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.
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

- 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
- 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
### 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

---

**2016 Goals – November Update**
Weekly Message Volumes

<table>
<thead>
<tr>
<th>Date</th>
<th>Submit Immunizations</th>
<th>Submit Reportable Labs</th>
<th>Submit Syndromic Surveillance Data</th>
<th>Submit ADT Notifications</th>
<th>Receive ADT Notifications</th>
<th>Total Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/3/2015</td>
<td>294,015</td>
<td>9,705</td>
<td>1,267,919</td>
<td>5,437,525</td>
<td>1,686,370</td>
<td>8,695,534</td>
</tr>
<tr>
<td>10/10/2015</td>
<td>329,313</td>
<td>9,982</td>
<td>1,055,282</td>
<td>5,305,532</td>
<td>1,574,394</td>
<td>8,274,503</td>
</tr>
<tr>
<td>10/17/2015</td>
<td>304,841</td>
<td>9,884</td>
<td>1,517,351</td>
<td>5,173,607</td>
<td>1,621,317</td>
<td>8,627,000</td>
</tr>
<tr>
<td>10/24/2015</td>
<td>391,394</td>
<td>12,419</td>
<td>1,259,494</td>
<td>5,131,365</td>
<td>1,725,764</td>
<td>8,520,436</td>
</tr>
<tr>
<td>10/31/2015</td>
<td>351,272</td>
<td>9,885</td>
<td>1,188,393</td>
<td>6,050,105</td>
<td>1,691,375</td>
<td>9,291,030</td>
</tr>
<tr>
<td>11/7/2015</td>
<td>292,041</td>
<td>11,922</td>
<td>1,145,737</td>
<td>6,062,489</td>
<td>1,666,944</td>
<td>9,179,133</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8,695,534</td>
</tr>
</tbody>
</table>

Copyright 2015 Michigan Health Information Network
Shared Services
Cumulative Message Volumes

<table>
<thead>
<tr>
<th>Date</th>
<th>Submit Immunizations</th>
<th>Submit Reportable Labs</th>
<th>Submit Syndromic Surveillance Data</th>
<th>Submit ADT Notifications</th>
<th>Receive ADT Notifications</th>
<th>Total Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/10/2015</td>
<td>14,244,507</td>
<td>604,504</td>
<td>67,050,184</td>
<td>299,972,643</td>
<td>64,809,288</td>
<td>446,681,126</td>
</tr>
<tr>
<td>10/24/2015</td>
<td>14,940,742</td>
<td>626,807</td>
<td>69,827,029</td>
<td>310,277,615</td>
<td>68,156,369</td>
<td>463,828,562</td>
</tr>
<tr>
<td>10/31/2015</td>
<td>15,292,014</td>
<td>636,692</td>
<td>71,015,422</td>
<td>316,327,720</td>
<td>69,847,744</td>
<td>473,119,592</td>
</tr>
<tr>
<td>11/7/2015</td>
<td>15,584,055</td>
<td>648,614</td>
<td>72,161,159</td>
<td>322,390,209</td>
<td>71,514,688</td>
<td>482,298,725</td>
</tr>
</tbody>
</table>

Copyright 2015 Michigan Health Information Network
Shared Services
MONTHLY MESSAGE COUNT

- Admit-Discharge-Transfer (ADT)
- Outbound (ADT)
MONTHLY MESSAGE COUNT

- Syndromic Surveillance (SS)
- Clinical Quality Measures (CQM)
- Reportable Labs (ELR)
- Immunizations (VXU)
# Participation Year (PY) Goals

## November 2015 Dashboard

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

## Cumulative Incentives for EHR Incentive Program 2011 to Present

<table>
<thead>
<tr>
<th>Reporting Status</th>
<th>Total Number of EPs &amp; EHs Paid</th>
<th>Total Federal Medicaid Incentive Funding Expended</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIU</td>
<td>5302</td>
<td>$ 189,241,783</td>
</tr>
<tr>
<td>MU</td>
<td>3433</td>
<td>$ 102,870,870</td>
</tr>
</tbody>
</table>

**Key:** AIU= Adopt, Implement or Upgrade    MU= Meaningful Use
**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: 1921649555)
https://meetings.webex.com/collabs/#/meetings/detail?uid=M036IBNHHIX3D5H76445R4RJC7-5781&rd=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
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.
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.
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 than 1500 providers have signed up for our Medicaid technical assistance.

▲ **Project Lead:** Judy Varela [judith.varela@altarum.org](mailto: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).
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)
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](mailto:dan.armijo@altarum.org)

## Recruitment Strategies

<table>
<thead>
<tr>
<th>Peer-to-Peer</th>
<th>Incentivize</th>
<th>Pioneer Connectivity</th>
</tr>
</thead>
</table>
| • 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
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 Innovations & 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.

