# Agenda

## Welcome and Housekeeping  
2:30 pm

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
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<tbody>
<tr>
<td>Rhode Island Presentation</td>
<td>2:35 pm</td>
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<tr>
<td>Oregon Presentation</td>
<td>3:05 pm</td>
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<tr>
<td>Group Discussion</td>
<td>3:35 pm</td>
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<tr>
<td>Wrap-up and Next Steps</td>
<td>3:55 pm</td>
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Welcome and Housekeeping
Rhode Island’s Health Care Quality Measurement Reporting and Feedback Efforts

Amy Zimmerman, MPH
January 13, 2017
Overview:

- History of Quality Measurement Efforts
- Goals
- RFI
- SIM Technology Workgroup
- Functional Requirements
- Provider Perspective
- Considerations/Lessons learned
History of Quality Measurement Efforts:

1. RI PCMH programs (2008- present):
   - One of the first multi-payer PCMH demonstration programs
   - Consistent contract terms, reporting requirements and quality measures for all providers and payers

2. Beacon Grant (2010-2013):
   - RIQI obtained the grant (same agency that operates the statewide HIE)
   - Supported practice transformation through HIT
   - Created foundational capabilities to collect and feedback set of measures via portal (only for Beacon practices; somewhat limited)

3. Trailblazers Initiative: ONC and NASHP (2012-2013):
   - Learning collaborative & TA to support selected states prepare for state-level HIT activities to support health care transformation; initiated concept for statewide eCQM system

4. SIM Round One Model Design: (2014)
   - HIT and Measurement Workgroup supported concept of developing a statewide eCQM system
Goal of Statewide eCQM system:

- Create the capacity to obtain, analyze, benchmark, and feedback healthcare quality data from/to providers/practice settings to inform:
  - Quality Improvement
  - Health Care Purchasing
  - Evaluate healthcare quality performance across healthcare systems and providers, as part of new payment methodologies.
  - Consumer choice through public reporting and transparency process

- Reduce the risk of health care agencies duplicating capacity and expending resources inefficiently
Conducted Request For Information (2014)

- Questions focused on pros and cons of different approaches, and functions to creating a quality measurement, reporting and feedback system

- 17 Responses: Private consulting and Tech companies, several nonprofit entities (HIEs, QIOs, quality measurement entities)

- Responses were varied and at times more promotional than responsive
## RFI Questions

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<tr>
<th>What components are needed that were not addressed?</th>
<th>What are benefits/risks with open source tools?</th>
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<tbody>
<tr>
<td>What are Pros and Cons to using one vendor for all functions or multiple vendors?</td>
<td>Make recommendations for collecting CQMS (given not all providers can generate eCQMs)</td>
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<tr>
<td>What data format and standards should be used? (address if manually calculated)</td>
<td>What data transport methods are recommended?</td>
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<tr>
<td>Questions related to QRDA 1 and 3 data formats? Advantages to use; Advice to implement?</td>
<td>What risk adjustment &amp; stratification tools can be applied and how easily</td>
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<tr>
<td>What process and infrastructure is recommended for sharing feedback with providers?</td>
<td>Recommend strategies for public reporting; what should be shared with public</td>
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<tr>
<td>What attributes and capabilities does an entity need to have to operate this type program</td>
<td>What capabilities are needed to support payment reform; pros and cons of entity being supported by payers</td>
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<tr>
<td>Recommend an approach for gaining consensus re: measures, attribution, risk stratification,</td>
<td>What form of governance is recommended for the entity operating this program</td>
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<tr>
<td>Can such an entity be financially sustained? Do you support creating an entity to operate this type of program?</td>
<td>Should the entity have a role and capacity to communicate measures to providers and the public</td>
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### Possible Functions of the RI Healthcare Quality Measurement and Reporting System:

| **Selection and harmonization of measures** | • Standardized set for provider practices for value based purchasing  
  • Ideally aligned with national measures  
  • Develop and manage ongoing community governance process |
| **Data Collection** | • Be electronic to extent possible, adjust for those without EHRs  
  • Individual or aggregate level, use national standards |
| **Technical infrastructure** | • Submit data once and send to all  
  • View provider & practice level data  
  • Generate provider alerts/reports if falling below benchmark  
  • Ability to export data from analytics |
| **Analytics and Reporting** | • Need attribution and risk adjustment strategies  
  • Tool to display data with actionable feedback to providers, practices, payers, state, etc.; combine with other data sources (e.g. APCD/HIE)  
  • Foster sharing of best practices; peer to peer learning |
| **Public Reporting** | • Increase transparency of provider performance for consumers  
  • Allow public to compare across providers and practices  
  • Create performance ranking system |
SIM: Round Two Model Test (2015-2019)

