academies Report *To Err is Human: Building a Safer Health System*

2001  “A concerted national commitment to building information infrastructure is needed to support health care delivery” National Academies Report *Crossing the Quality Chasm*

2004  “…an Electronic Health Record for every American by the year 2014. By computerizing health records, we can avoid dangerous medical mistakes, reduce costs, and improve care.” George W Bush - State of the Union address, Jan. 20, 2004

2007  “Medication errors injure 1.5M people and cost $3.5B per year in the U.S. National Academies Report *Preventing Medication Errors*

2009  “Computerize all health records within five years.” Barack Obama - George Mason University, January 12, 2009
Are we getting value for our dollar?
Cost vs. Quality

- Per capita health care spending
  - $2.5T (2009)\(^1\)
  - 17.6% GDP
  - $8,086 per person
- Life expectancy 37th of 191 in quality\(^2\)

2 World Health Organization Data, 2000 (http://www.who.int/whr)
3 OECD Health Data 2010: http://www.oecd.org/document/16/0,3343,en_2649_34631_2085200_1_1_1_1,00.html
Underinvestment in HIT

Per Capita Spending on Health Information Technology

United Kingdom: $192.79
Canada: $31.85
Germany: $21.20
Norway: $11.43
Australia: $4.93
United States: $0.43

Patients Want More Accessible, Coordinated, Well-Informed Care

<table>
<thead>
<tr>
<th>Percent reporting it is very important/important that:</th>
<th>Total very important or important</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have easy access to your own medical records</td>
<td>94%</td>
</tr>
<tr>
<td>All your doctors have easy access to your medical records</td>
<td>96%</td>
</tr>
<tr>
<td>You have information about the quality of care provided by different doctors/hospitals</td>
<td>95%</td>
</tr>
</tbody>
</table>

Why Health Information Technology (HIT)?

From the Health and Human Services Website:

• “Health information technology ... has the potential to improve health care quality, prevent medical errors, increase the efficiency of care provision and reduce unnecessary health care costs...”

Placing our Bet on HIT: The “Stimulus Package”

• The stimulus package (Feb 2009)
  – American Recovery and Reinvestment Act (ARRA) - $787 B
  – Health Information Technology for Economic and Clinical Health (HITECH) Act
    • $29.2 B ($17.2 B net) starting in 2011 to incent Medicare- and Medicaid-participating physicians and hospitals to use certified EHR systems in a “meaningful” way
The HITECH Act’s Framework

http://healthcarenfiproform.nejm.org/?p=2669
Meaningful Use Overview: Statutory Framework

In HITECH, Congress established three fundamental criteria of requirements for meaningful use:

1. Use of certified EHR technology in a meaningful manner
2. Certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve the quality and coordination of care
3. In using certified EHR technology, the provider submits **clinical quality measures** and other measures as determined by the secretary

Source: Brian Wagner, Senior Director of Policy and Public Affairs, eHealth Initiative (eHI) presentation to the MN Exchange and Meaningful Use Workgroup January 15, 2010
Quality Measures

• Relate to healthcare quality aims such as effective, safe, efficient, patient-centered, equitable, and timely care.”

• Eligible hospitals will be required to submit data on all 15 measures

• In 2011 payment year eligible hospitals will be required to report summary data to CMS on a set of clinical quality measures

• For hospitals only eligible for Medicaid incentives they will report to the states
Reporting of Clinical Quality Measures