- **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
Contact Us

Anya Day
Director, Center for Implementation Science
Anya.Day@altarum.org
(734) 302-4738

Judy Varela
Deputy, Center for Implementation Science
M-CEITA Medicaid Program Manager
Judith.Varela@altarum.org
(734) 302-4740

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
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
Alignment of Quality Measures

<table>
<thead>
<tr>
<th>Set</th>
<th># of Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>PQRS</td>
<td>254</td>
</tr>
<tr>
<td>EP eCQM</td>
<td>64</td>
</tr>
<tr>
<td>Medicaid Core Set</td>
<td>45</td>
</tr>
<tr>
<td>HEDIS</td>
<td>78</td>
</tr>
<tr>
<td>QRS</td>
<td>43</td>
</tr>
<tr>
<td><strong>Overlap</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>
## Nine Overlapping Measures

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

Action Teams and Charters
## PPQC Participating Organizations

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Care Network</td>
</tr>
<tr>
<td>Blue Cross Blue Shield of Michigan</td>
</tr>
<tr>
<td>Health Alliance Plan</td>
</tr>
<tr>
<td>Medical Advantage Group</td>
</tr>
<tr>
<td>MI Dept. of Health and Human Services</td>
</tr>
<tr>
<td>Michigan Health Information Network Shared Services</td>
</tr>
<tr>
<td>Michigan Public Health Institute</td>
</tr>
<tr>
<td>Michigan Quality Improvement Consortium</td>
</tr>
<tr>
<td>Michigan State Medical Society</td>
</tr>
<tr>
<td>Molina Healthcare of MI</td>
</tr>
<tr>
<td>Northern Physicians Organization</td>
</tr>
<tr>
<td>Oakland Southfield Physicians</td>
</tr>
<tr>
<td>Physician Healthcare Network</td>
</tr>
<tr>
<td>Priority Health</td>
</tr>
<tr>
<td>United Physicians</td>
</tr>
<tr>
<td>Wayne State University Physician Group</td>
</tr>
<tr>
<td>West Michigan Physician Network</td>
</tr>
</tbody>
</table>
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
Report Once:
Quality Measure “Superset”
Example: Preventive Care/Screening: Screening for Clinical Depression/Follow-Up Plan

Outpatient visit
Age 12+

Screened for depression, if positive follow-up plan documented

Active diagnosis of depression or Bipolar Disorder

Copyright 2015 Michigan Health Information Network Shared Services
<table>
<thead>
<tr>
<th>Adult BMI Assessment</th>
<th>Childhood Immunization Status</th>
<th>Well Child Visits 15 months</th>
<th>Well Child Visits 3-6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal Cancer Screening</td>
<td>Immunizations for Adolescents</td>
<td>Adolescent Well Care Visits</td>
<td>Follow-up for ADHD</td>
</tr>
<tr>
<td>Appropriate Treatment for URI</td>
<td>Appropriate testing for pharyngitis</td>
<td>Lead Screening</td>
<td>Imaging Studies for Low Back Pain</td>
</tr>
<tr>
<td>CDC: Hemoglobin A1c Testing</td>
<td>CDC: Hemoglobin A1c Poor Control</td>
<td>CDC: Eye Exam Performed</td>
<td>CDC: Medical Attention for Nephropathy</td>
</tr>
<tr>
<td>CDC: Blood Pressure Control</td>
<td>Controlling High Blood Pressure</td>
<td>Weight Assessment + Counseling</td>
<td>Tobacco Use Screening and Cessation</td>
</tr>
<tr>
<td>Screening for Depression + Follow-up</td>
<td>Avoidance of Antibiotics for Bronchitis</td>
<td>Prenatal &amp; Postpartum Care</td>
<td>Cervical Cancer Screening</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>Chlamydia Screening</td>
<td>Anti-depression Medication Management</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Adult BMI Assessment</th>
<th>Childhood Immunization Status</th>
<th>CDC: Hemoglobin A1c Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC: Hemoglobin A1c Poor Control</td>
<td>CDC: Eye Exam Performed</td>
<td>CDC: Medical Attention for Nephropathy</td>
</tr>
<tr>
<td>CDC: Blood Pressure Control</td>
<td>Controlling High Blood Pressure</td>
<td>Cervical Cancer Screening</td>
</tr>
<tr>
<td>Chlamydia Screening</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
PO 1

PO 2

PO 3

PO 4

HL7 Format

“Group to BCN” Format

Meridian Format
Payer-PO Feedback: Status Quo
Proposed Use Case to Report Combined Measures

Providers / Health Systems / Physician Organizations

Results Data

MiHIN

Results Data

Payers

Copyright 2015 Michigan Health Information Network Shared Services
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

Report Combined Measures

MiHIN

Payer-Filtered Data

Priority Health

Blue Cross Blue Shield

hap

Copyright 2015 Michigan Health Information Network Shared Services
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

Results Data for all payer / all patient

MiHIN
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
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!

