Wyoming Quality Care Coordination Program

How can we use all the data collected from across the state in a meaningful way?

Patient Centered Medical Homes in Wyoming

29 Wyoming Practices striving for National Committee for Quality Assurance (NCQA) recognition as a PCMH

Facts for these 29

- Almost 300 PCP's in these practices-
  - over half the PCP's in Wyoming
- Almost 60% of Wyoming Medicaid Clients seen in these practices

Quality Care Coordination Program

Quality Based

Wyoming Medicaid is currently creating a process for enrolled providers to earn a case management fee for providing demonstrable quality care with several strategic measures.

Clinical Quality Measures (CQMs)

Stage 1 MU requires reporting of 9 CQMs out of 64 CQM

Initial Nine CQMs to be used for *Wyoming Quality Care Coordination Program*

- Tobacco Use Assessment and Cessation Intervention
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Childhood Immunization Status
- Diabetes: Hemoglobin A1C Poor Control
- Diabetes: Blood Pressure Management
- Diabetes: LDL Management and Control
- ADHD: Follow-Up Care for Children prescribed medication

Wyoming Strategy

- The Quality Measures for PCMH are aligned with the EHR incentive program.
- Wyoming SLR already had the capability to gather CQMs for the Medicaid EHR incentive program.
- PopHealth tool has features which meet the need of both the EHR incentive program and the Wyoming Quality initiative.

Key components identified to make vision into reality

1. Leveraging the current technology

2. Need a format that will track MU measures

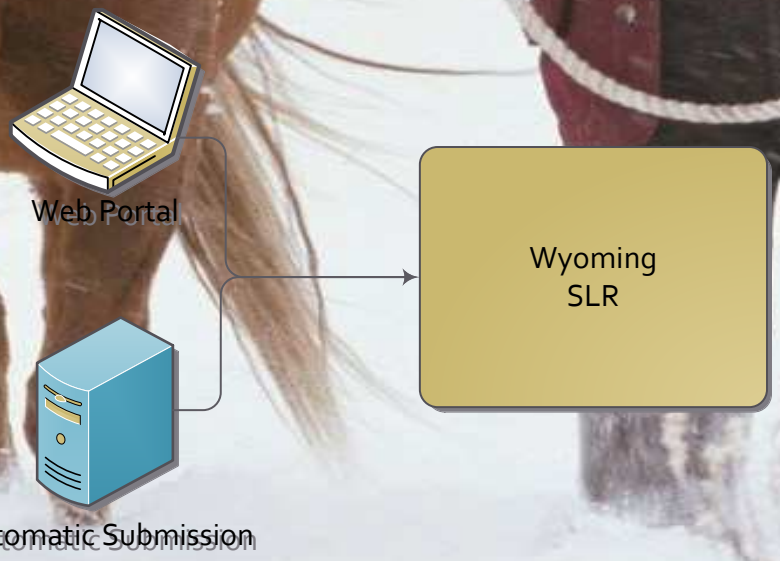
3. Template that can track quality care, improvement and show provider comparison

