MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

November 19, 2015

The Michigan Health Information Technology Commission is an advisory Commission to the Michigan Department of Health and Human Services and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275

MDHHS

Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

November 2015 Meeting

- Welcome & Introductions

- Commissioner Updates

- Review of the September Meeting Minutes

HIT/HIE Updates

- HIT Commission Dashboard

- 2015 Annual Report Outline

- Other Updates

2016 Goals – November HIT Commission Update

Governance Development and Execution of Relevant Agreements

- New Trusted Data Sharing Organization (total: 50):
  - **Northern Michigan Regional Entity (NMRE) became PIHP-QO**
  - **9 of 10 Pre-Paid Inpatient Health Plans (PIHPs) are now QOs**
- MDHHS legal review of Use Case Agreements:
  - Exchange Patient Consent Information (approved)
  - Receive Immunization History/Forecast (approved)
  - Submit Health Information to State (approved)
  - Single Sign-On (under review)
- Use Case Working Group reviewed and approved:
  - Common Key Service Use Case Agreement
  - Exchange Veterans Information with VA
  - Exchange Disability Determination Information with SSA
  - Share Information With Patient

Technology and Implementation Road Map Goals

- Clinical Quality Measure Recovery and Repository (CQMRR) Service going into full production in 2016
  - Receive QRDA Category 1 and Category 3 files either using REST APIs across a VPN from an HIE-QO or via Direct Secure Messaging (DSM) from the HIE-QO or directly from the provider's EHR to MiHIN
  - Supports all 64 measures required for MU2 today
  - Converts individual Category 1 files into aggregate Category 3 files
  - Queries the Statewide Health Provider Directory for validating NPI numbers submitted with electronic CQMs in QRDA files
  - Includes a preliminary reporting capability that is available for QOs to test
  - Includes a "Patient Generator" that is capable of generating virtually unlimited QRDA test data files for HIE-QOs and HER vendors to utilize
- Receive Immunization History/Forecast Use Case - entered production in October with Henry Ford Health Systems and also with Great Lakes Health Connect
- Common Key Service project continuing toward December pilot

2016 Goals – November Update

MiHIN Shared Services

QO & VQO Data Sharing

- More than **482 million** messages received since production started May 8, 2012
  - Have processed as many as **9.2 MLN+** total messages/week
  - Averaging **8.9 MLN+** messages/week
  - **7.6 MLN+ ADT** messages/week; **1.4 MLN+** public health messages/week
- Total 505 ADT senders, 48 receivers to date
  - Estimated **93%** of admissions statewide now being sent through MiHIN
- Sent **.879 MLN+** ADTs out last week (exact match rate approx. 60%)
- More than:
  - **648,000 Reportable Lab** messages received/sent to MDSS
  - **15.5 MLN Immunization** messages received/sent to MCIR
  - **72.1 MLN Syndromic Surveillance** messages received/sent to MSSS
  - **380** Care Plans/Integrated Care Bridge Records (ICBR) per week
- Presently processing approximately **332,000** Discharges per week (ADT A03)
  - **1.5+** MLN **Medication Reconciliations at Discharge**/month *expected*

## MiHIN Shared Services Utilization

- **9 MLN** patient-provider relationships in Active Care Relationship Service (ACRS)
- **7 MLN** unique patient relationships in ACRS
- **542,265** unique providers in statewide Health Provider Directory; **456,332** unique organizations
- Medication Management White Paper
  - Final draft White Paper available for HIT Commission and Governor's Task Force on Controlled Substances expected January 2016
- Common Key Service Workshop sessions have begun
  - Kick-off meeting was virtual on November 10
  - 22 organizations represented
  - Next meeting November 24, 9:30-3pm in Ann Arbor
- MiHealthLink Care Plan/Integrated Care Bridge activity picking up as PIHPs and ACOs continue onboarding with CCDs and Common Gateway for December deadline
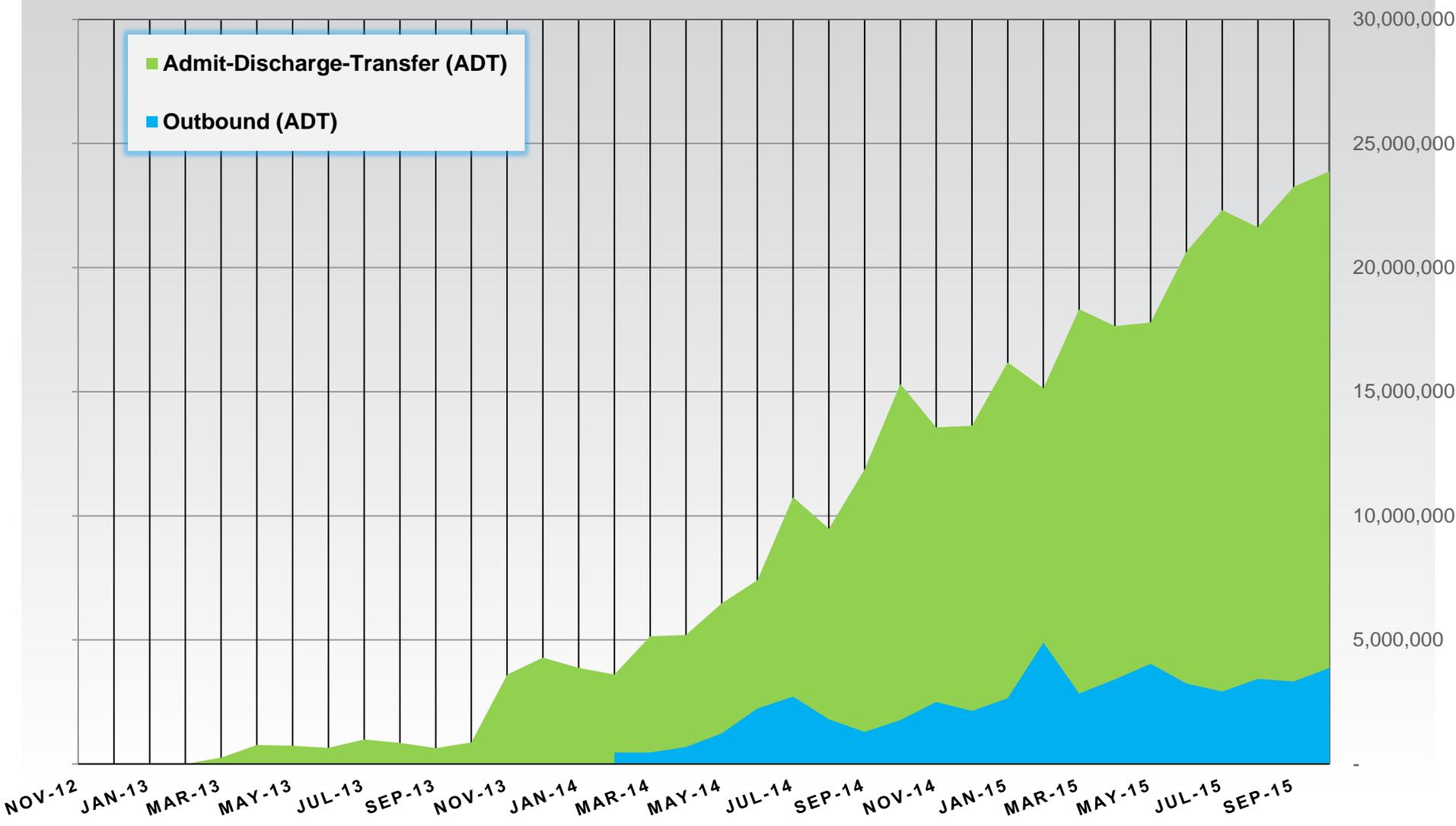
Weekly Message Volumes
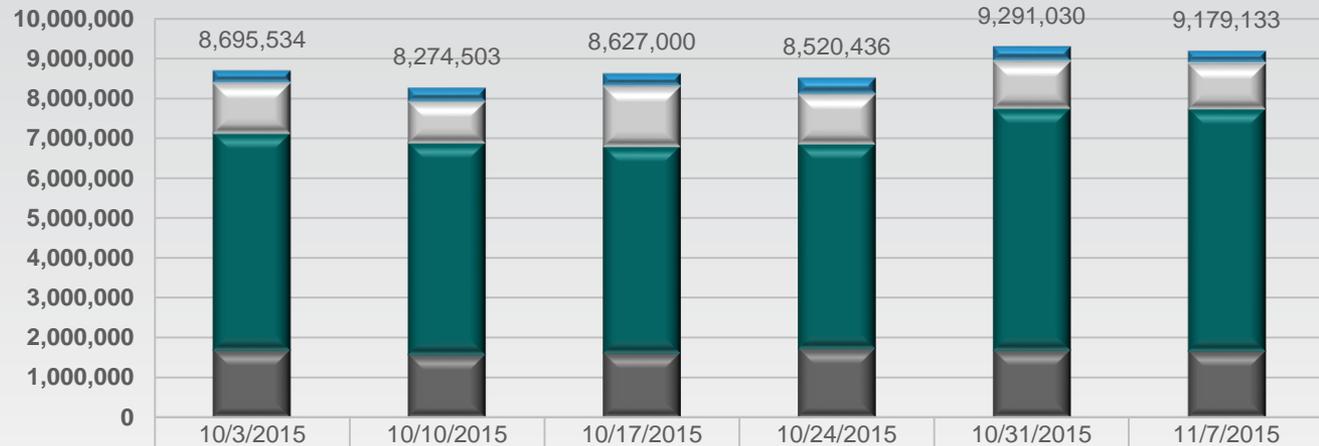
	10/3/2015	10/10/2015	10/17/2015	10/24/2015	10/31/2015	11/7/2015
■ Submit Immunizations	294,015	329,313	304,841	391,394	351,272	292,041
■ Submit Reportable Labs	9,705	9,982	9,884	12,419	9,885	11,922
■ Submit Syndromic Surveillance Data	1,267,919	1,055,282	1,517,351	1,259,494	1,188,393	1,145,737
■ Submit ADT Notifications	5,437,525	5,305,532	5,173,607	5,131,365	6,050,105	6,062,489
■ Receive ADT Notifications	1,686,370	1,574,394	1,621,317	1,725,764	1,691,375	1,666,944
Total Messages	8,695,534	8,274,503	8,627,000	8,520,436	9,291,030	9,179,133