Joseph M. Neller | Director
Integrated Physician Advocacy
Michigan State Medical Society
517-336-5775 | jneller@msms.org

Bo Borgnakke
Population Health Analyst
Michigan Health Information Network
734-223-3977 | borgnakke@mihin.org
Clinical Quality Measures (CQMs)
Jason Werner - MDHHS
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 individual 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 aggregate 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
MiHIN MiDiGate™

Future Reporting

Eligible Professionals
- Eligible/Critical Access Hospitals

Check NPI

Valid QRDA

Cypress/DQA

Data Peeler

eCQM Data Mart (Final)

SOM Data Warehouse

Medicaid Reports, Dashboards, Comparisons, Mining

PQRS

CMS Repository

Valid QRDA (CAT I & III)

QRDA XML

PQRS

Valid QRDA

QRDA XML

Check NPI

Valid QRDA

QRDA XML

Inbound

cqms@direct.mihin.org

Any provider

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML

QRDA XML
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

[Map Image]
Inter-Clinic Provider Comparison

DMC Southfield Family Practice vs. Kidznet Pediatrics

- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
  - CMS2V3
  - Percent: 88.8%

- Functional Status Assessment for Knee Replacement
  - CMS66v2
  - Percent: 90.0%

- Childhood Immunization Status
  - CMS117v2
  - Percent: 94.0%

- Use of Appropriate Medications for Asthma
  - CMS126v2
  - Percent: 94.0%

- Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
  - CMS129v3
  - Percent: 100.0%

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
  - CMS137v2
  - Percent: 69.2%

Measure: CMS129v3
Reporting Period: December 31, 2012 - December 29, 2013
Physicians: 3
Initial Patient Population: 835.0
Denominator: 835.0
Numerator: 813.0
Exclusions: 0.000
Exceptions: 0.000
### Clinical Quality Measure View Tool
#### Cancer & Drug & Alcohol Measures

<table>
<thead>
<tr>
<th>Measure Group</th>
<th>CMS Number</th>
<th>Measure</th>
<th>Physician</th>
<th>Reporting Period</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusions</th>
<th>Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMC Southfield Family</td>
<td>CMS12v2</td>
<td>Cervical Cancer Screening</td>
<td>Ahmad/Mutahhar</td>
<td>LATHA.KANINAPC</td>
<td>SARMA: ALMANSOU</td>
<td>97.36%</td>
<td>98.77%</td>
<td>97.04%</td>
</tr>
<tr>
<td>CMS10v2</td>
<td>CMS15v2</td>
<td>Breast Cancer Screening</td>
<td>Ahmad/Mutahhar</td>
<td>LATHA.KANINAPC</td>
<td>SARMA: ALMANSOU</td>
<td>50.00%</td>
<td>85.20%</td>
<td></td>
</tr>
<tr>
<td>CMS10v3</td>
<td>CMS15v3</td>
<td>Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients</td>
<td>Ahmad/Mutahhar</td>
<td>LATHA.KANINAPC</td>
<td>SARMA: ALMANSOU</td>
<td>37.29%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS10v4</td>
<td>CMS15v4</td>
<td>Colorectal Cancer Screening</td>
<td>Ahmad/Mutahhar</td>
<td>LATHA.KANINAPC</td>
<td>SARMA: ALMANSOU</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS10v5</td>
<td>CMS15v5</td>
<td>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</td>
<td>Ahmad/Mutahhar</td>
<td>LATHA.KANINAPC</td>
<td>SARMA: ALMANSOU</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS10v6</td>
<td>CMS15v6</td>
<td>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>Ahmad/Mutahhar</td>
<td>LATHA.KANINAPC</td>
<td>SARMA: ALMANSOU</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS10v7</td>
<td>CMS15v7</td>
<td>Breast Cancer: Hormonal Therapy for Stage IIC, IIB Estrogen Receptor/Progestone Receptor (ER/PR) Positive Breast Cancer</td>
<td>Ahmad/Mutahhar</td>
<td>LATHA.KANINAPC</td>
<td>SARMA: ALMANSOU</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS10v8</td>
<td>CMS15v8</td>
<td>Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients</td>
<td>Ahmad/Mutahhar</td>
<td>LATHA.KANINAPC</td>
<td>SARMA: ALMANSOU</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Number of Patients:**
### Intra-Clinic Provider Comparison

**Organization:**
- DMC Southfield Family Practice
- Ahmad/Mutahhar
- LATHA: KANNANPC
- SARMAD: ALMANSOUR

**Measure Category:**
- CMS

**Measure:**
- CMS66v2
- CMS117v2
- CMS182v3
- CMS137v2
- CMS145v2
- CMS158v2
- CMS165v2

**Reporting Period:**
December 31, 2012 - December 29, 2013

**Initial Patient Population:**
- 19.1%

**Numerator:**
- 9.0

**Denominator:**
- 47.0

**Exclusions:**
- 0

**Exceptions:**
- 0

#### Functional Status Assessment for Knee Replacement
- **Ahmad/Mutahhar:** 98.39%
- **LATHA: KANNANPC:** 19.15%
- **SARMAD: ALMANSOUR:** 80.70%

#### Childhood Immunization Status
- **CMS117v2:** 96.67%
- **CMS182v3:** 73.86%
- **CMS137v2:** 98.71%

#### Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
- **CMS129v3:** 97.36%
- **CMS137v2:** 98.77%
- **CMS165v2:** 97.04%

#### Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
- **CMS129v3:** 50.00%
- **CMS158v2:** 85.20%
- **CMS165v2:** 37.29%
Alignment/Report Once
Questions?

www.MichiganHealthIT.org

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