SLR Capabilities

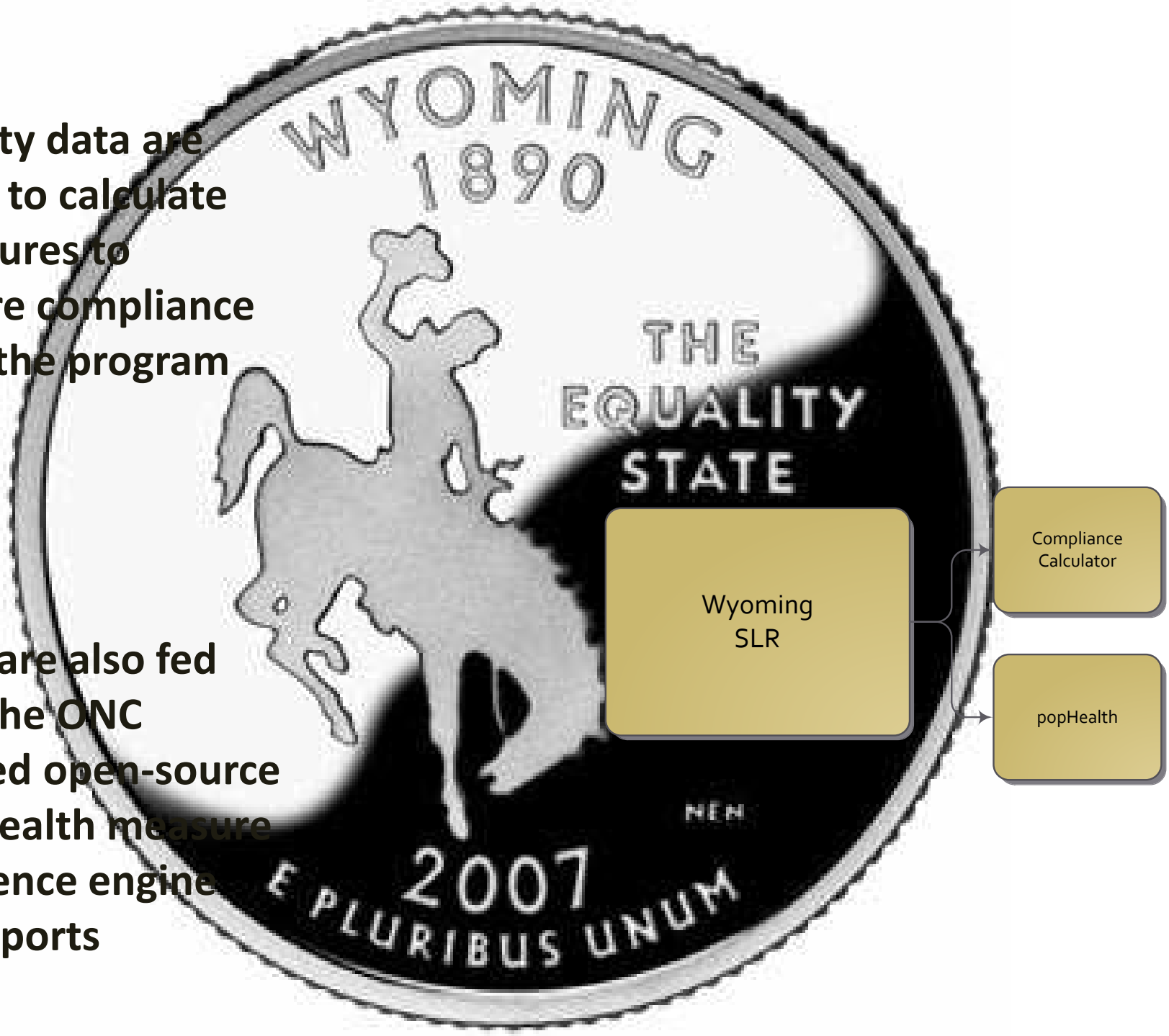
- Originally developed for providers participating in the EHR Incentive Payment Program
- Self-enrollment and data submission functions already for CQMs
- Lends itself to be utilized for both the EHR Incentive Payment Program and PCMH case coordination programs
- Capability to receive electronic CQMs using Quality Reporting Document Architecture (QRDA)

Submission of Quality Data

- **Providers submit quality data to the Wyoming Department of Health**
- **Data can currently be submitted manually data into the existing WYSLR**
- **With the 2014 CEHRT requirements, data using HL7 Quality Reporting Document Architecture will be available**



- **Quality data are used to calculate measures to ensure compliance with the program**
- **Data are also fed into the ONC funded open-source PopHealth measure reference engine for reports**