MiHIN
Shared Services

Cumulative Message Volumes
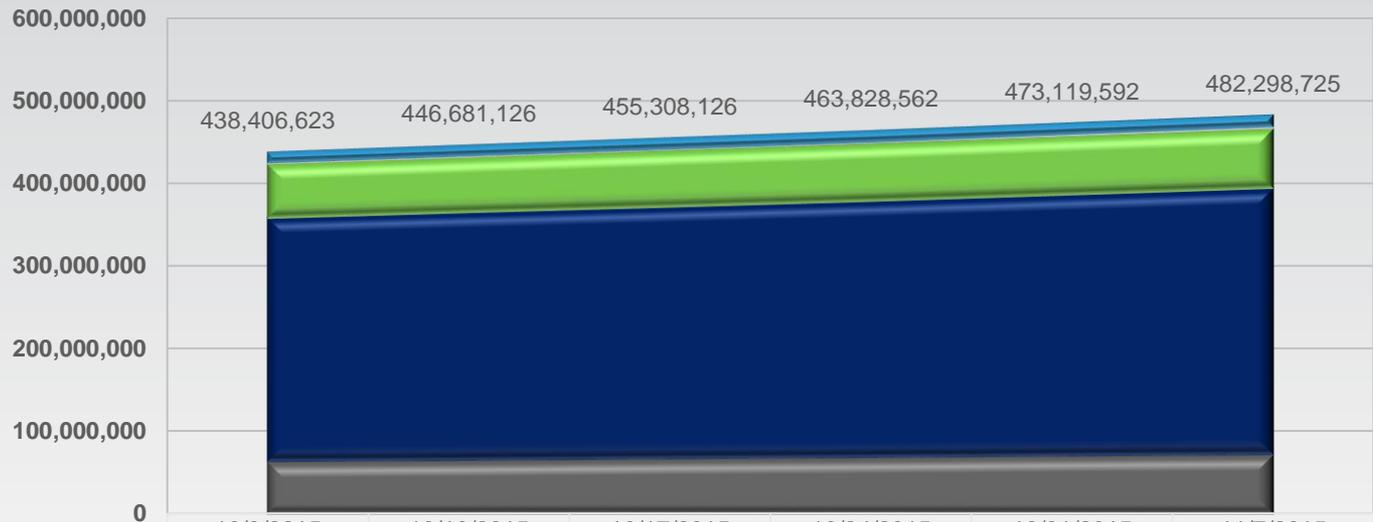
	10/3/2015	10/10/2015	10/17/2015	10/24/2015	10/31/2015	11/7/2015
■ Submit Immunizations	13,915,194	14,244,507	14,549,348	14,940,742	15,292,014	15,584,055
⊠ Submit Reportable Labs	594,522	604,504	614,388	626,807	636,692	648,614
■ Submit Syndromic Surveillance Data	65,994,902	67,050,184	68,567,535	69,827,029	71,015,422	72,161,159
■ Submit ADT Notifications	294,667,111	299,972,643	305,146,250	310,277,615	316,327,720	322,390,209
■ Receive ADT Notifications	63,234,894	64,809,288	66,430,605	68,156,369	69,847,744	71,514,688
Total Messages	438,406,623	446,681,126	455,308,126	463,828,562	473,119,592	482,298,725

Chart data labels: 438,406,623 · 446,681,126 · 455,308,126 · 463,828,562 · 473,119,592 · 482,298,725

MiHIN
Shared Services

7

MONTHLY MESSAGE COUNT

Legend:
- ■ Syndromic Surveillance (SS)
- ■ Clinical Quality Measures (CQM)
- ■ Reportable Labs (ELR)
- ■ Immunizations (VXU)

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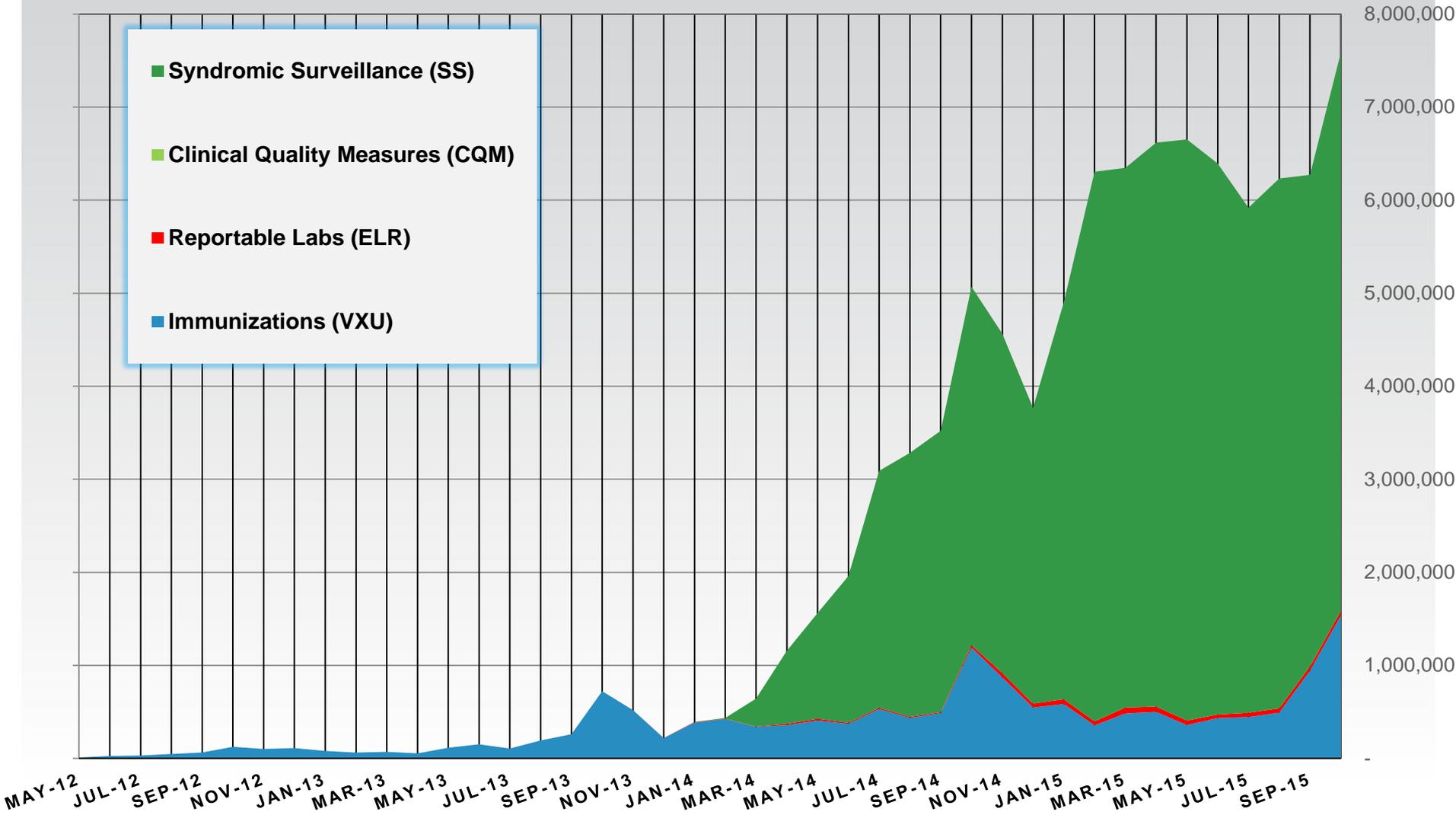
Participation Year (PY) Goals
November 2015 Dashboard

|	Reporting Status	Prior # of Incentives Paid (September)	Current # of Incentives Paid (October)	PY Goal: Number of Incentive Payments	PY Medicaid Incentive Funding Expended
Eligible Professionals (EPs)	**AIU 2014**	1039	1096	1000	$ 22,978,348
	AIU 2015	136	231	500	$ 4,859,169
	MU 2014	1366	1390	1444	$ 12,329,266
	MU 2015	52	132	1702	$ 1,178,669
Eligible Hospitals (EHs)	**AIU 2014**	3	3	17	$ 2,421,405
	AIU 2015	0	1	5	$ 184,905
	MU 2014	61	61	44	$ 13,684,481
	MU 2015	0	0	28	$ -

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	5302	$ 189,241,783
MU	3433	$ 102,870,870

Key: AIU= Adopt, Implement or Upgrade   MU= Meaningful Use

myHealthButton/myHealthPortal Dashboard
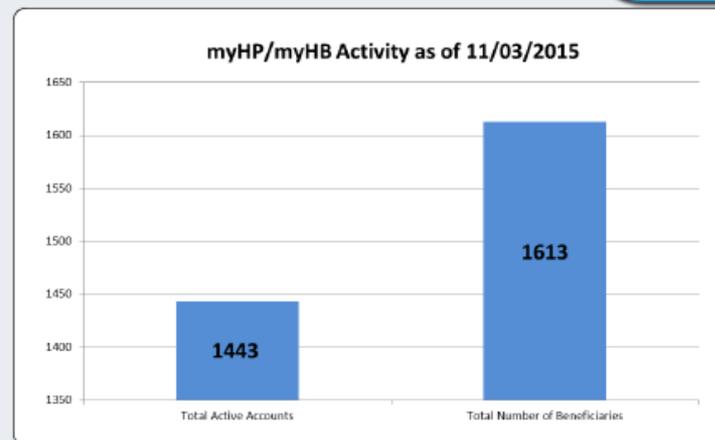
Updates:

6.1 Release (December 2015)

◊ View Cost Share data

◊ Upload and view Continuity of Care documents, including Results, Medications, and Immunizations

◊ Notification of Redetermination Date

◊ MDHHS-generated online alerts, notifications, and surveys

Outreach Activities

◊ Advertising efforts are now complete.

◊ Brochures and flyers have been printed and will be distributed to appropriate parties in the near future.

CONSUMER ENGAGEMENT INTEREST GROUP CALL

NOVEMBER CALL: Robin Hepfinger, the Outreach Coordinator for the Medicaid EHR Incentive Program, will be presenting on the program – what it is and how the meaningful use measures are helping providers engage with their patients.