• All measures have specifications for electronic reporting
• Reporting limited to patients in the EHR
• Patient information must be submitted regardless of payer
• Some hospitals, such as children’s hospitals, will have zero in the denominator of some measures
• Measures same for Medicaid and Medicare programs
• Aligned with IQR measures
<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Clinical Quality Measure Title &amp; Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED-1 NQF 0495</td>
<td>ED Throughput – admitted patients: Median time from ED arrival to ED departure for admitted patients</td>
</tr>
<tr>
<td>ED-2 NQF 0497</td>
<td>ED Throughput – admitted patients: Admission decision time to ED departure time for admitted patients</td>
</tr>
<tr>
<td>Stroke-2 NQF 0435</td>
<td>Ischemic stroke – Discharge on antithrombotics</td>
</tr>
<tr>
<td>Stroke-3 NQF 0436</td>
<td>Ischemic stroke – Anticoagulation for A-fib/flutter</td>
</tr>
<tr>
<td>Stroke-4 NQF 0437</td>
<td>Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset</td>
</tr>
<tr>
<td>Stroke-5 NQF 0438</td>
<td>Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2</td>
</tr>
<tr>
<td>Stroke-6 NQF 0439</td>
<td>Ischemic stroke – Discharge on statins</td>
</tr>
<tr>
<td>Stroke-8 NQF 0440</td>
<td>Ischemic or hemorrhagic stroke – Stroke education</td>
</tr>
<tr>
<td>Stroke-10 NQF 0441</td>
<td>Ischemic or hemorrhagic stroke – Rehabilitation assessment</td>
</tr>
<tr>
<td>VTE-1 NQF 0371</td>
<td>VTE prophylaxis within 24 hours of arrival</td>
</tr>
<tr>
<td>VTE-2 NQF 0372</td>
<td>Intensive Care Unit VTE prophylaxis</td>
</tr>
<tr>
<td>VTE-3 NQF 0373</td>
<td>Anticoagulation overlap therapy</td>
</tr>
<tr>
<td>VTE-4 NQF 0374</td>
<td>Platelet monitoring on unfractionated heparin</td>
</tr>
<tr>
<td>VTE-5 NQF 0375</td>
<td>VTE discharge instructions</td>
</tr>
<tr>
<td>VTE-6 NQF 0376</td>
<td>Incidence of potentially preventable VTE</td>
</tr>
</tbody>
</table>
Reporting on the Stage 1 Measures

• Numerators, denominators and exceptions must come from certified EHR technology.
• Stage 1 and Stage 2 Meaningful Use requirements have no “passing” threshold for the CQMs – .0005% is as good as 100%.
• In Stage 1 hospitals are not required to change workflow to ensure the measures are accurate.
CQMs – Getting Them Right

• In Stage 1 hospitals are not required to change workflow to ensure the measures are accurate

FAQ 10839: Does a provider have to record all clinical data in their certified EHR technology in order to accurately report complete clinical quality measure data for the Medicare and Medicaid EHR Incentive Programs?

We recognize that providers are continuing to implement new workflow processes to accurately capture clinical data in their certified EHR technology, but many providers are not able to capture all data at this time. Although we encourage providers to capture complete clinical data in order to provide the best care possible for their patients, for the purpose of reporting clinical quality measure data, CMS does not require providers to record all clinical data in their certified EHR technology at this time. CMS recognizes that this may yield numerator, denominator, and exclusion values for clinical quality measures in the certified EHR technology that are not identical to the values generated from other methods (such as record extraction). However, at this time CMS requires providers to report the clinical quality measure data exactly as it is generated as output from the certified EHR technology in order to successfully demonstrate meaningful use. We will continue to collaborate with our partners in the Office of the National Coordinator for Health Information Technology and with industry stakeholders to make further headways in system interoperability, standards for EHR data, as well as certification of vendor products.
Reporting on the Stage 1 Measures

• Reporting in 2012 through attestation – manually plugging the numbers.
• There is an option to participate in electronic reporting pilots.
  – For more information go to: http://goo.gl/16JMI
Proposed NPRM for Stage 2 CQMs

Starting 2014, all Hospitals and CAHs, will be required to report on 24 CQMs from a list of 49, with at least one from each of the following six domains:

– Patient and Family Engagement
– Patient Safety.
– Care Coordination
– Population and Public Health
– Efficient Use of Healthcare Resources
– Clinical Process/Effectiveness

For the remaining clinical quality measures, eligible hospitals and CAHs would select and report the measures from Table 9 that best apply to their patient mix. We are soliciting comment on the number of measures and the appropriateness of the measures and domains for eligible hospitals and CAHs.