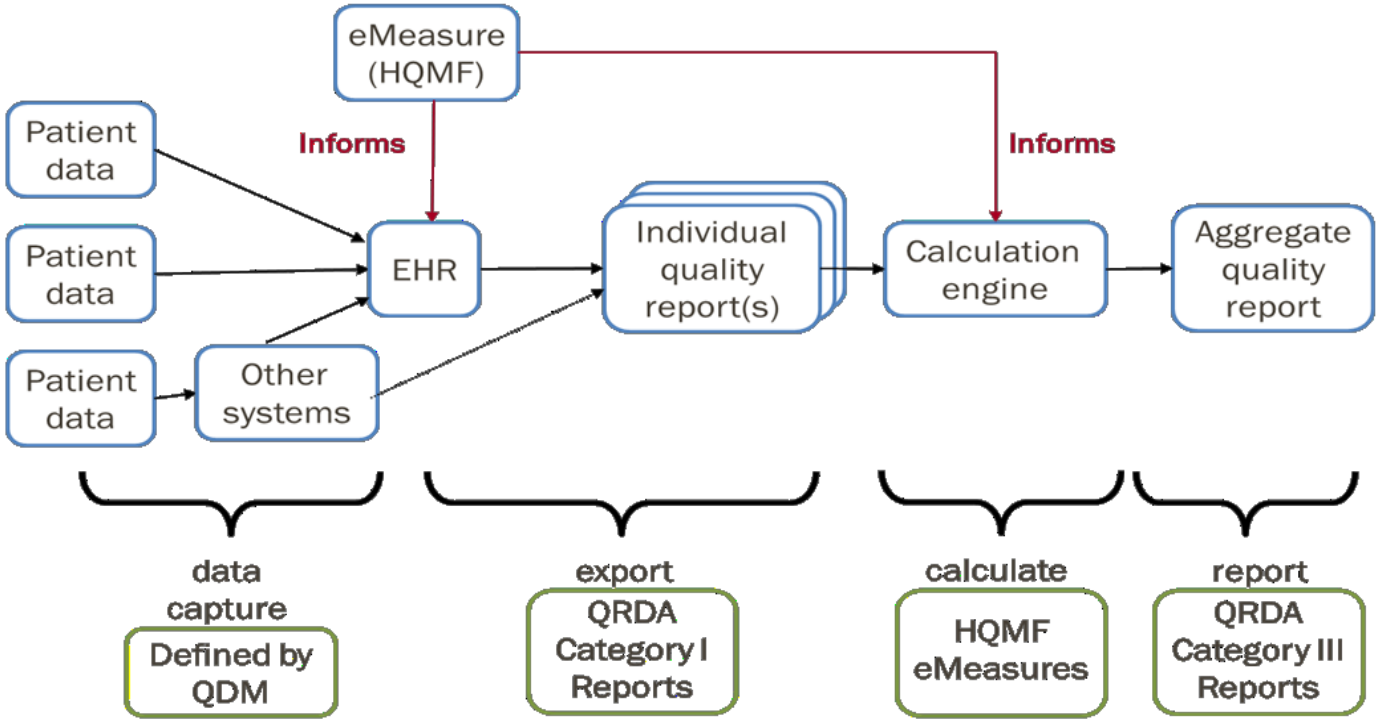


Reporting Quality Information

- Providers have options when reporting quality information
  - Direct Data Entry into the existing WYSLR web portal
  - Electronic submission of CQMs using the HL7 QRDA
- By the end if CY2014
  - EHR systems must be capable of submitting electronic quality information in order to be certified.
  - WYSLR will be capable to receive information electronically

End to End Process

Figure 1: End-to-end Quality Reporting Process



Quality Reporting Document Architecture QRDA

QRDA is a specific implementation of the HL7 Clinical Document Architecture Release 2 (CDA R2) designed to communicate health quality data between entities

- QRDA comes in two forms:
  - Category I provides detailed information needed to calculate measures for each patient
  - Category III communicates already computed measures

What is QRDA Cat I?

- A way to electronically communicate data for CQM calculation (Just the data, no results)
- Single patient
- Included clinical data is measure dependent and detailed
- XML Document
- CDA Based

What is QRDA Cat III?