NEXT CALL: Tuesday, November 17th (3:00pm – 4:00pm)
Number: 1-415-655-0001 (code: 192164955)
https://meetings.webex.com/collabs/#/meetings/detail?uuid=M036I8NNHIX3D5H7644SR4RJC7-5781&rnd=290936.54385
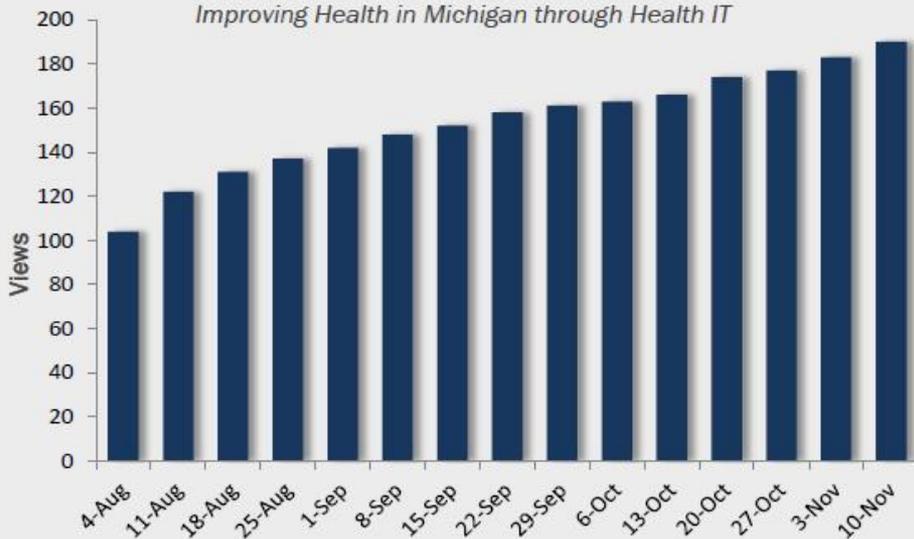
HEALTH LITERACY GRANT

The MPHI Consumer Engagement team is working with Dr. Nickell Dixon, MDHHS' Health Equity Coordinator, on an NIH grant proposal to create a Health Literacy training conference for healthcare professionals.

STAKEHOLDER COLLABORATION

Video activity

Improving Health in Michigan through Health IT

Persona Stories

The MPHI Consumer Engagement team is expanding the persona stories to include various demographics of individuals and state services in order to better understand different populations and how to serve them. Please see attached for the latest persona story.

Sarah, a children's protective services worker

Sam, a 7 year old experiencing medical neglect

OUTREACH & EDUCATION

2015 Annual Report

- Annual Report Development Timeline

  - November 2015
    - HIT Office: Introduce outline
    - HIT Office: Send the draft report for review after the meeting

  - December 2015
    - HIT Commission: Send feedback on draft to the HIT Office by December 17th
    - HIT Office: Revise the report and incorporate feedback

2015 Annual Report

- Annual Report Development Timeline

  - January 2016
    - HIT Office: Send revised report to the commission prior to the meeting
    - HIT Commission: Review and provide final feedback on the report and potentially approve the final draft for submission during January meeting

  - February 2016
    - HIT Office: Incorporate final feedback and send the final report to the legislature

M-CEITA Updates and Related Activities

Michigan HIT Commission
November 19, 2015

*Altarum Institute integrates independent research and client-centered consulting to deliver comprehensive, systems-based solutions that improve health and health care. A nonprofit, Altarum serves clients in both the public and private sectors. For more information, visit **www.altarum.org***

The Michigan Center for Effective IT Adoption –
A Brief History

▲ The Michigan Center for Effective IT Adoption, known as M-CEITA was originally funded in 2010 by the Office of the National Coordinator for Health IT as one of 62 Regional Extension Centers for Health IT Adoption.

▲ RECs were charged with assisting providers in adopting or optimizing EHR use to meet and attest to CMS Stage 1 Year 1 Meaningful Use criteria.

▲ Altarum, along with our subcontractors and partners worked from 2010 - 2015 to deliver these federally-funded services to a minimum of 3,724 providers statewide under the M-CEITA program.

▲ ONC-funded program officially closes on April 7, 2016.

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M-CEITA – *(close to) Final ONC Program Metrics*

▲ M-CEITA worked with 1,348 care delivery sites at 893 organizations assisting a total of **3,911 providers** to Stage 1 MU.

▲ M-CEITA supported practices included:
  - 31 Critical Access and Rural Hospitals
  - 22 Rural Health Clinics
  - 32 Federally Qualified Health Clinics
  - 1000+ primary care practice locations

▲ M-CEITA assisted providers to Stage 1 MU using more than 60 different EHR products

▲ M-CEITA helped providers attest to both EHR Incentive Programs:
  - 56% Medicare
  - 34% Medicaid
  - 10% Non-eligible

▲ Providers serviced in 79 of 83 MI counties.

▲ Dark green/dark blue show highest concentration areas:

- Oakland
- Wayne
- Macomb
- Kent
- Ingham
- Genesee
- Muskegon
- Washtenaw

M-CEITA - *Where We Are Today*

▲ M-CEITA is now housed within the Center for Implementation Science at Altarum Institute. CIS works to advance healthcare delivery through direct-to-provider technical assistance and implementation science research. CIS is part of the Health Innovations and Technical Assistance Group.

▲ M-CEITA has grown and evolved well beyond the original ONC funded program. Today M-CEITA and related CIS projects include:
  - M-CEITA's Michigan Medicaid Program
  - Leveraging Health IT for Improved Hypertension and Diabetes Management
  - Asthma Care Improvement Project
  - Supporting Community HIE and eConsent for Behavioral Health
  - M-CEITA Commercial Services

▲ The M-CEITA program experience has also contributed to the development of other large provider TA programs.

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M-CEITA's Michigan Medicaid Program

- ▲ **Project Summary:** M-CEITA's Michigan Medicaid Program assists eligible professionals with the adoption, implementation and optimization of health IT. Our highly subsided technical assistance provides Meaningful Use (MU) support to providers wanting to earn performance incentives through the Medicaid EHR incentive program. These consultative services are delivered through a combination of onsite meetings and remote support to assist providers with navigating, achieving and reporting on the various program requirements. The Medicaid EHR Incentive Program offers performance incentives through 2021 as long as providers begin by 2016. To date, more the 1500 providers have signed up for our Medicaid technical assistance.

- ▲ **Project Lead:** Judy Varela judith.varela@altarum.org
- ▲ **Funder:** CMS funding administered by the Michigan Department of Health & Human Services (MDHHS)
- ▲ **Clients/Recipients:** Any Michigan Medicaid provider in any stage or any year of the Medicaid EHR Incentive Program

Leveraging Health IT for Improved Hypertension and Diabetes Management

- **Project Summary:** Conduct state-wide education and direct technical assistance to specific community providers designed to leverage Health IT to identify, engage, monitor, analyze and improve the outcomes of hypertensive and diabetic patients. Project staff assist providers in the implementation and optimization of EHR technology as well as provide technical assistance in the promotion of patient self-management of HBP. Activities include Clinical Quality Measure (CQM) selection and tracking, optimizing Clinical Decision Support (CDS) and implementing protocols for increased rates of identification.

- **Project Lead:** Bruce Maki, bruce.maki@altarum.org

- **Funder:** MDHHS, Cardiovascular Health, Nutrition, and Physical Activity Section - Heart Disease and Stroke Prevention Unit

- **Clients/Recipients:** Michigan providers and their teams (education). Providers/Health Centers identified by 4 grantee organizations to have a significant population of Hypertensive and Diabetic patients (TA).

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Asthma Care Improvement Project

- **Project Summary:** M-CEITA is working with targeted physician practices in Muskegon County providing Technical Assistance for EHR implementation of Clinical Decision Support (CDS) interventions and Clinical Quality Measures (CQM) related to Asthma Care as developed by Asthma Initiative of Michigan. M-CEITA also supports activities related to a pilot FLARE document implementation in Emergency Departments in Muskegon County.

- **Project Lead:** Cindy Swihart, cynthia.swihart@altarum.org
- **Funder:** MDHHS, Asthma Prevention and Control Program
- **Clients/Recipients:** Five primary care locations including FQHCs and pediatric offices. Two Emergency Departments in Muskegon.

Supporting Community HIE and eConsent for Behavioral Health

▲ **Project Summary:** Washtenaw County Community Mental Health, M-CEITA, PCE and Great Lakes Health Connect have partnered on a new ONC grant to help 3 community organizations implement eConsent procedures to authorize the exchange of behavioral health information with physical health providers. M-CEITA will provide in-office support to assist providers and staff to understand the benefits of HIE on quality of care and patient safety, implement necessary procedures to electronically collect patient consent using the statewide standard behavioral health consent form and optimize their use of available HIE technology.

▲ **Project Lead:** Judy Varela, judith.varela@altarum.org

▲ **Funder:** ONC (subcontracted by Washtenaw County CMH)

▲ **Clients/Recipients:** "Non-Eligible" behavioral health providers (i.e. psychologists, social workers, case workers)

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M-CEITA Commercial Services (MCS)

▲ **Project Summary:** MCS was originally designed to meet the Meaningful Use TA needs of providers that do not, or no longer, qualify for grant-funded services. Over time the program has expanded to include several offerings to assist providers with different aspects of Health IT beyond MU. Our services include:

- Meaningful Use Support (Full TA and Streamlined Services for qualifying providers)
- Security Risk Assessment
- PQRS Support (Full TA and Streamlined Services for qualifying providers)
- MU Audit Response Services
- Total Process Optimization (LEAN)
- Customized Consulting

▲ **Project Lead:** Laura Haeberle. laura.haeberle@altarum.org

▲ **Funder:** Fee for Service

▲ **Clients/Recipients:** Any Provider, Health Organization, large and small.

Other Direct-to-Provider TA projects:
The Michigan Caries Prevention Program

▲ **Aim** is to create sustained, system-wide improvement in children's oral health among the 1M Michigan children insured by Medicaid & CHIP.

▲ **Direct-to-Provider TA:** Engage 1,500 primary care providers (PCP) to integrate preventive oral health services, aligned with AAP and Bright Futures guidelines, into appropriate well-child visits.

