



FLEX HIT 2016

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CAH FLEX Regional Meetings

Healthcare Intelligence

FLEX 2016 - 2017

Staff Training and Quality Data Reporting

Focus: Staff Training & Quality Data Reporting



- There are a host of clinical quality data programs all requiring submission of organization/provider data
- Focus of this FLEX CAH program: provide education and training related to understanding the processes, cross-training staff, documenting processes, the importance of submitting data and highlighting impact to healthcare quality and value-based purchasing



Examples of Clinical Quality Data Programs

- Inpatient Quality Reporting (IQR)
- Outpatient Quality Reporting (OQR)
- Meaningful Use (MU)
- Physician Quality Reporting System (PQRS)
- National Healthcare Safety Network (NHSN)
- Medicare Beneficiary Quality Improvement Project (MBQIP)



- Gather and share best practices related to collection and submission of clinical quality measures
- Highlight the importance of clinical quality data to improve healthcare quality
- Educate on the importance of staff role in healthcare quality and value based purchasing



- Process documentation: are your processes for submitting clinical quality data documented and updated regularly?
- Staff cross-training: are back-up staff members identified and trained?
- Analysis and integration of data reports: how are you using data to drive improvement?



Sharing and Working Together

- Partner in Regional Meetings – 5 statewide locations
- Webinar group trainings
- Sharing of best practices and tools
- Site visits



TODAY'S OBJECTIVES

Today's Objectives

- Best practices for data collection and submission of CQMs
- Importance of clinical quality data to improve healthcare quality
- Importance of role of healthcare quality and value based purchasing
- Analysis and integration of data reports
- Process documentation
- Staff cross-training



DATA COLLECTION AND SUBMISSION OF CQMs



Data Collection Processes

What is the best way to standardize data processes?

- Having a standardized data collection procedure is essential for successful quality improvement.
- A standardized data process will simplify the task of quality improvement by allowing you to collect accurate and consistent data and generate reliable information to act upon.



Source: Health Resources & Services Administration (HRSA)



Data Collection Processes

- **Simple data collection planning** is a process that ensures that the data you gather are useful, reliable, and resource-efficient. Designing a data collection plan will help to prevent errors in the data collection process.
- What information needs to be collected in order to address each quality measure?
- What are the information sources?
- How should information be collected (methodology)?
- How much data should be collected?
- What timeline is being followed to meet task deadlines?

Source: Health Resources & Services Administration (HRSA)

Data Collection Processes

- When collecting data from medical charts, standardized chart audit forms are a simple way to ensure that data collection is consistent and thorough.
- A series of standardized chart audit forms for quality management are available from the Migrant Clinicians Network (link on “Resources” slide)
 - Examples include well-child care evaluations and medical chart reviews for individual providers
- You can also create your own standardized chart audit forms to facilitate data collection.

Source: Health Resources & Services Administration (HRSA)

IMPORTANCE OF CLINICAL QUALITY DATA TO IMPROVE HEALTHCARE QUALITY

Importance of Clinical Quality Data

- Effective data management and collection plays an important role in improving the performance of an organization's health care systems.
- Collecting, analyzing, interpreting, and acting on data for specific performance measures allows health care professionals to identify where systems are falling short, to make corrective adjustments, and to track outcomes.



Source: Health Resources & Services Administration (HRSA)

Importance of Targets

- Setting targets is one way to ensure you are continually striving to improve the quality of care for your patients.
- Identifying areas for improvement and setting measurable goals are the first steps towards implementing a plan or vision for your organization.
- Setting a target alone will not lead to improved clinical outcomes, but targets can increase awareness about specific topics and help your organization focus resources on specific clinical topic areas.
- Targets can also motivate your staff to raise the bar for quality.

Source: stratishealth.org

HEALTHCARE QUALITY AND VALUE-BASED PURCHASING

Hospital Value-Based Purchasing

- Hospital Value-Based Purchasing (VBP): part of CMS' long-standing effort to link Medicare's payment system to a value-based system to improve healthcare quality, including the quality of care provided in the inpatient hospital setting.
- The program attaches value-based purchasing to the payment system that accounts for the largest share of Medicare spending, affecting payment for inpatient stays in over 3,500 hospitals across the country.
- Participating hospitals are paid for inpatient acute care services based on the quality of care, not just quantity of the services they provide.
 - Congress authorized Inpatient Hospital VBP in Section 3001(a) of the Affordable Care Act
 - Uses the hospital quality data reporting infrastructure developed for the Hospital Inpatient Quality Reporting (IQR) Program

MACRA and QPP

- On April 27, 2016, the Department of Health and Human Services issued a Notice of Proposed Rulemaking to implement key provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
- Bipartisan legislation that replaced the flawed Sustainable Growth Rate formula with a new approach to paying clinicians for the value and quality of care they provide



MACRA and QPP

- The proposed rule would implement these changes through the unified framework called the “Quality Payment Program,” (QPP) which includes two paths:

**The Merit-based
Incentive Payment
System (MIPS)**

**Advanced
Alternative Payment
Models (APMs)**

MIPS Performance Categories

- MIPS allows Medicare clinicians to be paid for providing high quality, efficient care through success in four performance categories:

Cost

Quality

**Clinical
Practice
Improve-
ment
Activities**

**Advancing
Care
Information**

Advanced Payment Models (APMs)

- Clinicians who take a **further** step towards care transformation—participating to a sufficient extent in Advanced Alternative Payment Models—would be exempt from MIPS payment adjustments and would qualify for a 5 percent Medicare Part B incentive payment.
- Under the new law, Advanced APMs are the CMS Innovation Center models, Shared Savings Program tracks, or statutorily-required demonstrations where clinicians accept both risk and reward for providing coordinated, high quality, and efficient care.