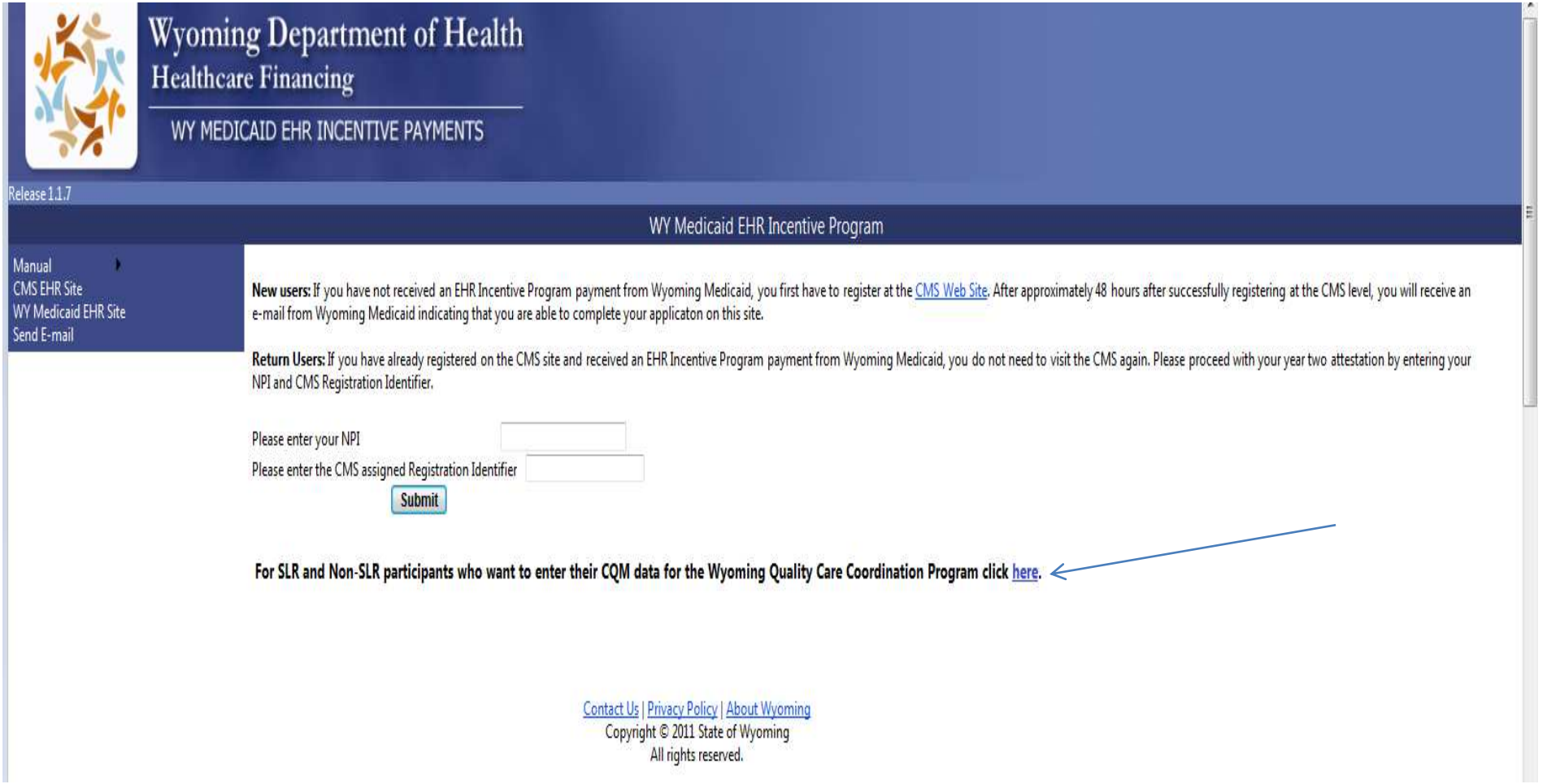
- A way of electronically communicating aggregated calculation data for CQM calculation

  (Just the results, no patient data included)
- Contains data for 1 or more CQMs
- XML Document
- CDA Based