▲ **Project Lead:** Dan Armijo, dan.armijo@altarum.org

Recruitment Strategies		
Peer-to-Peer	**Incentivize**	**Pioneer Connectivity**
• Leverage statewide PCP oral health champions • Leverage Physician Advisory Committee	• Provide CME/MOC Part IV credit • Distribute free preventive oral health supplies	• Connect medical and dental provider communities with 1st of its kind technology

Direct-to-Provider Technical Assistance

• Preventive oral health education and certification
• Patient referral to dental home
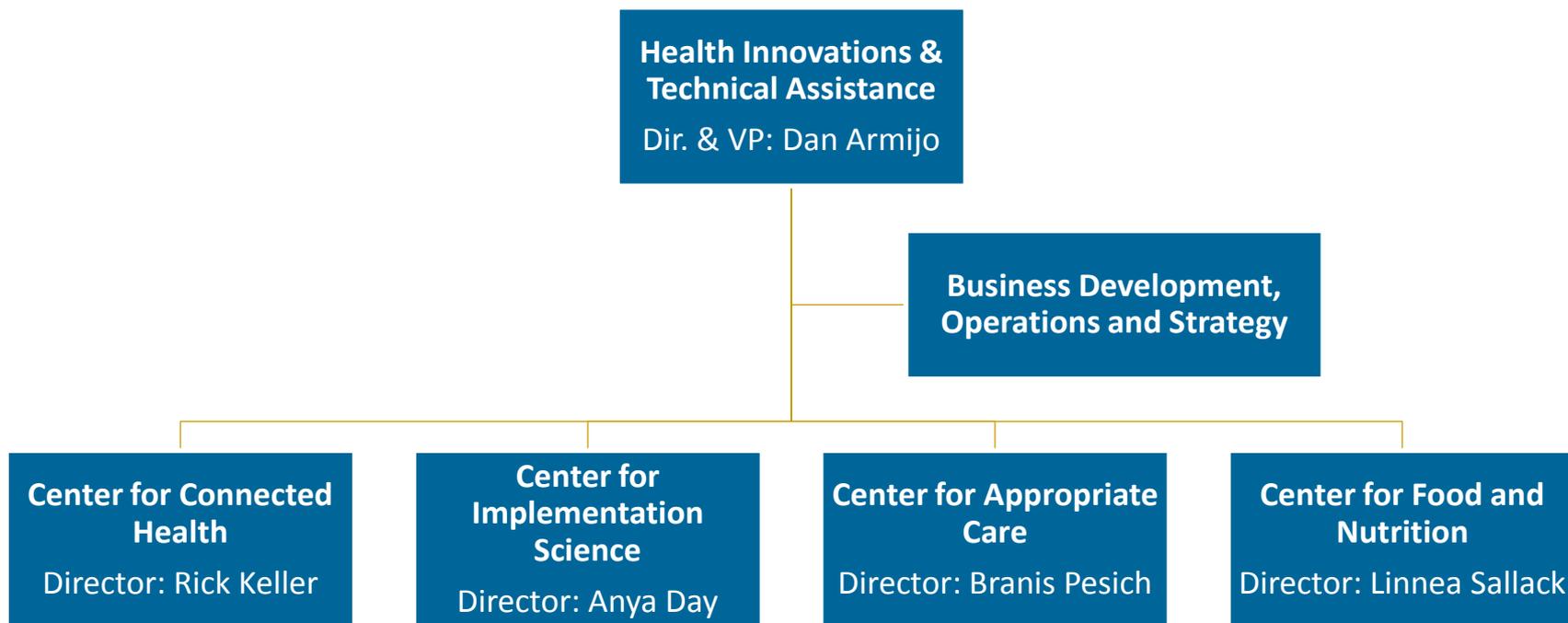• Workflow and billing supports

Other Direct to Provider TA projects:
The Great Lakes Practice Transformation Network

▲ The Great Lakes Practice Transformation Network will work with 4,000 MI providers to assist them with quality improvement, reporting and compliance and transitions to value based care.

▲ **Altarum Project Lead**: Branis Pesich, branis.pesich@altarum.org

Health Innovation & Technical Assistance

▲ Health Innovations & Technical Assistance is a 80+ person, multi-office business unit, made up of 4 nonprofit Centers dedicated to *advancing health policy and practice* through research, innovation and the delivery of technical assistance to states, health departments and healthcare providers.

Health Innovations & Technical Assistance

Dir. & VP: Dan Armijo

Business Development, Operations and Strategy

Center for Connected Health

Director: Rick Keller

Center for Implementation Science

Director: Anya Day

Center for Appropriate Care

Director: Branis Pesich

Center for Food and Nutrition

Director: Linnea Sallack

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See slides for individual project lead name and contact email.

Physician-Payer Quality Collaborative (PPQC)

HIT Commission Presentation

November 19, 2015

Joseph Neller | Bo Borgnakke

Objectives

- Review Quality Measures
- Introduce Physician-Payer Quality Collaborative (PPQC)
- Discuss Action Teams and key takeaways
- Review group recommendations
- Provide overview of pilot
- Discuss next steps

MiHIN
Shared Services

Quality Measures

- Five of the national quality reporting programs are:
    - HEDIS – Healthcare Effectiveness Data and Information Set
    - QRS – Quality Rating System
      new for 2015
    - Medicaid – Adult and Child Core Measure Sets
    - CQM –Clinical Quality Measures (Medicaid/Medicare - MU)
      penalties begin 2015
    - PQRS – Physician Quality Reporting System (Medicare)
      penalties begin 2015
- Measure sets have significant overlap
- Physician Organizations (POs) and payers have burden of collecting, calculating, and submitting measures

MiHIN
Shared Services

Alignment of Quality Measures
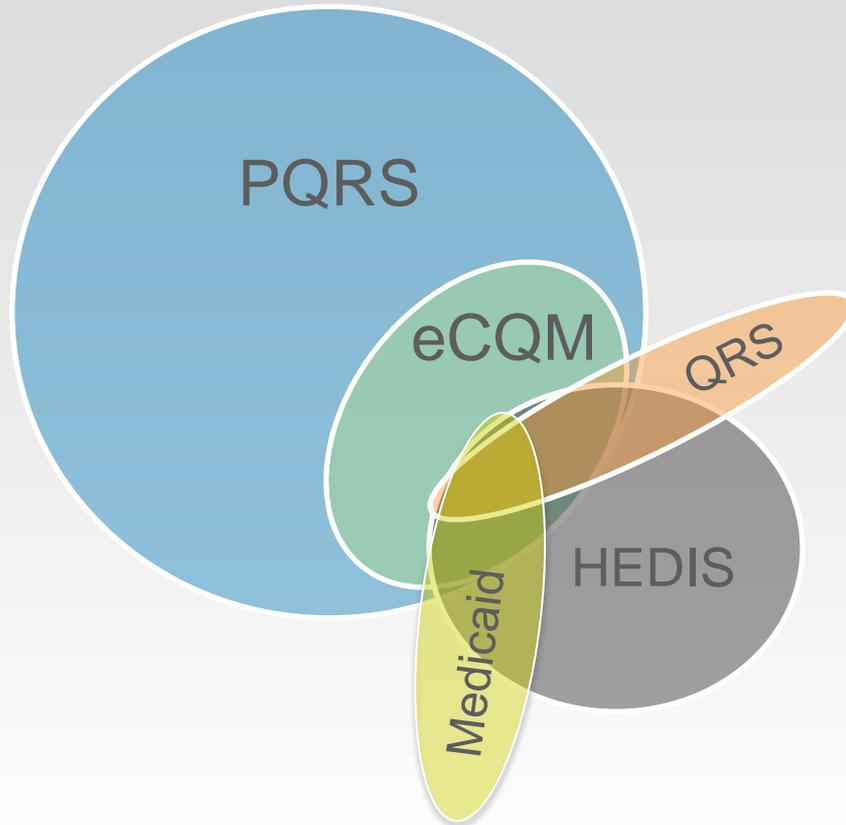
Set	# of Measures
PQRS	254
EP eCQM	64
Medicaid Core Set	45
HEDIS	78
QRS	43
Overlap	*9*

Nine Overlapping Measures

Breast Cancer Screening	Controlling High Blood Pressure	Antidepressant Medication Management
Childhood Immunization Status	Cervical Cancer Screening	Chlamydia Screening in Women
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

National-Level Attention

MU, PQRS, IQR, ACO, VBP, HRSA, CDC

Current

Unified Outcome Measures

EHR as primary reporting platform, with secondary reporting from registry, claims

- Excerpt from slide presented at Connecting Michigan for Health 2014 by Kevin Larsen, Medical Director of Meaningful Use at Office of the National Coordinator of Health IT

- "These hundreds of quality measures need to be organized with a focus on fewer high priority measures."

  - Dr. Karen DeSalvo, Acting Assistant Secretary for Health in the US Dept. of Health and Human Services

MiHIN
Shared Services

State-Level Attention

- State Medicaid
  - Clinical Quality Measures for Meaningful Use
- State Innovation Model (SIM) Grant
  - High level of focus on quality measures
- Michigan Primary Care Transformation (MiPCT)
  - Improvement observed via quality measures
- MPRO
  - Quality Improvement Organization – QIO
- NEW! Physician Payer Quality Collaborative

Executive Council of Physician Organizations

- Accountable Healthcare Alliance
- Greater Macomb PHO
- Huron Valley Physician Association
- Northern Physician Organization
- Oakland Southfield Physicians

- Physician Healthcare Network
- Professional Medical Corporation
- The Physician Alliance
- Wayne State University Physician Group
- West Michigan Physician Network

Executive Council of Physician Organizations

- Collaboration to support PO practice transformation to improve quality, resource stewardship, performance accountability and patient experience, particularly for private practice

- Strategic planning survey conducted by physician organization leadership to identify priorities

- Top priorities for 2015:
  1. Quality Measure Alignment
  2. HIT/HIE Infrastructure Interfaces

MSMS
MICHIGAN STATE MEDICAL SOCIETY

Executive Council of Physician Organizations

- Physician organization leaders submitted open-ended list of quality outcome measures

- Resulted in about 35-45 common measures across all physician organizations on the Executive Council

- Invitation to Tim Pletcher, Executive Director of MiHIN to March 2015 meeting

- Discussed several areas for physician influence

- Formed Physician-Payer Quality Collaborative (PPQC)

MSMS
MICHIGAN STATE MEDICAL SOCIETY

Physician-Payer Quality Collaborative: Formative Meetings

- **MiHIN Payer QO Day – May 15th, 2015**

  - Focus on reducing physician reporting burdens, closing gaps in care

- **MSMS Executive Council – June 11th, 2015**

  - Payers invited to discuss collaboration opportunities

  - Payers asked to share quality measure sets

- **MSMS Executive Council – August 21st, 2015**

  - Review of quality measure sets shared by payers

  - Introduction of **three Action Teams** focusing on:

    - Quality Measures

    - Data Collection / Reporting

    - Incentives

Quality Outcomes Measure Survey

- Same request to health plan leaders in June
- Resulted in **9** common measures across **all** health plans and Executive Council submissions
  - 7 of these 9 are from the national overlapping 9
- Resulted in **24** common measures across the **majority** of health plans and Executive Council
  - 18 of these 24 are from CQMs for MU
- Full results will be reviewed in master data set which includes federal and state quality initiatives

Physician-Payer Quality Collaborative Subsequent Meetings

- **MiHIN Payer QO Day – September 3, 2015 and**

- **MSMS Executive Council – September 10, 2015**

  - Review Action Team charters

  - Propose meeting schedule

  - Solicit representatives

- **Data Capture / Collection Action Team – September 22 2015 – 1st Meeting**

  - First meeting to discuss physician/payer "pain points"

  - Explore current data formats and transports

  - Introduce conceptual solutions

MSMS
MICHIGAN STATE MEDICAL SOCIETY

Action Teams and Charters

Data Capture

- Explore standard data formats, transport, data flow
- Make information timely, actionable