SIM Steering Committee Endorsed:

- Development of a measurement harmonization workgroup; now have a harmonized set of measures for contracting (PCP, ACP, hospital, behavioral health and maternity measures)

- Developing an statewide eCQM reporting, measurement and feedback system and creating a Technology Reporting Workgroup to defining necessary functional requirements for eCQM system

- Issuing an RFP to design, develop and implement statewide eCQM system.
Technology Reporting Workgroup Goals:

- Improving the quality of care for patients and driving improvement in provider practices by giving feedback to providers, provider organizations and hospitals about their performance based on quality measures.

- Producing more valuable and accurate quality measurements based on complete data from the entire care continuum.

- Leveraging centralized analytic expertise to provide valuable and actionable reports for providers and to drive improvements in population health.
Technology Reporting Workgroup Goals:

• Reducing the duplicate reporting burden upon providers and provider organizations by having a common platform for reporting

• Publically reporting quality measurements in order to provide transparency and support patient engagement in making informed healthcare decisions

• Using existing databases, resources and/or systems that meet our needs, rather than building from scratch
### Desired Functional Requirements:

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<tr>
<th>Requirement</th>
<th>Details</th>
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<tr>
<td>Easily capture data in a standard and consistent manner (no extra work for providers)</td>
<td>Calculate measures from our SIM harmonized measure set and relevant national measure sets</td>
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<td>Become a Qualified Clinical Data Registry (QCDR) to allow the reporting of results directly to CMS, NCQA, and the payers, and fulfill additional reporting obligations on behalf of providers</td>
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<td>Consist of detailed, individual level data from multiple sources matched to a single person, and make that data available to providers to improve individualized care while appropriately protecting confidentiality</td>
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<td>Share analyses and results back to providers, provider organizations, payers, state government, and, eventually, the public</td>
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| Share analyses and results back to providers, provider organizations, payers, state government, and, eventually, the public | Other important considerations:  
  • Focus on collecting data from practices with Electronic Health Records (EHRs)  
  • Establish a governance structure with adequate community and provider engagement to determine what data is shared to whom and how it is shared |
Provider Perspective:

• Sent a survey to a couple hundred providers; 56 responses

• 96.4% have an EHR (The remaining 3.6% will be implementing one soon)

• 62% respondents were PCPs; 20% were emergency medicine providers

• 27% or respondents were in a 1-3 person practice and 29% were part of a practice with 21+ person practice
To which organizations do you currently submit quality measures?

- BCBSRI
- Meaningful Use
- United HealthCare
- NCQA PCMH
- PQRS
- NHPRI
- Medicare
- Medicaid
- Tufts Health Plan
- NCQA Other recognition
- JHACO
Would this system be valuable to your practice?

- Yes: 17.9%
- Maybe: 17.9%
- No: 35.7%
- I don't know: 19.6%
- Skipped Question: 8.9%
How often would you use a system like this one?

- **Daily**: 4.0%
- **A couple of times a week**: 4.0%
- **Weekly**: 16.0%
- **Monthly**: 16.0%
- **Quarterly**: 14.0%
- **Once a year for mandatory reporting to CMS**: 18.0%
- **Never**: 28.0%
Measure Calculation

How important do you think each of the features listed below are to making this tool useful to you?

- Benchmark you individually against other providers
- Benchmark your practice against other practices
- Incorporate risk adjustment
- Calculate the measures for your practice using your data
- Allow your practice to calculate the measures and submit results
- Calculate measures for national quality programs you participate in
- Calculate measures included in your contracts with payers

5 is Extremely Important, 0 is Not at All Important
Data Collection

How important do you think each of the features listed below are to making this tool useful to you?