ANALYSIS and INTEGRATION OF DATA REPORTS

Using Your Data: Analysis & Improvement

- By using all of the data generated throughout the health care system, researchers, health care professionals, and patients are discovering how to improve care today by understanding how care was delivered yesterday.



Source: www.ahrq.gov

Using Your Data: Analysis & Improvement



- Data analysis provides hospitals, practices and providers with information on their performance, as compared to external benchmarks (such as regional or national averages), and help target areas for improvement.
- Data analysis gives teams info. on key indicators of processes and outcomes (patient quality of care, service use, experience, cost), which are tracked over time to assess improvement.
- Benchmarking allows practices and teams to compare their performance on selected measures to the performance of others, or to national targets (e.g., 90 percent compliance with a standard).

Source: www.ahrq.gov

Using Your Data: Analysis & Improvement

- Provides motivation and direction for QI goals
- Helps identify gaps in services or overuse of services and potential areas for improvement
- Allows organizations and teams to track changes in performance over time



Source: www.ahrq.gov

PROCESS DOCUMENTATION

Understanding Your Processes

- To make improvements, an organization needs to understand its own delivery system and key processes.
- Activities or processes within a health care organization contain two major components:
 - 1) What is done?
 - 2) How it is done? (when, where, and by whom)
 - ✓ Improvement can be achieved by addressing either component; however, the greatest impact is when both are addressed at the same time.

Source: www.hrsa.gov

Understand Key Processes

RESOURCES (INPUTS):

- People
- Infrastructure
- Materials
- Information Technology

ACTIVITIES (PROCESSES):

1. What is done
2. How it is done

RESULTS (OUTCOMES OR OUTPUTS):

- Documented processes
- Health services delivered
- Change in health behavior
- Patient satisfaction

Source: Donabedian/www.hrsa.org

Mapping Your Processes

- Process mapping is a tool commonly used by an organization to better understand the health care processes within its system.
- This tool gained popularity in engineering before being adapted by health care.
- A process map provides a visual diagram of a sequence of events that result in a particular outcome.
- Resource:
<http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/>

Source: www.hrsa.gov

STAFF CROSS-TRAINING



Staff Cross-Training

- Focus on being part of the team
- A team harnesses the knowledge, skills, experience and perspectives of different individuals within the team to make lasting improvements
- Cross-trained staff don't necessarily need to have every small detail or the answer to every question – they simply need to:
 - ✓ Have a good understanding of the program(s)
 - ✓ Know where to locate the documented processes
 - ✓ Receive regular, relevant updates

Staff Cross-Training

- A team approach is most effective when:
 - ✓ The process or system is complex
 - ✓ No one person in an organization knows all the dimensions of an issue
 - ✓ The process involves more than one discipline or work area
- Solutions require creativity
- Staff commitment and buy-in are needed



Source: www.hrsa.gov

RESOURCES FOR QUALITY REPORTING PROGRAMS

Resources for Quality Reporting Programs



Inpatient Quality Reporting Program (IQR)

❖ CMS IQR Website

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/hospitalqualityinits/hospitalrhqdapu.html>

❖ Hospital Compare Website

www.hospitalcompare.hhs.gov

Outpatient Quality Reporting Program (OQR)

❖ CMS OQR Website

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html>

❖ Hospital OQR Program Support Contractor Website

<http://www.qualityreportingcenter.com/hospitaloqr/>

Physician Quality Reporting System (PQRS)

❖ CMS PQRS Website

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/pqri/>

❖ 2016 PQRS Implementation Guide

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016_PQRS_ImplementationGuide.pdf

❖ 2015 – 2017 PQRS Timeline

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015-17_CMS_PQRS_Timeline.pdf

Meaningful Use (MU) – EHR Incentives Program

❖ CMS MU/EHR Website

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

❖ CMS Tipsheet: What You Need to Know for 2016 – Hospitals & CAHs

[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EHWhatYouNeedto Knowfor2016.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016_EHWhatYouNeedtoKnowfor2016.pdf)

Resources for Quality Reporting Programs



National Healthcare Safety Network (NHSN)

❖ NHSN Website

<http://www.cdc.gov/nhsn/>

Medicare Beneficiary Quality Improvement Project (MBQIP)

❖ MBQIP Website

<https://www.ruralcenter.org/tasc/mbqip>



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