Quality Measures

- Identify high priority measures
- Ensure numerator, denominator threshold conformance

Incentive Alignment

- Explore federal, local incentive overlap
- Align P4P across all payers
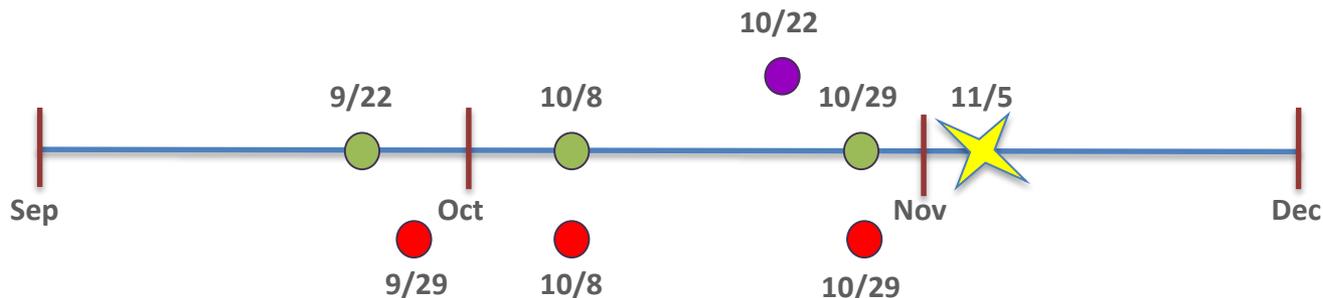
PPQC Participating Organizations

Blue Care Network
Blue Cross Blue Shield of Michigan
Health Alliance Plan
Medical Advantage Group
MI Dept. of Health and Human Services
Michigan Health Information Network Shared Services
Michigan Public Health Institute
Michigan Quality Improvement Consortium
Michigan State Medical Society
Molina Healthcare of MI
Northern Physicians Organization
Oakland Southfield Physicians
Physician Healthcare Network
Priority Health
United Physicians
Wayne State University Physician Group
West Michigan Physician Network

MiHIN
Shared Services

Quality Measures & Thresholds Team

- Analyze and review overlapping quality measures

- Identify core measures for initial focus based on:
    - Demonstrated measure effectiveness
    - Applicability to Michigan-specific health
    - Financial incentives

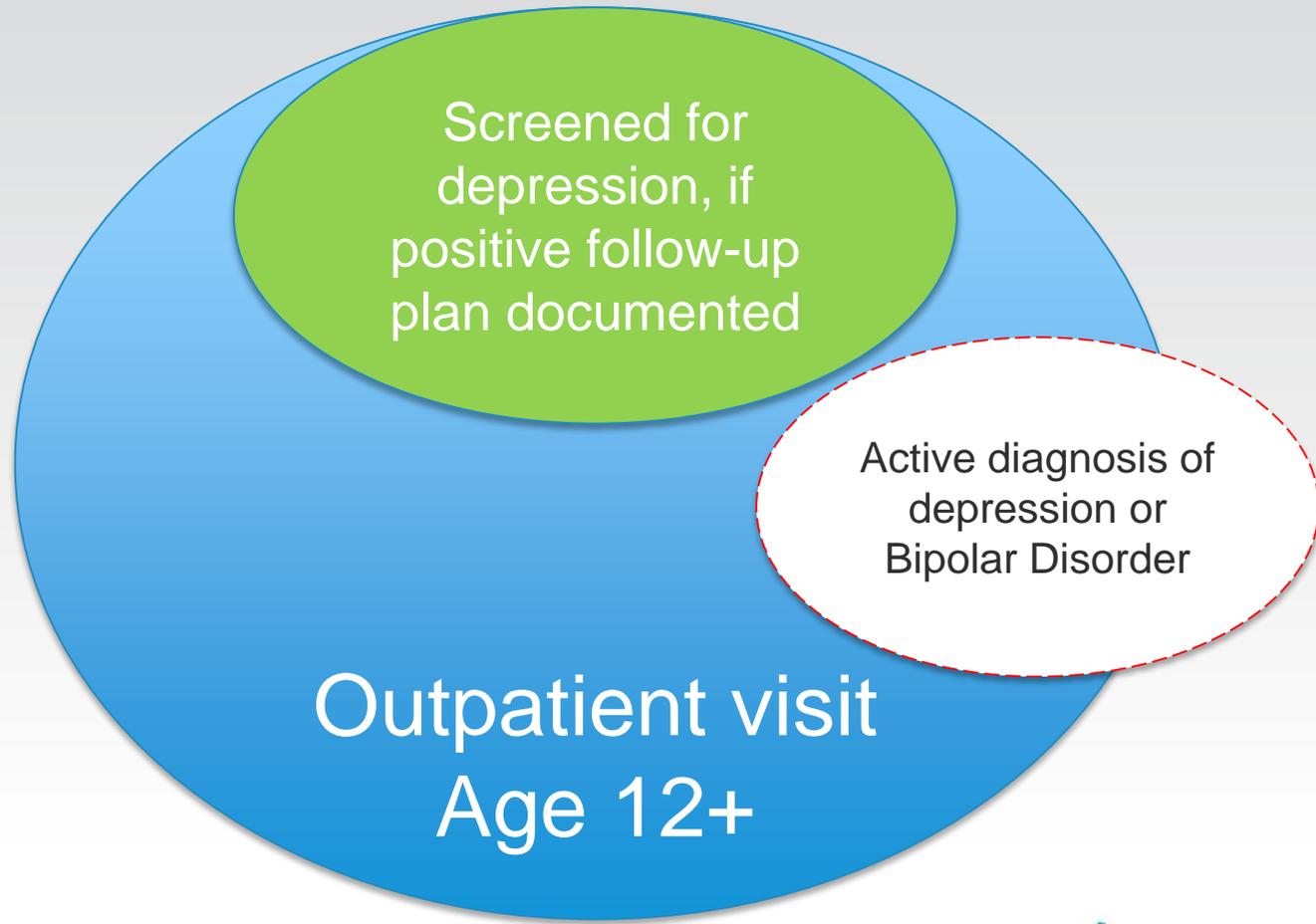- Analyze measure-specific score or percentile thresholds

9/22   10/8   10/29   11/5

Sep   Oct   Nov   Dec

MiHIN
Shared Services

Report Once: Quality Measure "Superset"
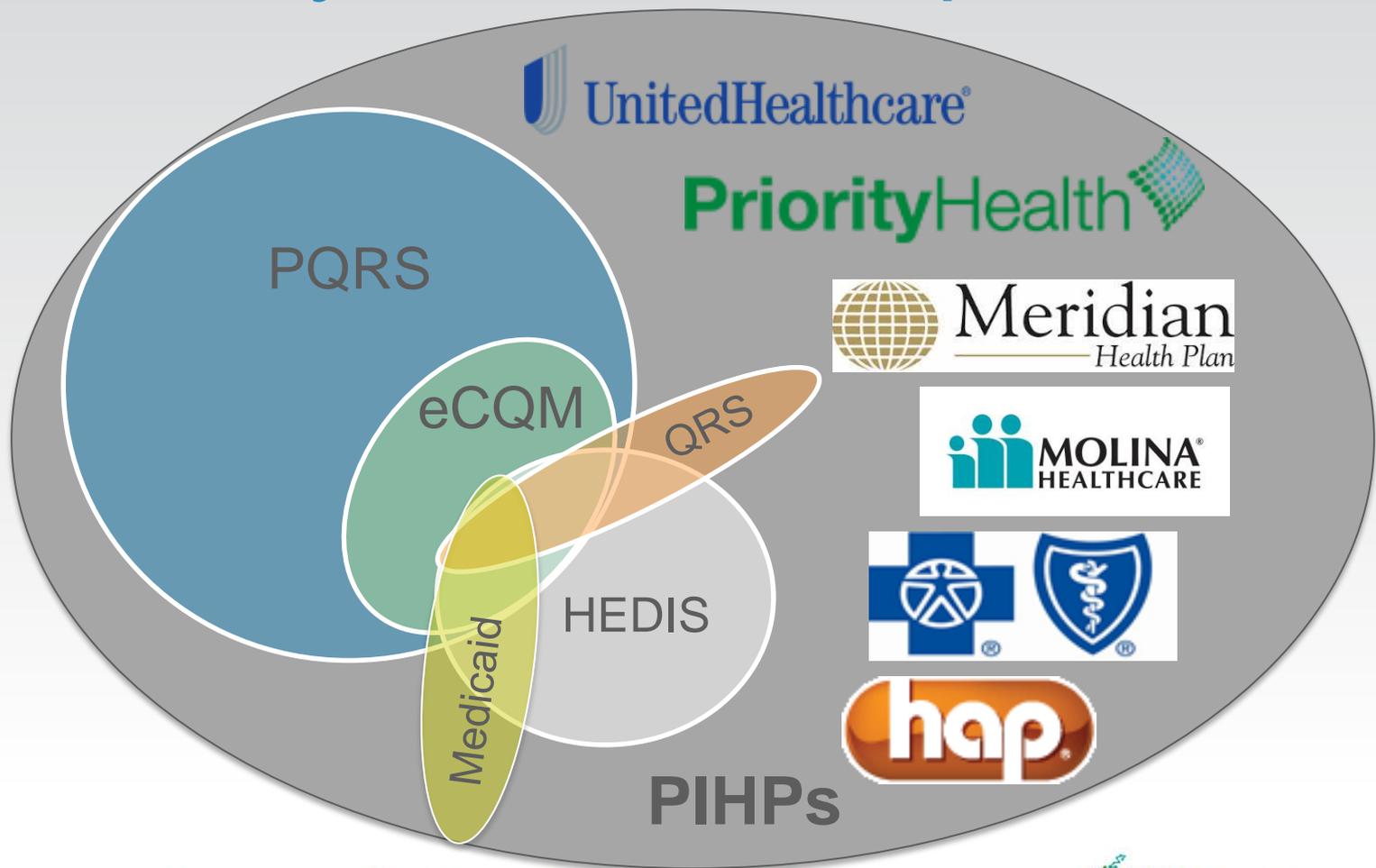
Example: Preventive Care/Screening: Screening for Clinical Depression/Follow-Up Plan

