IDAHO
COLORECTAL CANCER ROUNDTABLE

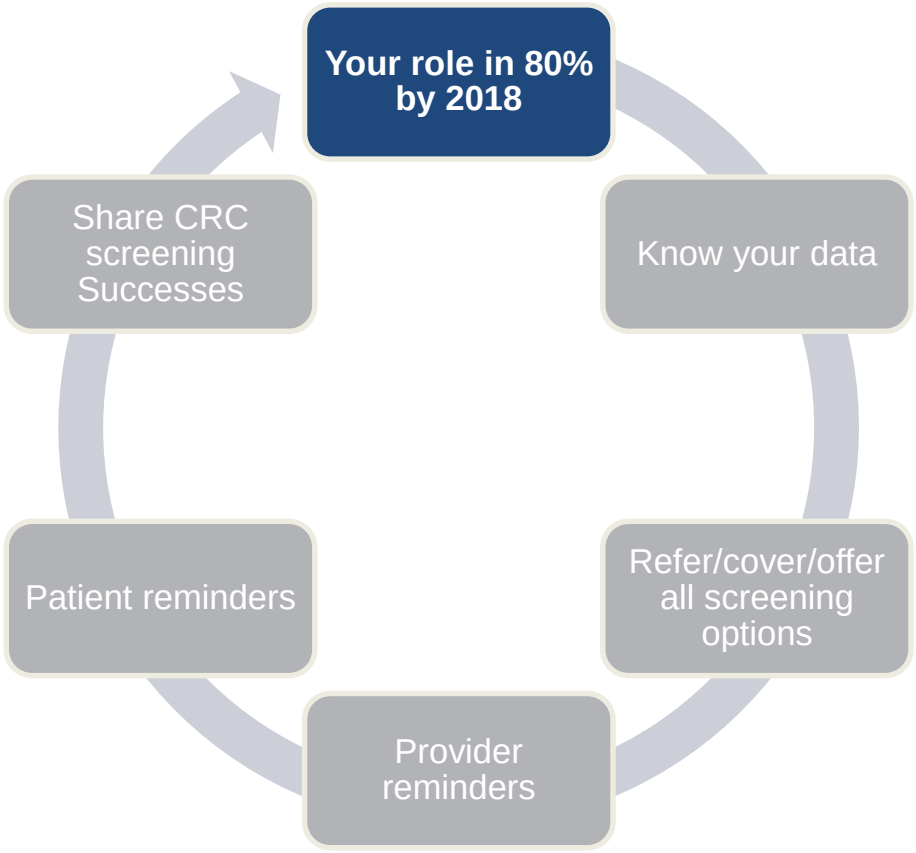
Data: Know Your Numbers

April 26, 2018

EIGHTYBY2018

February Webinar

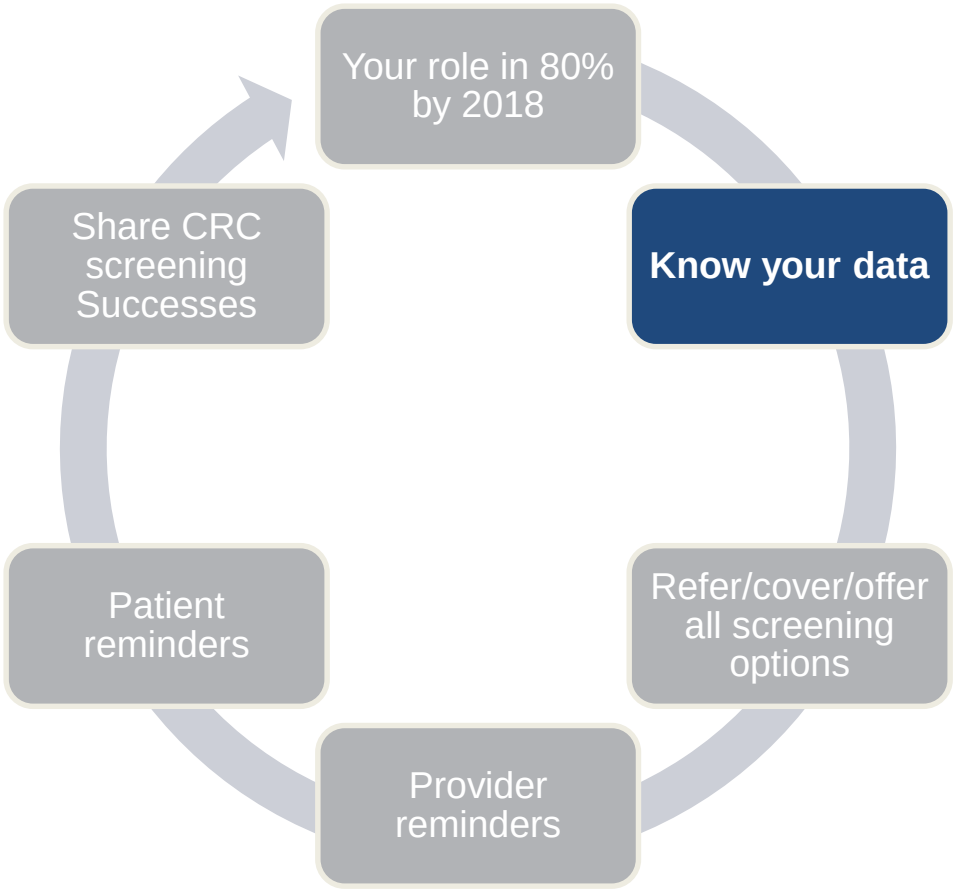
- Screening rate
- Sign LOS
  - Send to Megan.Czarniecki@cancer.org
- Past CRC RT Activities
- Plan for 2017