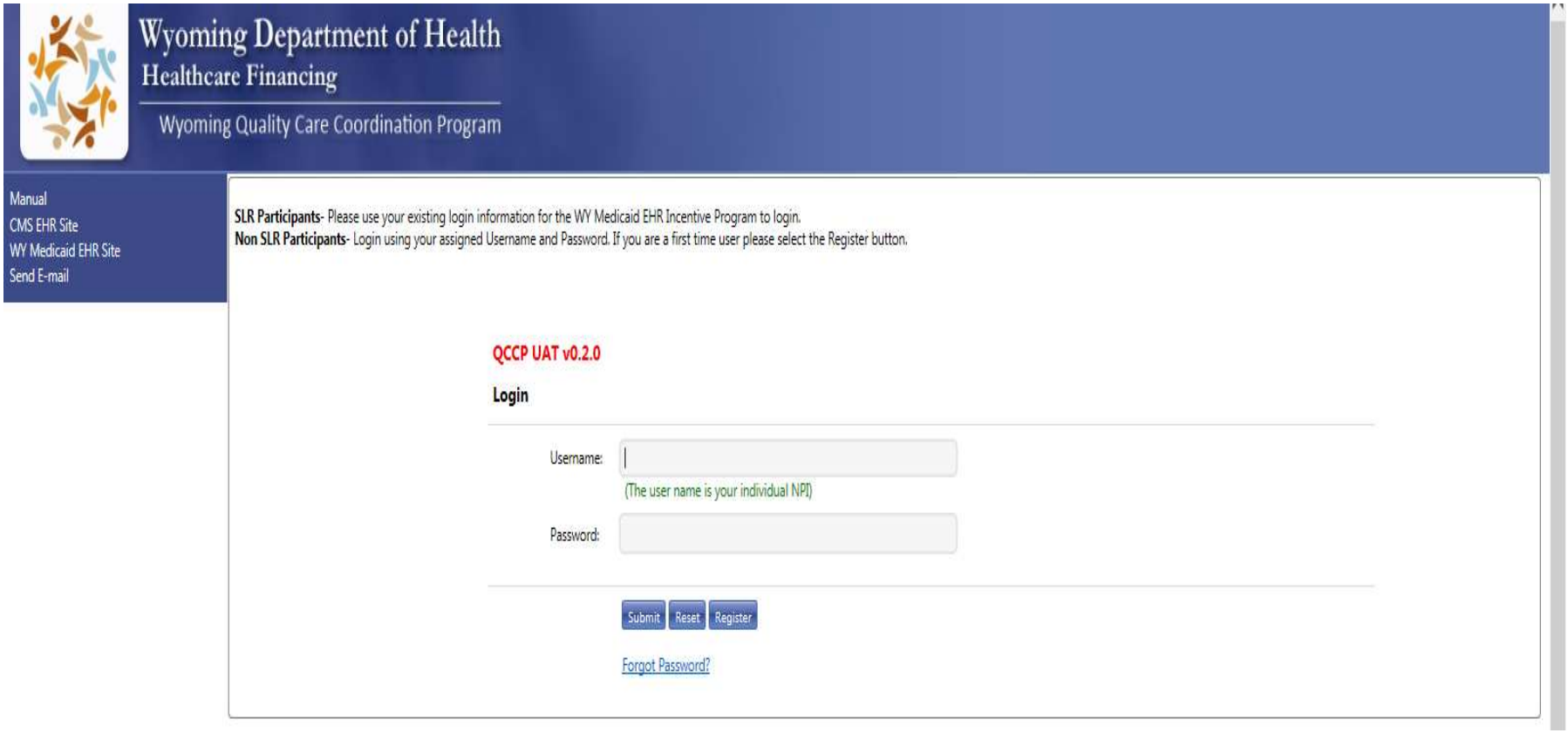
Single Login

- **SLR login page will include a link to enter PCMH CQMs**
- **Clicking this link will launch the PCMH CQM login page**
- **Providers in the EHR incentive program can use the same login**
- **Providers not in the EHR incentive program will need to establish a login via the registration process**