H

Screened for depression, if positive follow-up plan documented

Active diagnosis of depression or Bipolar Disorder

Outpatient visit Age 12+

MiHIN
Shared Services

PPQC 27 Core Set Measures

Adult BMI Assessment	Childhood Immunization Status	Well Child Visits 15 months	Well Child Visits 3-6 years
Colorectal Cancer Screening	Immunizations for Adolescents	Adolescent Well Care Visits	Follow-up for ADHD
Appropriate Treatment for URI	Appropriate testing for pharyngitis	Lead Screening	Imaging Studies for Low Back Pain
CDC: Hemoglobin A1c Testing	CDC: Hemoglobin A1c Poor Control	CDC: Eye Exam Performed	CDC: Medical Attention for Nephropathy
CDC: Blood Pressure Control	Controlling High Blood Pressure	Weight Assessment + Counseling	Tobacco Use Screening and Cessation
Screening for Depression + Follow-up	Avoidance of Antibiotics for Bronchitis	Prenatal & Postpartum Care	Cervical Cancer Screening
Breast Cancer Screening	Chlamydia Screening	Anti-depression Medication Management	

Recommendations from Quality Measures/Thresholds Action Team

- Utilize "Superset" denominator statements to ensure sufficient data capture to satisfy all measure sets

- Focus on the identified 27 "Core Set" measures initially
  - Initiate a pilot for high priority measures
  - Ten (10) measures recommended for pilot

- Continue methods of research and largest common denominator determination for future expansions beyond the core 27

Pilot Planned for 10 Measures

Adult BMI Assessment	Childhood Immunization Status	CDC: Hemoglobin A1c Testing
CDC: Hemoglobin A1c Poor Control	CDC: Eye Exam Performed	CDC: Medical Attention for Nephropathy
CDC: Blood Pressure Control	Controlling High Blood Pressure	Cervical Cancer Screening
Chlamydia Screening		

MiHIN
Shared Services

Data Capture & Collection Action Team

- Determine how to effectively record, store, and transmit data necessary to calculate selected quality measures
  - Data sources: EHRs, registries, claims, labs, and others
- Identify ways to communicate quality results and gaps in care to providers in meaningful, accessible, timely fashion
- Consider standardization of:
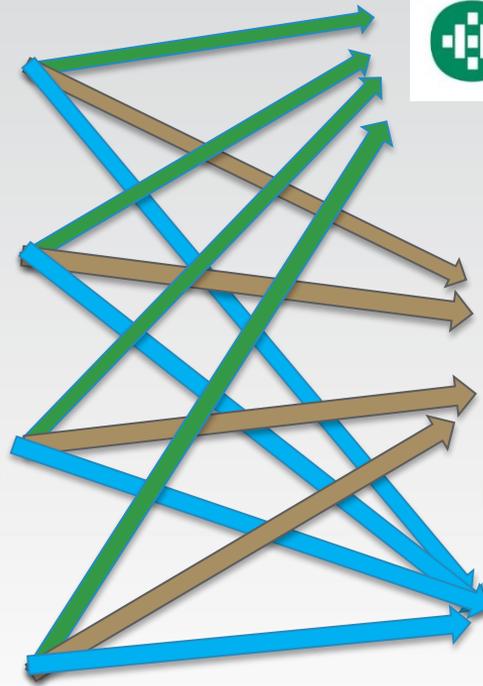 - Provider lists
  - Credentialing
  - Lab data

9/22	10/8	10/29	11/5

Sep — Oct — Nov — Dec

MiHIN
Shared Services

PO Data Submission – Status Quo

PO 1

PO 2

PO 3

PO 4

PriorityHealth

HL7 Format

Meridian Format

BlueCross BlueShield

"Group to BCN" Format

MiHIN Shared Services

Payer-PO Feedback: Status Quo

Priority Portal

Meridian Portal

BCBSM Portal

PO 1

PO 2

PO 3

PO 4
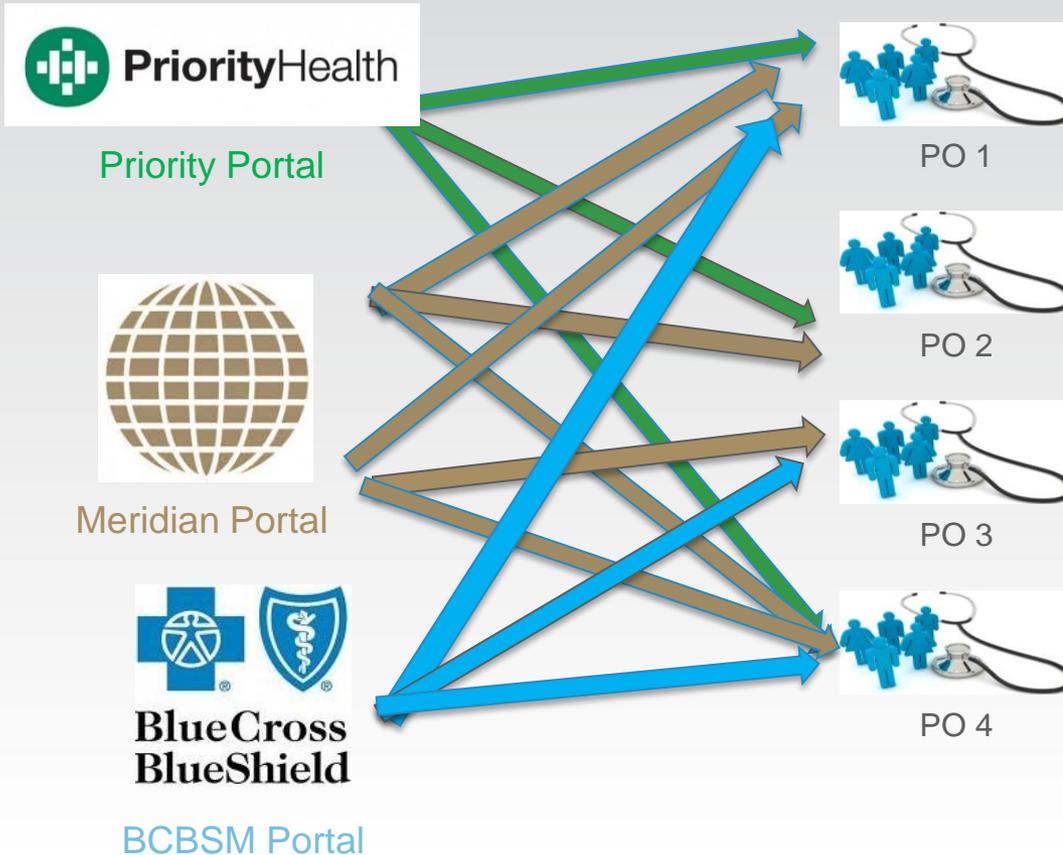
Proposed Use Case to Report Combined Measures

Providers / Health Systems / Physician Organizations

Results Data

MiHIN

Results Data

Payers

Data Capture Action Team Recommendations

- Pursue goal of "Report Once" Superset file

- Establish pilot to test feasibility
    - Utilize BCN format
    - Evaluate subset of measures
    - Define requirements for 'All-payer, All-patient' displays

- Encourage QRDA format adoption by EHR vendors

- Use MiHIN legal framework to protect senders / receivers

Harmonize Financial Incentives & Pay for Performance Action Team

Charter:

- Analyze landscape of quality incentives:
    - Federal – Meaningful Use, Stars
    - State – Medicaid Core Sets, MiPCT
    - Commercial – Pay for Performance

- Discuss potential incentive alignment

Harmonize Financial Incentives Vision

- **Core measure set** – agree on measures used by all payers for incentives

- **All-patient** – evaluate all patients for a provider regardless of payer

- **All-payer** – all payers accept results of all-inclusive measurement

- **Align thresholds** – all payers use consistent numerical thresholds of pass/fail/partial for each core measure

- **Significant incentive** – incentives substantial enough to motivate providers

- **View shared measure performance** – single location to view results

Harmonize Financial Incentives
Action Team Recommendations/Observations

- Greater clinical consistency will enable providers to treat patients equitably regardless of payer

- Pilot outcome will provide better understanding of data

- Further discuss performance thresholds, incentive alignment

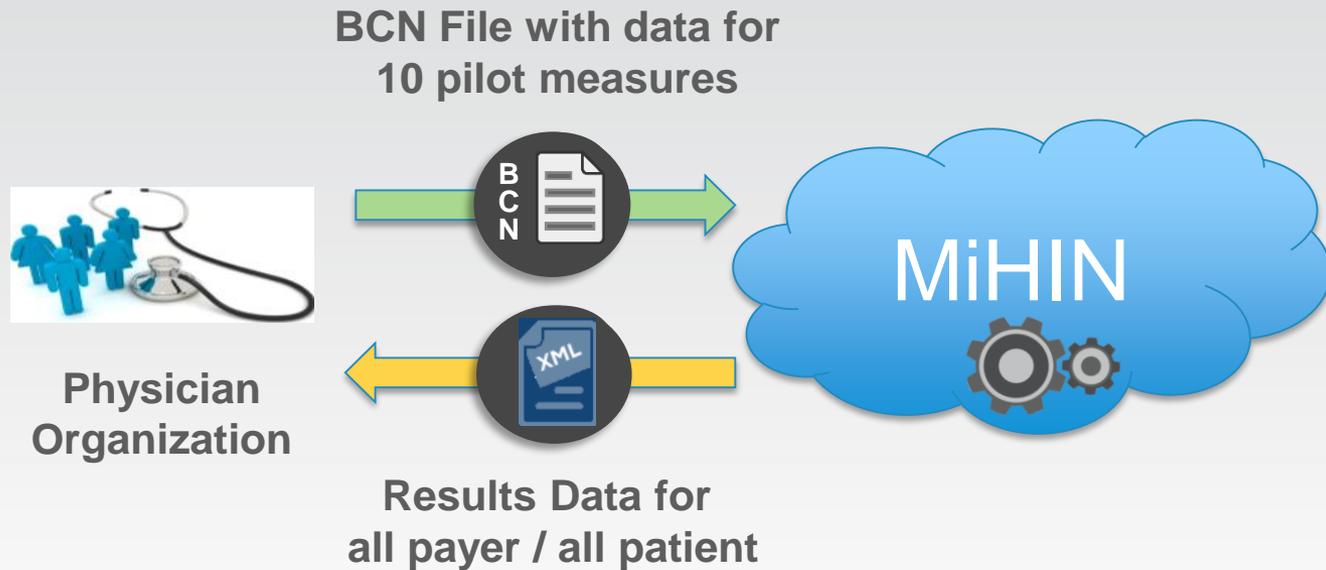- Some payers deviate from HEDIS definitions for incentives

Pilot – Phase 1

BCN File including 10 pilot measures for all payers / all patients

Physician Organization

MiHIN

Report Combined Measures

Payer-Filtered Data

PriorityHealth

BlueCross BlueShield

hap

Pilot – Phase 1 Objectives

- Establish new "Report Combined Measures" Use Case
  - Confirm data capture and transport capabilities

- Evaluate provider and payer ability to process All-Payer, All-Patient quality data in "Superset" format
  - Utilize Data Capture Action Team for issue resolution

- Establish learning culture for all stakeholders
  - Build on Action Team momentum

Pilot – Phase 2

BCN File with data for 10 pilot measures

Physician Organization

MiHIN

Results Data for all payer / all patient

Pilot - Phase 2 Objectives

- Evaluate All-Payer, All-Patient quality measures
  - Use Quality Action Team for definitions

- Generate data to validate incentive thresholds
  - Provide feedback for Quality & Incentive Action Teams

- Establish learning culture for all stakeholders
  - Outreach to other POs, payers, and initiatives

MiHIN
Shared Services

Pilot Activities

- Participants
  - NPO, WSU, OSP, WMPN will compile and send data files
  - BCBSM, HAP, Meridian, Molina will receive/process files
- Timeline
  - POs require minor modifications to send Superset file
  - Payers are ready to receive files
  - Coordinate first meeting in November
- Scope of quality measures
  - 10 measures identified by Quality Action Team

Next Steps for PPQC

- Resource and commence pilot

- Determine thresholds for subset of 10 measures

- Evaluate pilot data for incentive alignment

- Report findings to MSMS Executive Council

- Use PPQC as launch point for complimentary efforts

Thank You!