EIGHTYBY2018

Webinar Objectives

- Increase understanding of national quality measures
- Increase understanding of organizational data that may be available or could be collected
- Describe how to utilize data for quality improvement
- Identify ways to communicate data effectively



Data in Support of Quality Improvement

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Chanda Sundara
QI Consultants

04/26/2017




Qualis Health

- A leading national population health management organization
- The Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho and Washington

The QIO Program

- One of the largest federal programs dedicated to improving health quality at the local level

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

QUALIS HEALTH

Objectives

- Describe why is data important
- Discuss basics of measurement
- Understand the steps needed to improve your data
- Discuss challenges

Four Pillars of Health Care Transformation

- Put the patient in the center
- Transparency and openness
- Elimination of waste and continuous improvement
- Collaboration and partnership

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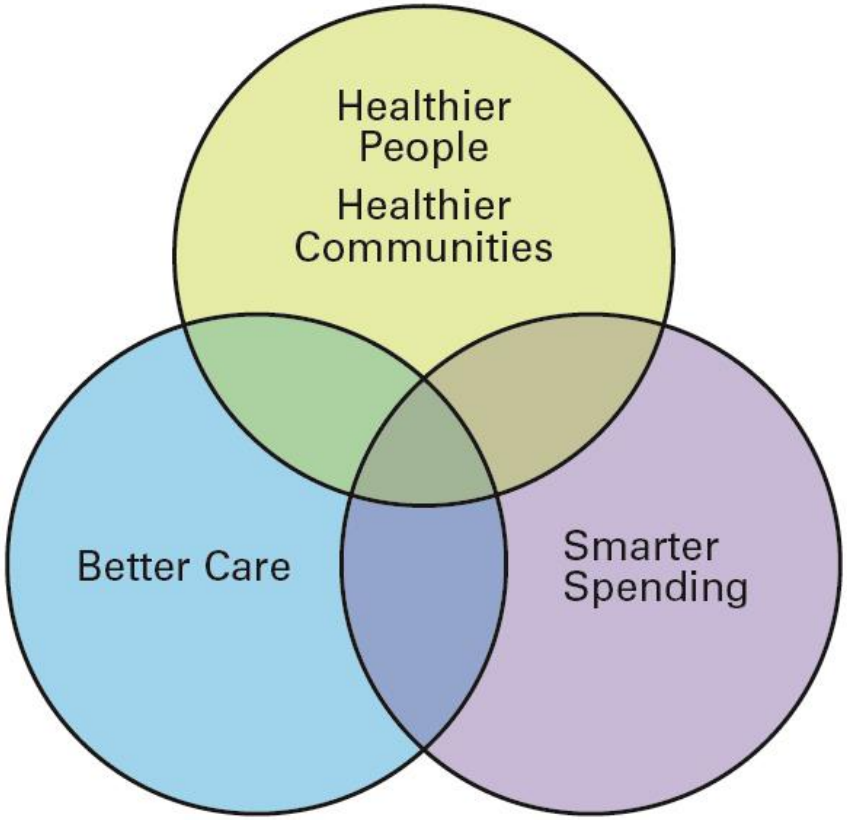
Historical State → Transformation → Evolving Future State

CMS support of healthy care ***Delivery System Reform*** will result in better care, smarter spending, and healthier people