- Collect historical data from past years
- Provide training sessions in a group setting
- Provide one-on-one technical assistance and training available for you if you...
- Ability for you to look at a list of patients who are not compliant
- Ability for you to manually upload or enter data
- Ability to incorporate data from your EHR automatically without any intervention

5 is Extremely Important, 0 is Not at All Important
Sharing Results

How important do you think each of the features listed below are to making this tool useful to you?

- Have multiple ways to access results, such as through a provider portal you...
- Share your results to other reporting entities, such as CMS or NCQA
- Share your results to the payers with which you have contracts
- Share your individual results back to you at the individual patient level
- Share your individual results back to you at the measure level
- Share your practices' results back to you at the measure level

5 is Extremely Important, 0 is Not at All Important
Other Features suggested

- Assurance of accuracy
- Above all, accuracy
- Ability to rule out patients who have not seen in 3 years, inactive, or deceased
- Ease of submitting data is critical. Eliminating duplication of effort
- Ability to retrieve data that is entered into our EMR
- Use the HIE
- Prospective reporting, such as reporting gaps in care on patients with upcoming appointments.
- Select our own measures important to practice and population
- Ability to design custom measures
- Report at practice, location, provider grouping, and individual provider levels
- Use claims data to input data
- Make sure this meets the requirements of MACRA
- Automated quarterly reporting got providers in a risk adjusted fashion and a way to make sure providers review their data and demonstrate QI steps if needed
Public Reporting

How important do you think each of the features listed below are to making this tool useful to you?

Public reporting at the provider level

Public reporting at the practice level

Public reporting of summary quality of care information (example: a practice is one of the best with diabetes care)

Public reporting of detailed quality of care information (example: 74% of the diabetics at a practice are in control) viewable by the…

A community governance process, with provider participation, to determine what information is shared

5 is Extremely Important, 0 is Not at All Important
Summary (very diverse responses)

- **Overall 53.6% answered yes or maybe to the question of whether they thought it would be helpful. 19.6% said it wouldn't be useful at all.**

- Respondents did not see themselves using the system regularly, rather on a monthly/quarterly/annual basis for reporting.

- **Top Features:**
  - Incorporate EHR data without intervention
  - One-on-one technical assistance
  - Lists of patients non-compliant
  - Calculate a variety of measures they need
  - Risk adjustment
  - Share back at provider/practice levels

- **Least Popular Features:**
  - Public reporting
  - Group trainings
  - Ability to manually upload data
<table>
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<tr>
<th>Some Considerations:</th>
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<tr>
<td>• Third party data intermediary vs. within state government?</td>
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<tr>
<td>• Type of data: clinical vs. claims vs. both and which data standards (CCD, QRDA, other)</td>
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<tr>
<td>• Who and how to provide TA to providers to use data to drive transformation (same or different organization)</td>
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<td>• Need for a corresponding provider directory (track of provider affiliations)</td>
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<tr>
<td>• Do any components already existing in your community? Can they be leveraged? Is partnering possible?</td>
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<td>• For clinical data – only EHR derived data or accept other?</td>
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<tr>
<td>• Governance: who can obtain what data and at what level</td>
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<tr>
<td>• Model for sustainability of a statewide system once built? Who will use it, who willing to pay for it?</td>
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Contact Information:

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Oregon’s Clinical Quality Metrics Registry (CQMR)

Kate Lonborg
CQMR Program Manager
CQMR in Oregon’s Health IT Portfolio

• Current initiatives in procurement
  • Common Credentialing
  • Provider Directory
  • Clinical Quality Metrics Registry (CQMR)
• OHA contracted with Harris Corp as systems integrator for these projects

http://www.oregon.gov/oha/OHIT/Pages/Initiatives.aspx
CQMR – Goals

Collect meaningful clinical data for transparency and improvement, without creating undue burdens

• Gather timely quality measure data out of electronic health records (EHRs), as opposed to claims or chart review

• Measure outcomes as opposed to processes

• Collect patient-level data to support analytics, including analysis of disparities

• Decrease reporting burdens
  • Potential “report once” strategies
  • Align with federal standards for certification of EHRs (e.g., QRDA I and QRDA III) and quality reporting (e.g., MACRA/ MIPS)
CQMR Scope