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Clinical Quality Measures (CQMs)
Jason Werner - MDHHS

Medicaid EHR
INCENTIVE PROGRAM

Aligning Quality Measures

Quality Reporting Systems

- Mandatory quality reporting programs
  - HEDIS – Healthcare Effectiveness Data and Information Set
  - Medicaid – Adult and Child Core Measure Sets
  - eCQM – electronic Clinical Quality Measures
  - PQRS – Physician Quality Reporting System
  - QRS – Quality Rating System

- Significant overlap of measures used

- Burden of collecting, calculating, and submitting measures is typically on payers and Physician Organizations (POs)

Alignment of Quality Measures
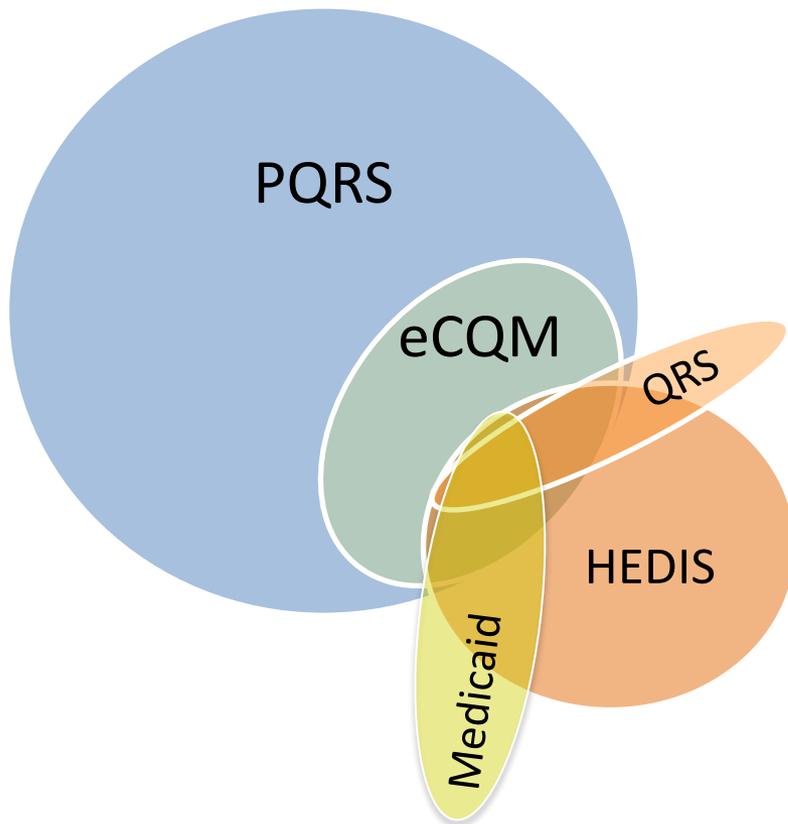
PQRS 254 measures
eCQM 64 measures
Medicaid 45 measures
HEDIS 78 measures
QRS 43 measures

9 measures intersect all
five measure sets

- **Category I** - A QRDA Category I report is an <u>individual</u> patient quality report. Each report contains quality data for one patient for one or more eCQMs, where the data elements in the report are defined by the particular measure(s) being reported.

- **Category III** - A QRDA Category III report is a standard structure to use in reporting <u>aggregate</u> quality measure data. Each report contains aggregate quality data for one provider for one or more eCQMs.

Medicaid EHR Incentive

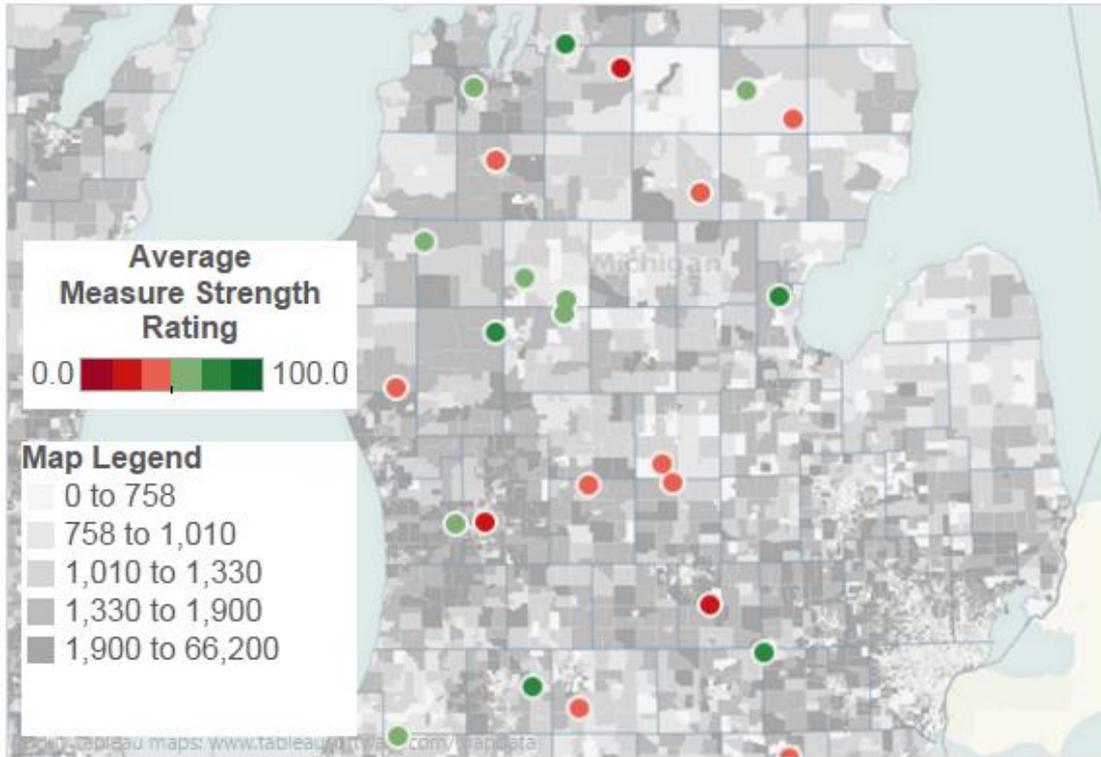| Clinical Quality Measure Domains (9 measures from 3 Domains) |
| --- |
| * Patient and family engagement (4 possible measures) |
| * Patient safety (6 possible measures) |
| * Care Coordination (1 possible measure) |
| * Population/public health (9 possible measures) |
| * Efficient use of healthcare resources (4 possible measures) |
| * Clinical process/effectiveness (40 possible measures) |

CQM Reporting Right Now

1) Direct Data Entry into eMIPP

2) PDF upload into eMIPP

3) QRDA Category III file upload into eMIPP

Moving in the Right Direction

- As part of 2014 certification criteria, building in Quality Reporting Document Architecture (QRDA) enablement

- In 2014 aligning PQRS and EHR Incentive Program CQM's (Medicare)

- In 2015 CMS announced moving to MIPS (Merit Based Incentive Payment System) beginning in 2019 (Medicare)

- Alignment of measure across MU stages

Future Reporting

Eligible Professionals

Eligible/Critical Access Hospitals

QRDA (CAT I & III)

Any provider

MiHIN MiDiGate™

Data Peeler

Inbound

Cypress/DQA

cqms@direct.mihin.org

Valid QRDA

Check NPI

Medicaid Reports, Dashboards, Comparisons, Mining,

eCQM Data Mart (Final)

SOM Data Warehouse

State of Michigan Data Hub

PQRS

CMS Repository

State Level Clinic Comparison Tool

NQF 0142

Aspirin Prescribed at Discharge

Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge

Measure Type
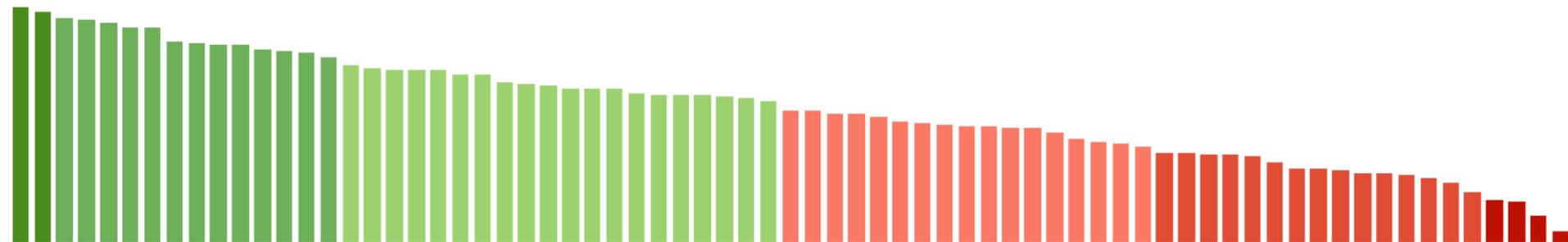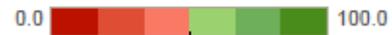Eligible Hospitals

Measure Group
AMI

Measure
NQF 0142

Specialty (All)

Provider
(All)

Clinic
(All)