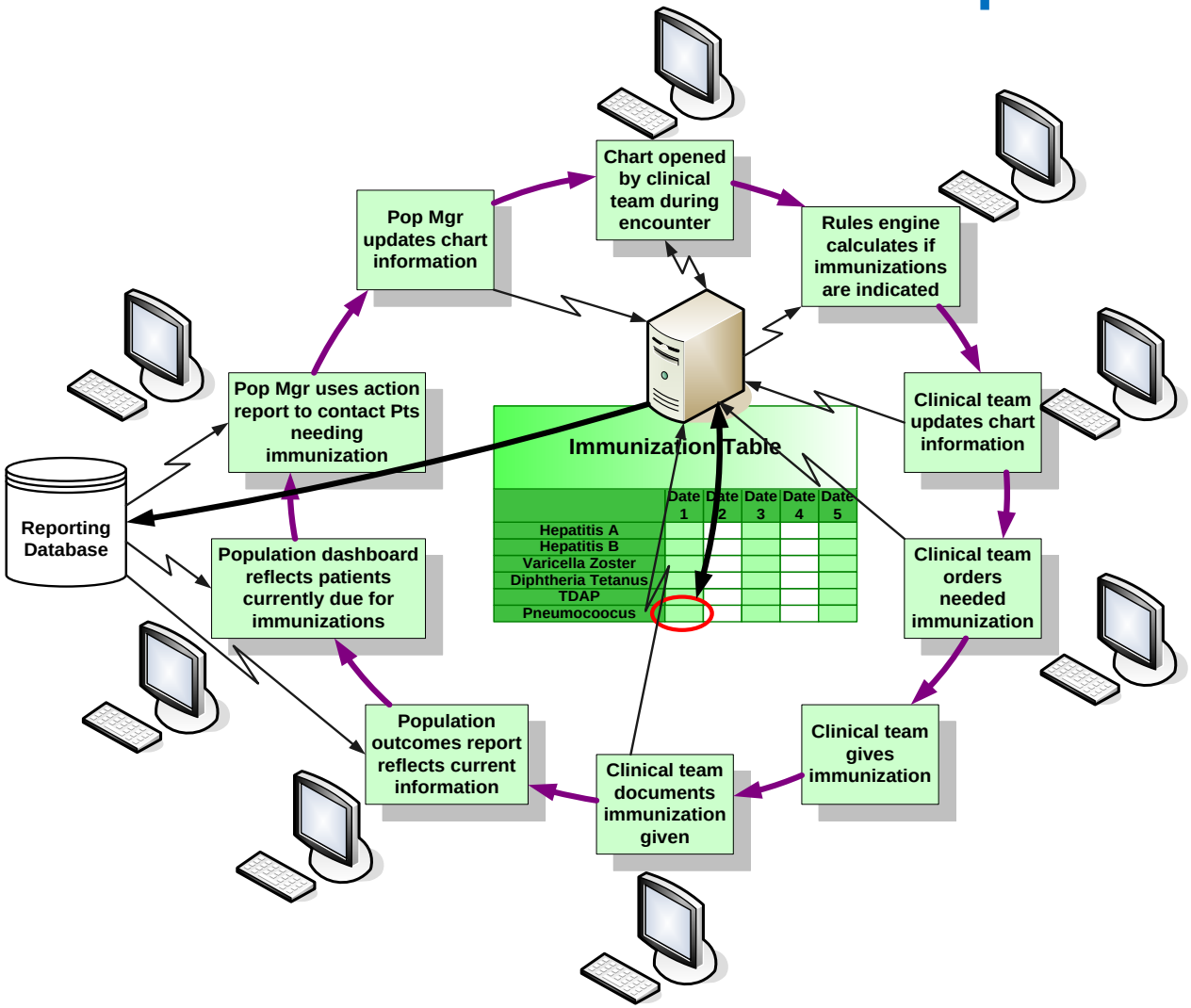
Data Reporting – It's Here

- With the Affordable Care Act and MACRA, movement away from fee for service into payment for quality
- Healthcare organizations will need to be able to:
  - Capture clinical quality data
  - Share data internally and externally for Quality Assurance and Quality Improvement
  - Report data to external entities (e.g., CMS, other health plans, to patients?)
- Health IT needed to measure and manage clinical outcomes to improve care
- Providers will be more accountable for care
- Data submission critical for reimbursement

Dive into data

- Managing data quality needs to be a core business competency
- Reports must be fast, relevant and reliable
- Information must be available to guide better clinical decision making

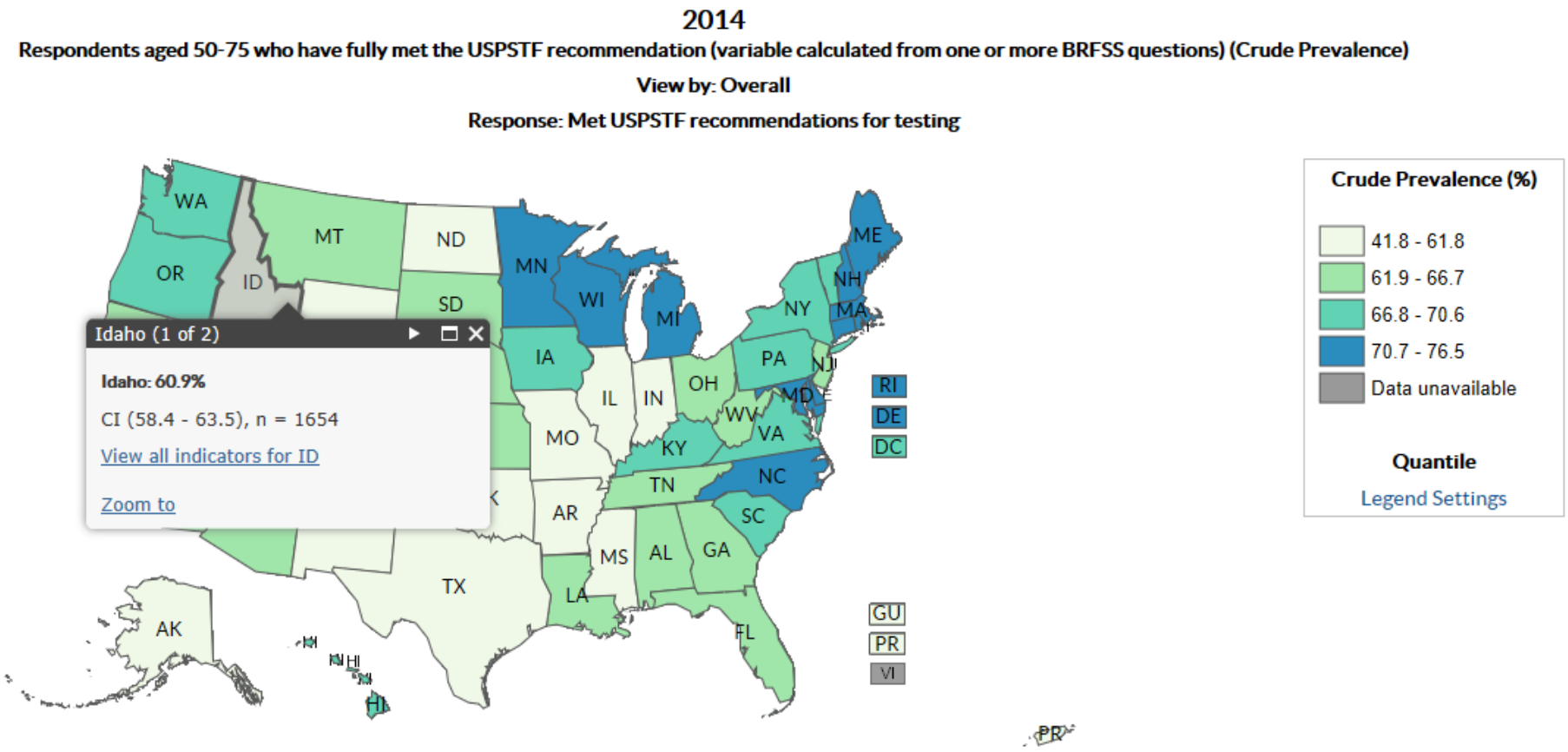
Workflow depends on data quality – Immunization example