• Initially, the CQMR will be used to collect data for
  • Medicaid EHR Incentive Program (Meaningful Use) Clinical Quality Measures (CQMs) – currently being collected by manual entry in MAPIR
  • EHR-based incentive measures for Coordinated Care Organizations (CCOs) – currently being collected in Excel templates
• CQMR will be a source of data, but public reports will occur through other websites and communication methods
• In later phases, the CQMR may be used to support a “report once” strategy
CQMR Uses – CCO incentive measures

Under 1115 waiver, Oregon Health Authority (OHA) contracts with 16 CCOs to deliver care to Oregon’s Medicaid population

• About 1 million Oregonians are enrolled in Medicaid; over 90% are enrolled in a CCO
• CCOs are eligible for incentives based on quality performance

https://www.oregon.gov/oha/Metrics/Pages/index.aspx
CCOs and quality reporting

Appendix to Year Four EHR-Based Measures Reporting Guidance Documentation

www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx
Robust stakeholder engagement

Technical Specifications and Guidance Documents for CCO Incentive Measures

Overview
The Oregon Health Authority is using quality health metrics to show how well Coordinated Care Organizations (CCOs) are improving care, making quality care accessible, eliminating health disparities, and curbing the rising cost of health care. Outcome and quality measures have been developed by the Metrics and Scoring Committee. Funds from a quality pool will be awarded to CCOs based on their annual performance on these CCO Incentive Measures.

- 2016 Metrics Timeline and Due Dates
- 2016 Quality Pool Methodology ("2016 Reference Instructions")
- 2016 Quality Pool INITIAL Estimates

Data & Reporting
OHA regularly provides CCOs with progress reports on the CCO Incentive and State Performance Measures for their review and feedback. Metrics are publicly reported in the Health System Transformation Progress Reports.

Questions?
Email: Metrics.Questions@state.or.us
Media Inquiries:
Courtney Crowell
Courtney.W.Crowell@state.or.us
971-712-6503

For more information
Clinical Quality Metrics Registry
Metrics and Scoring Committee
Metrics Performance Reports
Metrics Technical Advisory Group
Oregon's Measurement Strategy
Oregon's Medicaid Demonstration

http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx
CQMR Solution Needs

Trying to find the sweet spot where we

• Have a solution works well for end users with a wide range of technical sophistication

• Meet program needs for Medicaid EHR Incentive Program and EHR-based CCO incentive measures

• Can expand to meet future needs without incurring immediate costs for functionality we don’t need
  • Focused on data collection, validation, and calculation with basic tracking
  • Not procuring a wide range of analytics within the CQMR itself
RFP Process

• Extensive planning process starting in 2013
  • RFI in late 2014

• OHA contracted with Harris Corp. as systems integrator and Harris managed the CQMR RFP process
  • RFP issued on 8/26/16 to vendors who expressed interest
  • Initial review and down selection
  • Product demos
  • Virtual site visits with vendors’ customers

• Recently selected Michigan Health Information Network Shared Services (MiHIN) as CQMR vendor
CQMR Timeline

Vendor selection in Dec 2016

Contract to be executed by 3/29/17

Deployment by 12/1/17
- EHR-based CCO incentive measures
- Medicaid EHR Incentive Program CQMs

TBD – Expansion to other programs
Lessons Learned – Ongoing Program and RFP

• Start where you can with measurement, plan a glide path, and be prepared to adjust
  • What it sounds an EHR will produce v. what happens when someone actually runs a report
  • Capacity building/ pay for reporting

• Be clear about your scope and intended direction and communicate that in your RFP

• Think through and communicate where your business needs are different from other purchasers of quality measurement tools
Additional information

• Oregon’s CQMR overview: http://www.oregon.gov/oha/OHIT/Pages/CQMR.aspx

• CCO incentive measures specifications and guidance: http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx
Wrap up and Next Steps

• Next Meeting  - January 19, 2017
Contact Information

- Health IT Advisory Council and SIM HIT
  - Sarju Shah, Sarju.Shah@ct.gov

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Health IT Advisory Council Website