

ProHealth Physicians: Experience in Capturing Quality Metrics

SIM CT Quality Task Force

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Challenge of a Multitude of Measures

- PCMH
- Meaningful use
- MSSP
- Clinical performance – commercial
- TIC
- Med reconciliations
- Medicare visits – 2-3 chronic conditions
- ... and the 2-3 acute issues

The Primacy of Workflow

- Who
 - What
 - When
 - Where
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- Lean, six-sigma, ideal practice model
 - Design thinking – a better way to reach the implicit goals

Creating a Grid of Measures and Responsibilities

- Forty to fifty measures for collection, tracking and action
- Tendency to have this fall into the exam room
- Tendency to have this fall onto providers
- EHR – a bottleneck and barrier
- Documenting or capturing discrete data
- 80/20 rule: subset that drives results

Foundational Elements

- The fundamental characteristics of a successful program are:
 - Education and Training
 - Shared Accountability & Clear Expectations
 - Tools
 - Feedback/Reporting
 - Leadership
 - Incentives

Shared Accountability

- A key driver of provider resistance is the feeling that everything will fall on his/her shoulders
- Clearly define the role of each member of the administrative and clinical team
- Document expectations for each:
 - Practice manager
 - Clinical staff
 - Provider
 - Management

Tools

- Data capture
- Data warehouse: integrates claims AND clinical data
- Analytics
- Point of care alerts
- Closing gaps in care
- Patient portal

Feedback/Reporting

- Dashboard, real-time, business intelligence
- Allocate outreach in a rational way – automated, digital, telephonic
- Transparency of data – internally and externally

Leadership

- Clinical leadership at all levels must champion quality improvement efforts
- Management support for program development and implementation, process improvement, training, and reporting
- Subject matter experts to facilitate data capture, impact on EHR and provider workflows

Incentives

- Incentives have to be meaningful but come in many forms:
 - Professional satisfaction related to clinical outcomes
 - Pride/reputation as a high-quality provider
 - Financial, related to improving quality and cost effectiveness of care delivery
 - Moving from “volume” to “value”

MSSP

- A huge undertaking by any evaluation
- Patient satisfaction, cost effectiveness and quality measures
- Highly reliant upon clinical data in addition to claims
- Most providers are not using CPTII codes to standardize clinical data - big impact on ability to capture and report without manual chart reviews
- Requires:
 - Manipulation/customization of EHR templates
 - New workflows
 - Note parsing capabilities (to capture non-standard data)
 - Sophisticated data and reporting capabilities
 - Provider and staff training
 - Resources – human and financial
- Reporting can be done manually but still relies on standardized workflows and documentation
- Human resources required to do manual chart review for 411 patients per measure within the defined reporting timeline is a significant challenge

Lessons Learned

- Difficult to do
- Major change process
- Expensive
- Workflow is king
- Allocating to team/organization

Medicare ACO MSSP

- New changes for 2015
- A shift towards claims based measures
- Readmissions and unplanned admissions
- Evidence based revisions
 - Diabetes – overtreatment, hypoglycemia
 - Blood pressure and falls