Possible sources of Data

- BRFSS
- UDS
- HEDIS
- PQRS / MIPS Quality Measures

BRFSS Colorectal Cancer Screening



Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Apr 20, 2017]. URL: https://www.cdc.gov/brfss/brfssprevalence/.

CCS Statistics

- HRSA Health Centers/UDS
  - 2015 Idaho 28.7%
  - 2015 National 38.3%
- HEDIS Commercial
  - 2015 National HMO 62.8%
  - 2015 National PPO 57.1%
- HEDIS Medicare
  - 2015 National HMO 67.4%
  - 2015 National PPO 66.7%
- PQRS
  - 2016 National 53.22%

Types of Measures

- Outcome measure
  - How does system impact health, values, well-being, satisfaction of resident, staff, or business?
- Process measure
  - Are the process steps working as planned?
- Balance measure
  - Are changes designed to improve a system causing new problems elsewhere?

Measurement Basics

- Integrate measurement into the daily routine
- Plot measures regularly
- Use a “family” of five to seven measures

Example Quality Measures

- Outcome:
  - Screening Colonoscopy Adenoma Detection Rate
    - The percentage of patients age 50 years or older with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy
- Process:
  - Colorectal Cancer Screening
    - Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer
- Balancing:
  - Number of new patients that were offered screening

Quality Improvement

IDEAS ARE TESTED ON A SMALL SCALE BY THE PEOPLE WHO DO THE WORK

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Planning a Successful QI Initiative

First Steps:

- Set priorities for QI, pick an area to start
- Leadership must be involved
- Choose a team, make sure team understands their roles and responsibilities
- Train team on QI principles, such as Model for Improvement or PDSA cycles

Building Initial Data Reports

Next: Building Reports out of EHR

- Set data definitions
- Standardize data entry through workflow redesign efforts
- Assure workflow is working and data is being collected correctly
- Build Reports
- Validate reports

Reports are validated before release

QI data reports are checked for validity prior to releasing to care teams for action

- Sample chart reviews
- Complementary reports
- Pilot release to a single care team

Analyze Data Reports

Next: Analyze reports and plan for QI

- Review data
- Where are your care gaps (from evidence-based care, organizational priorities)?
- Investigate why the care gap exists and develop hypotheses to understand gap
- Choose QI focus and start planning for implementation

Actionable Data Reports

Data reports need to be actionable to provide opportunities for care improvement

Report: Adults age 50-80 who does not have an appropriate screening for colorectal cancer documented in the EHR

↓

Care team reviews report using recommended guidelines during a dedicated QI time slot

↓

Plan for a care team member to call patients meeting screening criteria and offers appropriate screening

↓

Goal: 90% of adults age 50-80 appropriately screened for colorectal cancer

Quality Improvement with a Strategy

Next: Plan QI Project

- Plan-Do-Study-Act cycles
- Make changes that address care gap hypotheses
- Measure the effects of the PDSAs (what happened, what were the positive impacts, were there any negative impacts?)
- Adopt, Adapt, Abandon the change

Spread

Next: Spread

- Spread changes in the way that make sense for your organization
  - Other providers within the clinic
  - Other clinics

Any QI Initiative…

…Starts with data

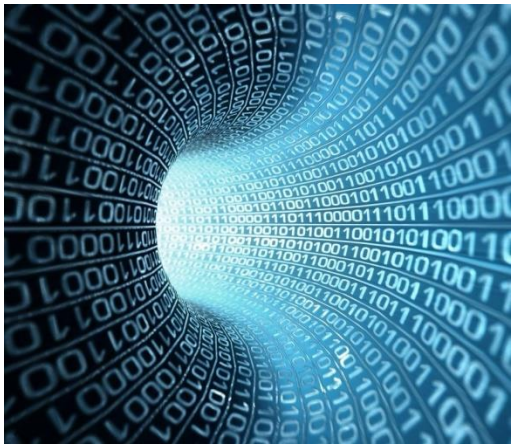
- So you know what you are dealing with
- So you can set goals
- So you can develop QI plans
- So you know if you are accomplishing your goals through your QI work

The Challenges

- Submission of clinical data via EHR is future trend, but data quality and accuracy are challenges because of:
  - Multiple data definitions
  - Organizational culture
  - Vendor issues
  - Financial barriers