ONC and CMS are actively seeking comment
Stage 2 CQMs

• goo.gl/3rRWd

• Ongoing effort to harmonize measures and ensure that undue burden is not placed on hospitals from discrepant requirements
Linking CQMs to Clinical Decision Support in Stage 2

Following the recommendations of the HIT Policy Committee, we are proposing to modify the objective for Stage 2 to using clinical decision support to improve performance on high-priority health conditions. We believe that it is best left to the provider’s clinical discretion to determine which clinical decision support interventions would address high-priority conditions for their individual patient populations, but we are requiring as a measure of this objective that the clinical decision support intervention be related to 5 or more of the clinical quality measures on which EPs or hospitals would be expected to report. We define “related” to mean that the intervention’s intent is to improve the performance of the EP, eligible hospital, or CAH on a given clinical quality measure. Because clinical quality measures focus on high priority health conditions by definition, this alignment will ensure that clinical decision support is also focused on high-priority health conditions and improved performance in measurable quality areas.
Hospital Specification Guide

Technical Note

This document provides an example of quality measures specified based on information available within electronic data sources as specified using the HITSP IMQI Quality Interoperability Specification. The examples include measures in the Stroke, Venous Thromboembolism and Emergency Department sets of quality measures provided in HITSP by CMS. These examples includes a description of the measures, the set of data elements needed to address each measure (including any derived data elements), the criteria used to define and calculate the measure, and performance based on test data. Note that CMS is the HIT Quality Reporting Document (QRD) for these measures. This document is intended to exemplify the use of the HITSP specifications in specifying and reporting on a quality measure. This document is also intended to serve as guidance for the implementation of the example measures using the HITSP standards.

Reference Documents

- Parameters
- HITSP Implementation Guide
- Conventions (reporting and numbering)
- glossary
- Harmonization Framework
- Interoperability Specifications Overview

View by Topic
\nView Complete Library


HITSP/TN906

Healthcare Information Technology Standards Panel

Submitted to:
Healthcare Information Technology Standards Panel

Submitted by:
Quality Measures Tiger Team


Released for Implementation
20100430.V1.1
Questions?
Resources:

- Regional Extension Assistance Center for Health Information Technology (REACH)
  - [http://www.khaREACH.org](http://www.khaREACH.org)
- Stratis Health HIT Toolkits
- North Dakota HIT website:
  - [http://www.healthit.nd.gov/](http://www.healthit.nd.gov/)
- MN-DHS Medicaid EHR Incentives Website:
  - [http://www.dhs.state.mn.us/ehrincentives](http://www.dhs.state.mn.us/ehrincentives)
- “Meaningful Use” information on the Health and Human Services web site:
  - [http://healthit.hhs.gov/meaningfuluse](http://healthit.hhs.gov/meaningfuluse)
- “Meaningful Use” on the CMS web site:
  - [https://www.cms.gov/EHRIncentivePrograms/](https://www.cms.gov/EHRIncentivePrograms/)
- Registration instructions for eligible hospitals:
- ONC-ATCB Certified EHRs and what modules they are certified for:
  - [http://healthit.hhs.gov/chpl](http://healthit.hhs.gov/chpl)
- Testing criteria for each of the EHR modules:
  - [http://healthcare.nist.gov/use_testing/effective_requirements.html](http://healthcare.nist.gov/use_testing/effective_requirements.html)
- Quality Measure Specifications on the CMS web site:
- HITSP Technical Notes:
Thank you!

Key Health Alliance
Regional Extension Assistance Center for HIT
Key Health Alliance—Stratis Health, Rural Health Resource Center, and The College of St. Scholastica.

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