Average Measure Strength Rating
0.0 — 100.0

Map Legend
0 to 758
758 to 1,010
1,010 to 1,330
1,330 to 1,900
1,900 to 66,200

Inter-County Clinic Comparison Tool

Inter-Clinic Provider Comparison
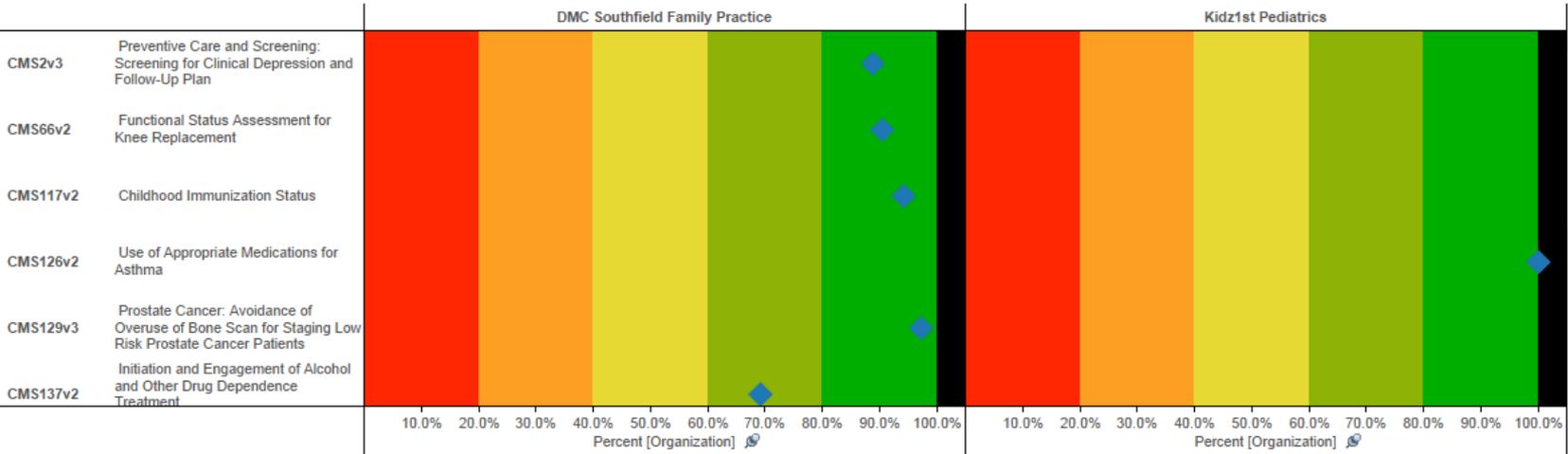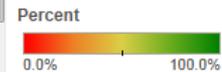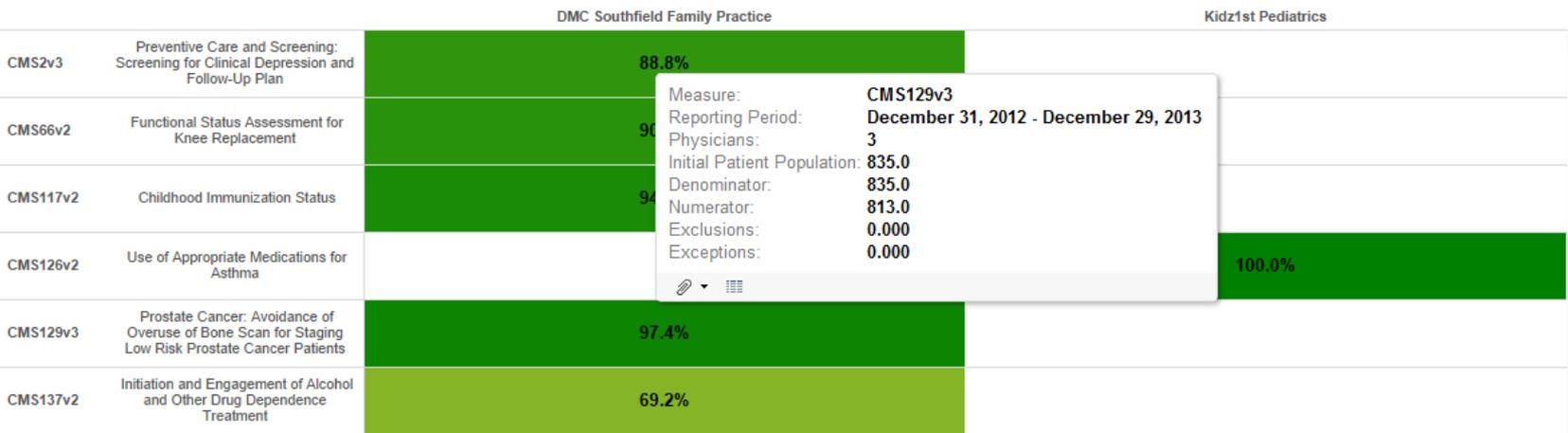
Clinical Quality Measure View Tool
Cancer & Drug & Alcohol Measures

Measure Group

(Multiple values) ▼

CMS Number

(All) ▼

Organization

(All) ▼

Physician

(All) ▼

DMC Southfield Family Practice	**CMS124v2** Cervical Cancer Screening	SARMAD: ALMANSOUR	
	CMS125v2 Breast Cancer Screening	Ahmad:Mutahhar	
		LATHA:KANNANPC	
		SARMAD: ALMANSOUR	
	CMS129v3 Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Ahmad:Mutahhar	97.36%
		LATHA:KANNANPC	98.77%
		SARMAD: ALMANSOUR	97.04%
	CMS130v2 Colorectal Cancer Screening	Ahmad:Mutahhar	
		LATHA:KANNANPC	
		SARMAD: ALMANSOUR	
	CMS137v2 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Ahmad:Mutahhar	50.00%
		LATHA:KANNANPC	85.20%
		SARMAD: ALMANSOUR	37.29%
	CMS138v2 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Ahmad:Mutahhar	
		LATHA:KANNANPC	
		SARMAD: ALMANSOUR	
	CMS140v2 Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	Ahmad:Mutahhar	
		LATHA:KANNANPC	
		SARMAD: ALMANSOUR	
	CMS141v3 Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Ahmad:Mutahhar	
		LATHA:KANNANPC	
		SARMAD: ALMANSOUR	

Reporting Period: **December 31, 2012 - December 29, 2013**
IPP: **196.0**
Denominator: **196.0**
Exclusions: **0**
Numerator: **167.0**
Exceptions: **0**

Number of Patients
0   50   100   150   200   250   300   350   400   450

Legend:
- ▢ Initial Patient Population
- ▢ Exclusions
- ▢ Exceptions
- ▢ Denominator
- ▢ Numerator

81

Intra-Clinic Provider Comparison

DMC Southfield Family Practice

Measure:	CMS66v2
Reporting Period:	December 31, 2012 - December 29, 2013
Percent:	19.1%
Initial Patient Population:	47.0
Denominator:	47.0
Numerator:	9.0
Exclusions:	0
Exceptions:	0

Organization
DMC Southfield Family P... ▼

Measure Category
(All) ▼

Measure
(All) ▼

Physician
(All) ▼

Ahmad:Mutahhar
- CMS66v2
- CMS117v2
- CMS129v3
- CMS137v2
- CMS145v2
- CMS156v2
- CMS165v2

LATHA: KANNANPC
- CMS2v3
- CMS66v2
- CMS117v2
- CMS129v3
- CMS137v2
- CMS145v2
- CMS156v2
- CMS165v2

SARMAD: CMS2v3

Percent [Denom/(Num-Exclusions-Exceptions)]
0.0% 5.0% 10.0% 15.0% 20.0% 25.0% 30.0% 35.0% 40.0% 45.0% 50.0% 55.0% 60.0% 65.0% 70.0% 75.0% 80.0% 85.0% 90.0% 95.0% 100.0%
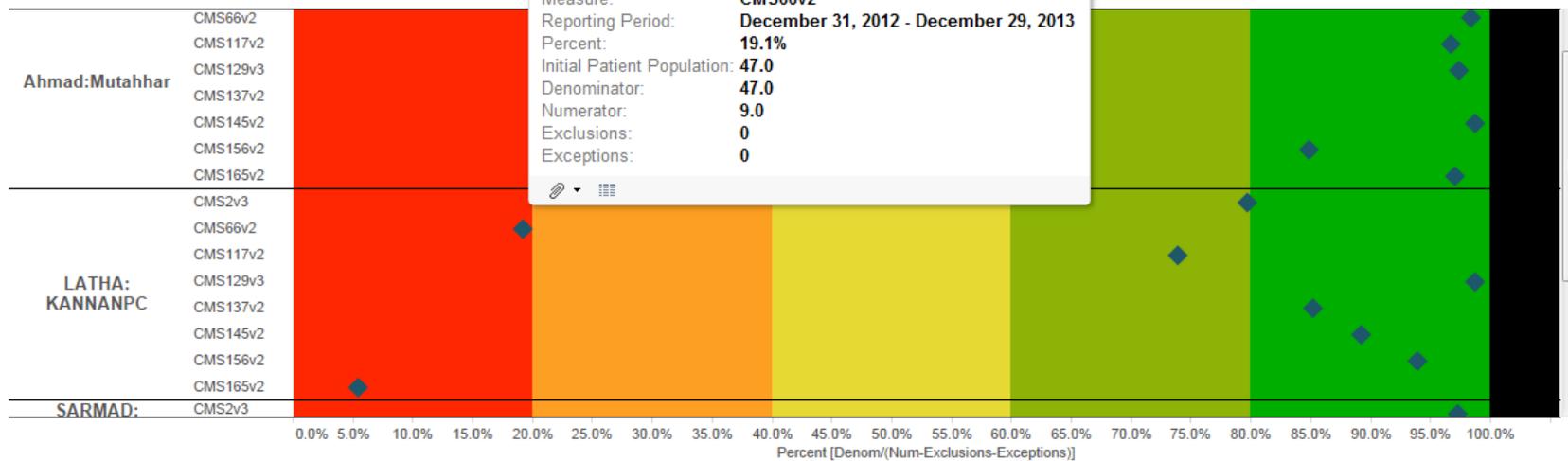
		Ahmad:Mutahhar	LATHA:KANNANPC	SARMAD:ALMANSOUR
CMS66v2	Functional Status Assessment for Knee Replacement	98.39%	19.15%	80.70%
CMS117v2	Childhood Immunization Status	96.67%	73.86%	98.71%
CMS129v3	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	97.36%	98.77%	97.04%
CMS137v2	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	50.00%	85.20%	37.29%

Percent
0.00% 100.00%

82
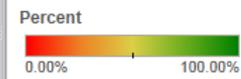
Alignment/Report Once

Questions?

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wernerj@michigan.gov

HITC Next Steps

- Meeting Schedule for late 2015 through early 2016:

  - December 17, 2015 – Canceled
  - January 21, 2016 – Agenda TBD
  - February 18, 2016 – Canceled

Public Comment

Adjourn