Data Definition Challenges

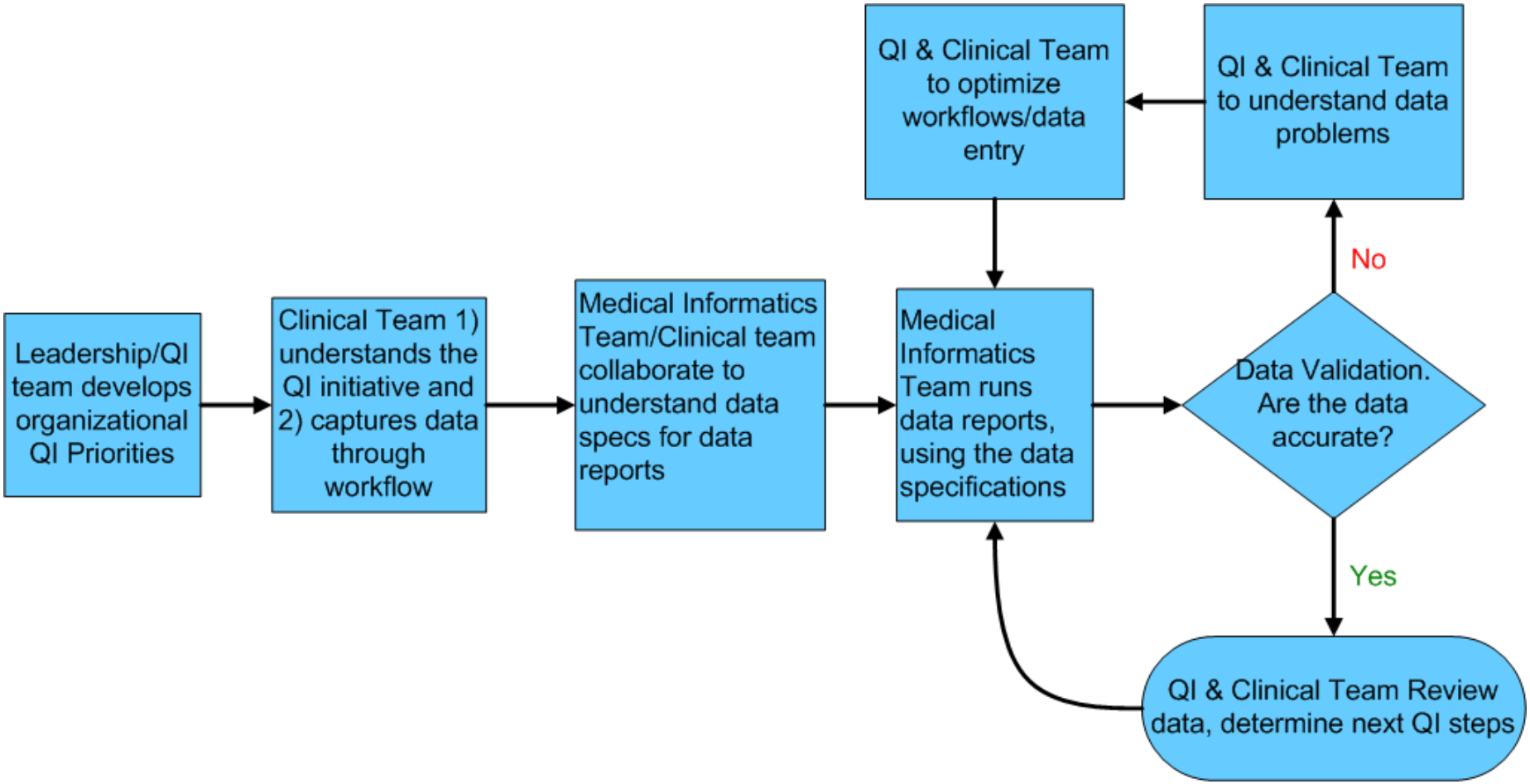
1. Clinical concepts have multiple data definitions and different data rules
   - Mammograms for women over 50 (US Preventive Services Task Force) or over 40 (American Cancer Society and other orgs)?
   - Data specifications = measurement every two years, every year, other?
   - BP>140/90 or BP $\geq$ 140/90 for Hypertension?
   - How to count inactive or deceased patients?
   - How do you define diseases (e.g., which ICD codes to use)?



Organizational Culture Issues

- Communications between staff - health IT, quality improvement, and medical personnel
- The quality improvement/medical people don’t speak technology
- Lack of shared vision for how health IT should support quality of care
- There is an underestimation of resources required to optimize health IT for quality of care purposes

Ideal Workflow across Health IT, QI, Medical



Vendor Issues

- Inaccurate reports
- Understaffed support
- Expensive training
- Frequent upgrades = bugs, broken reports, etc
- Complicated Reporting = database skills need
- Requires major build for each report change

Financial Issues

- Technology skills, EHRs, reporting software all can cost $$$$$
- Training costs can be expensive and is often under budgeted
- The incentives (MU, PQRS) often don't cover the cost of the work
- We are building systems for pay for quality but we still live in a fee for service world

Despite challenges…

- You can improve quality! It will take time and effort.
- Data needs to come first
- Data drives QI efforts
- Workflow is a critical component of data integrity

Q & A

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This material was prepared by Qualis Health, the Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho and Washington, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
ID/WA-HITC-QH-2889-04-17

Elizabeth Johnsen, MS

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Family Medicine Residency of Idaho


Closing Care
Gaps with
Clinical
Quality Data

50,000 Foot View

CPS Database

Data repository that houses encounter forms, Enli Control Panel & feeds Enli Registry

2. Data Entry & Management

Roll out role-based training detailing points of data entry

e.g. Enli Dashboard or encounter forms

3. Data Extraction/Registry Care Action

Education -> registry -> didactics

Nursing monitors Green, Yellow, Red status then follows protocols

Care Managers monitor and create campaigns for complex cases

Outstanding Clinical Outcomes among *Critical Quality Success Measures* will be achieved through implementation of a patient care management process that aligns role-based training, standard data entry & management workflows, pre-visit planning, registry care action and continuous measurement & improvement processes.

1. Template Creation

Create or Identify encounter forms for each Care Control Panel measure

(e.g. Preventive Cancer Screenings, Immunizations, Diabetes, Tobacco, BMI, Depression)

4. Performance Improvement

Identify Gaps (benchmarks set by Quality)

Investigate & determine root causes

Plan & Implement intervention

Analyze results (compare pre/post results)

Continue cycle until target is met

Promoting Quality

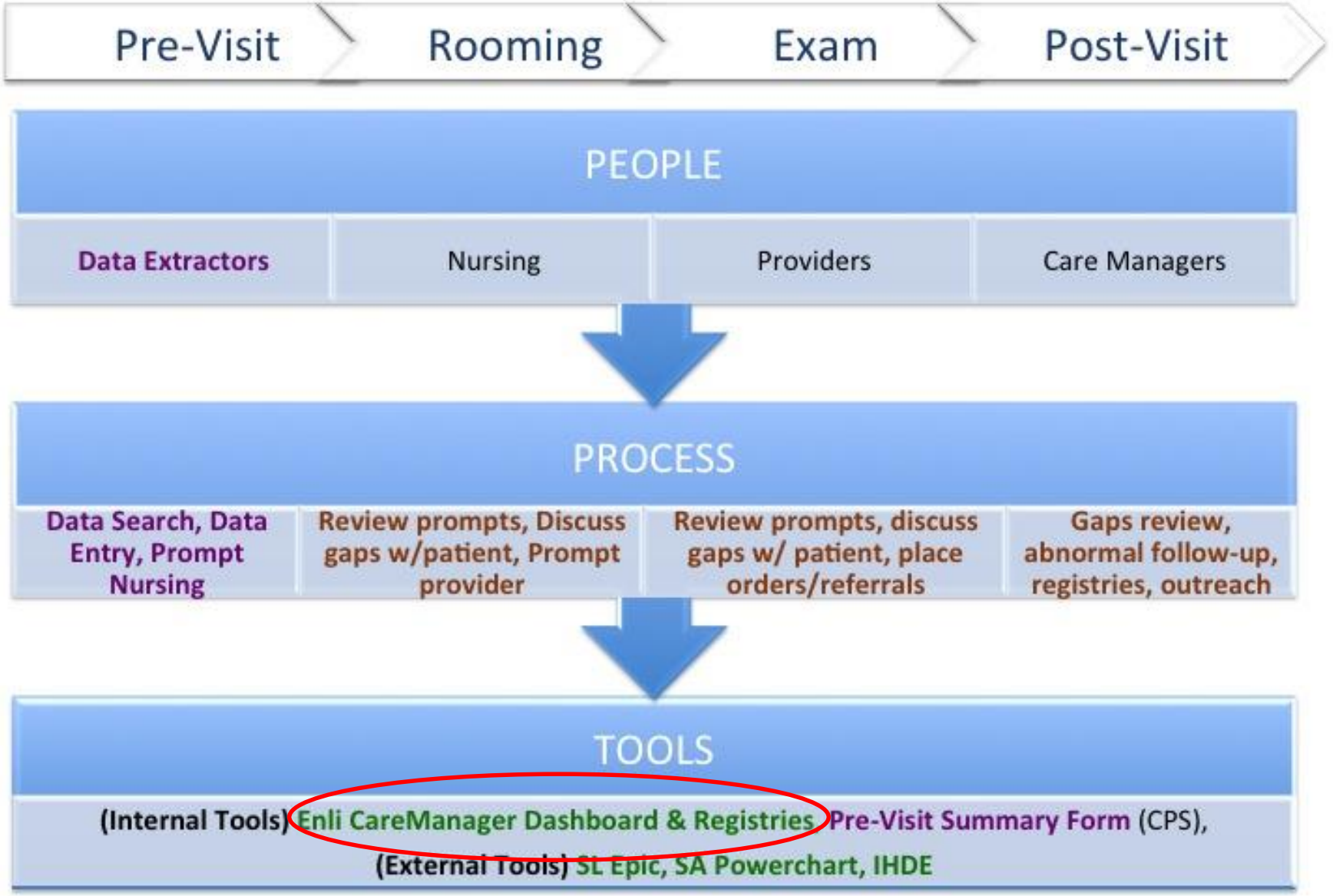
- Determines Quality Requirements (e.g. UDS, MU, STARS, ACGME, Grants, SHIP, Private Payors)
- Promotes Standards & Guidelines
- Manages Quality Systems

Quality System

Correcting Quality

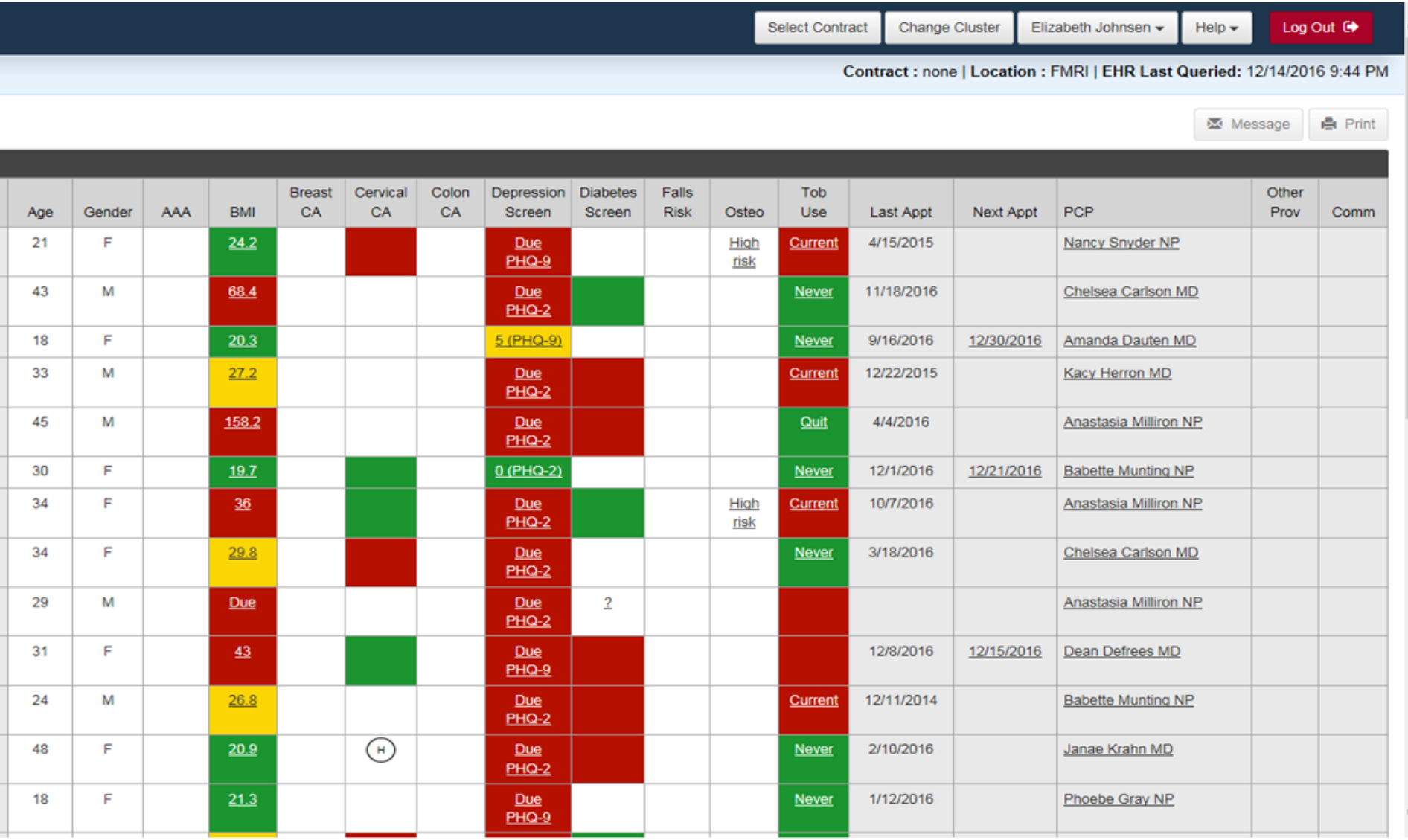
- Policy Management decision making
- Beneficiaries Empowerment & participation
- Quality monitoring of Health Outcomes, Practices, Satisfaction, Complaints

10,000 Foot View



Where are we? Analyzing, Defining, Designing, Implementing, Evaluating

5,000 Foot View



Select Contract | Change Cluster | Elizabeth Johnsen | Help | Log Out

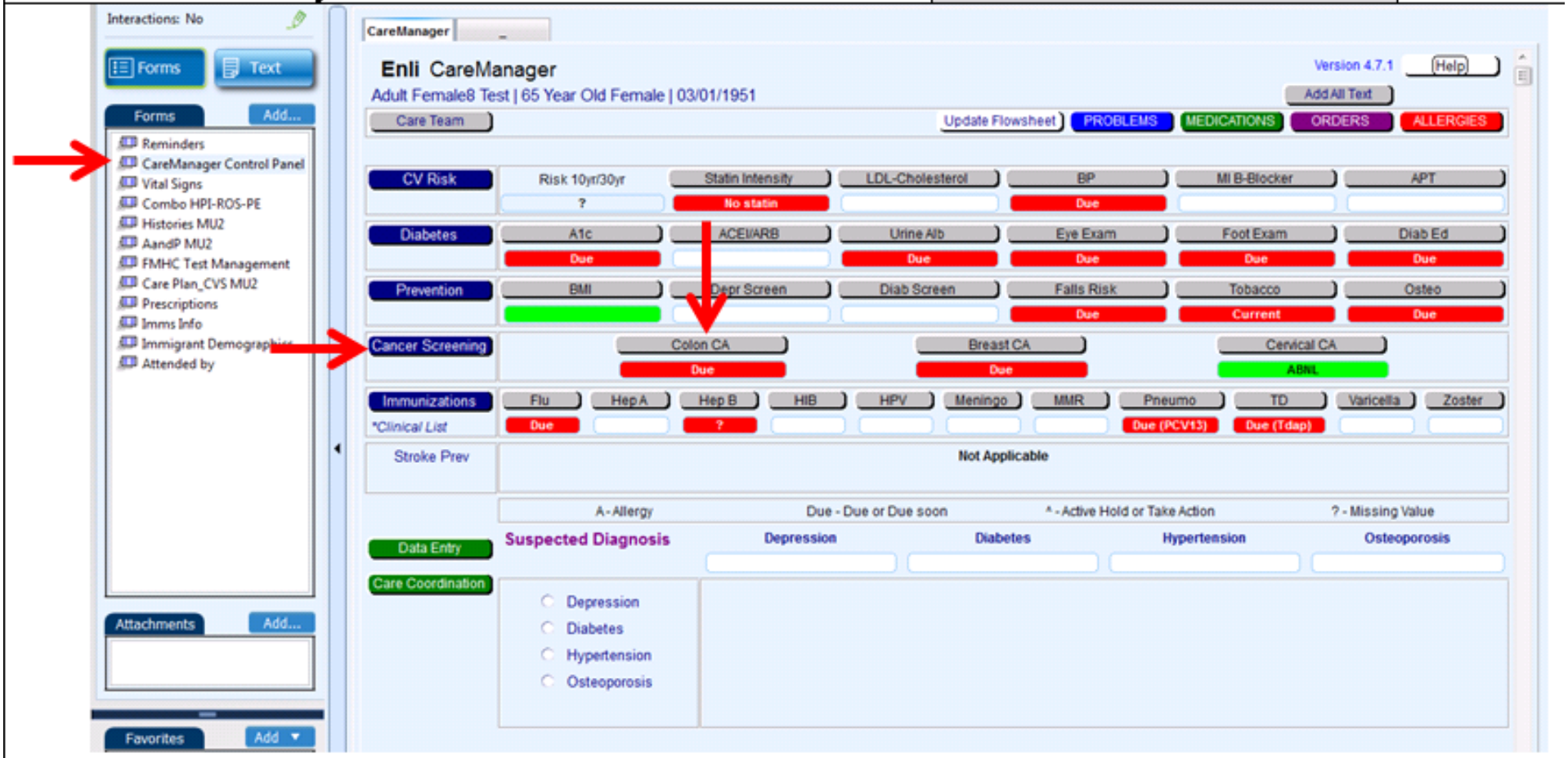
Contract : none | **Location :** FMRI | **EHR Last Queried:** 12/14/2016 9:44 PM

Message | Print

Age	Gender	AAA	BMI	Breast CA	Cervical CA	Colon CA	Depression Screen	Diabetes Screen	Falls Risk	Osteo	Tob Use	Last Appt	Next Appt	PCP	Other Prov	Comm
21	F		24.2				Due PHQ-9			High risk	Current	4/15/2015		Nancy Snyder NP		
43	M		68.4				Due PHQ-2				Never	11/18/2016		Chelsea Carlson MD		
18	F		20.3				5 (PHQ-9)				Never	9/16/2016	12/30/2016	Amanda Dauten MD		
33	M		27.2				Due PHQ-2				Current	12/22/2015		Kacy Herron MD		
45	M		158.2				Due PHQ-2				Quit	4/4/2016		Anastasia Milliron NP		
30	F		19.7				0 (PHQ-2)				Never	12/1/2016	12/21/2016	Babette Munting NP		
34	F		36				Due PHQ-2			High risk	Current	10/7/2016		Anastasia Milliron NP		
34	F		29.8				Due PHQ-2				Never	3/18/2016		Chelsea Carlson MD		
29	M		Due				Due PHQ-2	?						Anastasia Milliron NP		
31	F		43				Due PHQ-9					12/8/2016	12/15/2016	Dean Defrees MD		
24	M		26.8				Due PHQ-2				Current	12/11/2014		Babette Munting NP		
48	F		20.9		H		Due PHQ-2				Never	2/10/2016		Janae Krahn MD		
18	F		21.3				Due PHQ-9				Never	1/12/2016		Phoebe Gray NP		

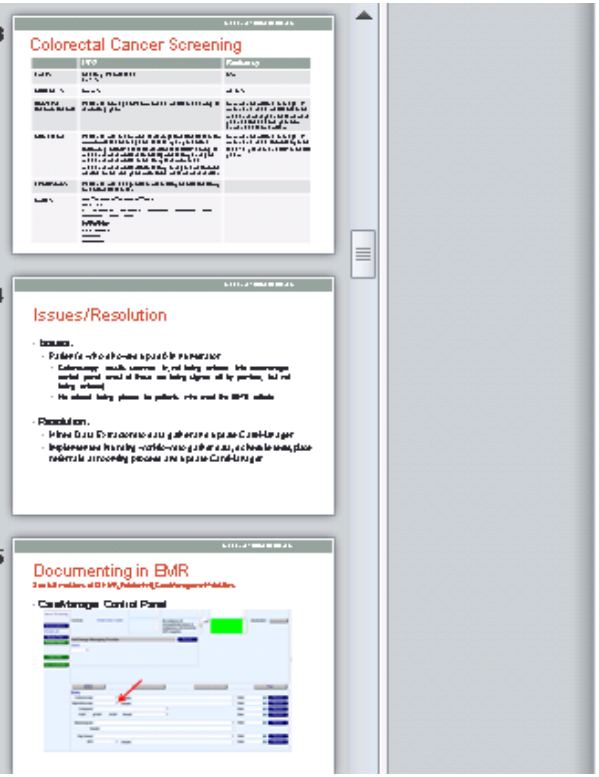
Ground View – Chart Access, Nursing Training

Pre-Visit Summary, Colorectal	SOP No.	100.1.59



5. To see Pre Visit Notes without opening an Office visit:

Ground View – Provider Training



PREVENTIVE & CLINICAL QUALITY MEASURES

A comparison of Uniform Data System Measures (UDS) &

FMRI Residency Measures

Outcomes

- People
  - Culture/Awareness
  - Working to license levels
- Process
  - Alignment w/ workflow
  - Communication
  - Reporting
- Tools
  - Review of current tools
  - Business case for implementation of new tools

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Action Items

- Join Idaho CRC RT Member Listserv
- Sign and submit Letter of Support
- Know you NUMBERS! Share with your clinicians and Idaho Roundtable
  - Megan.Mackey@dhw.Idaho.gov
- Register for June 28th webinar
  - *Screening Options: More than JUST a Scope!*