SLR Login Page



Clinical Quality Measure Login Page



Wyoming Department of Health
Healthcare Financing

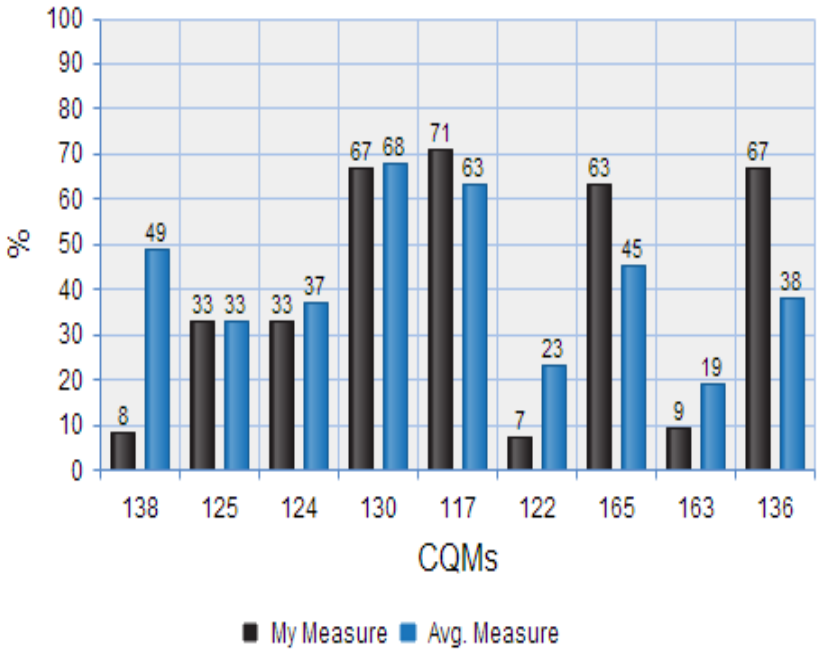
WY MEDICAID EHR INCENTIVE PAYMENTS

WY Medicaid EHR Incentive Program

- Dashboard
- Add/View CQMs
- Logout

CQM Measure Statistics

Year: 2013 Quarter: Q3(Jul – Sep) Filter Print



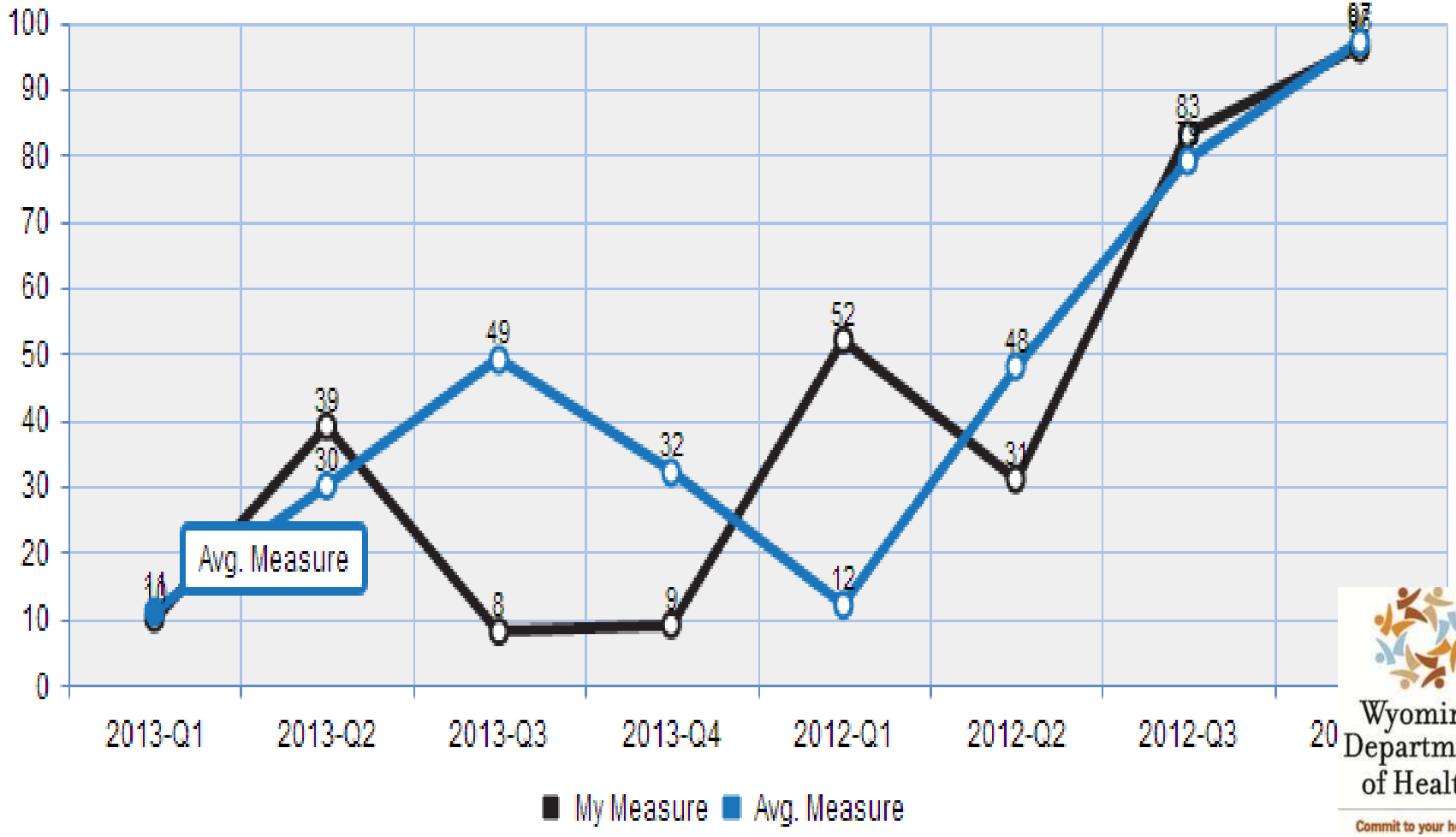
CMS ID 138: Preventive Care
CMS ID 125: Breast Cancer
CMS ID 124: Cervical Cancer
CMS ID 130: Colorectal Cancer
CMS ID 117: Childhood Immunization
CMS ID 122: Diabates Hemoglobin
CMS ID 165: Controlling High Blood Pressure
CMS ID 163: Diabates Low Density
CMS ID 136: ADHD

Note: Please click on the CQM Id's to view CQM Quarter Statistics

CQM Quarter Statistics

Measure: Preventive Care

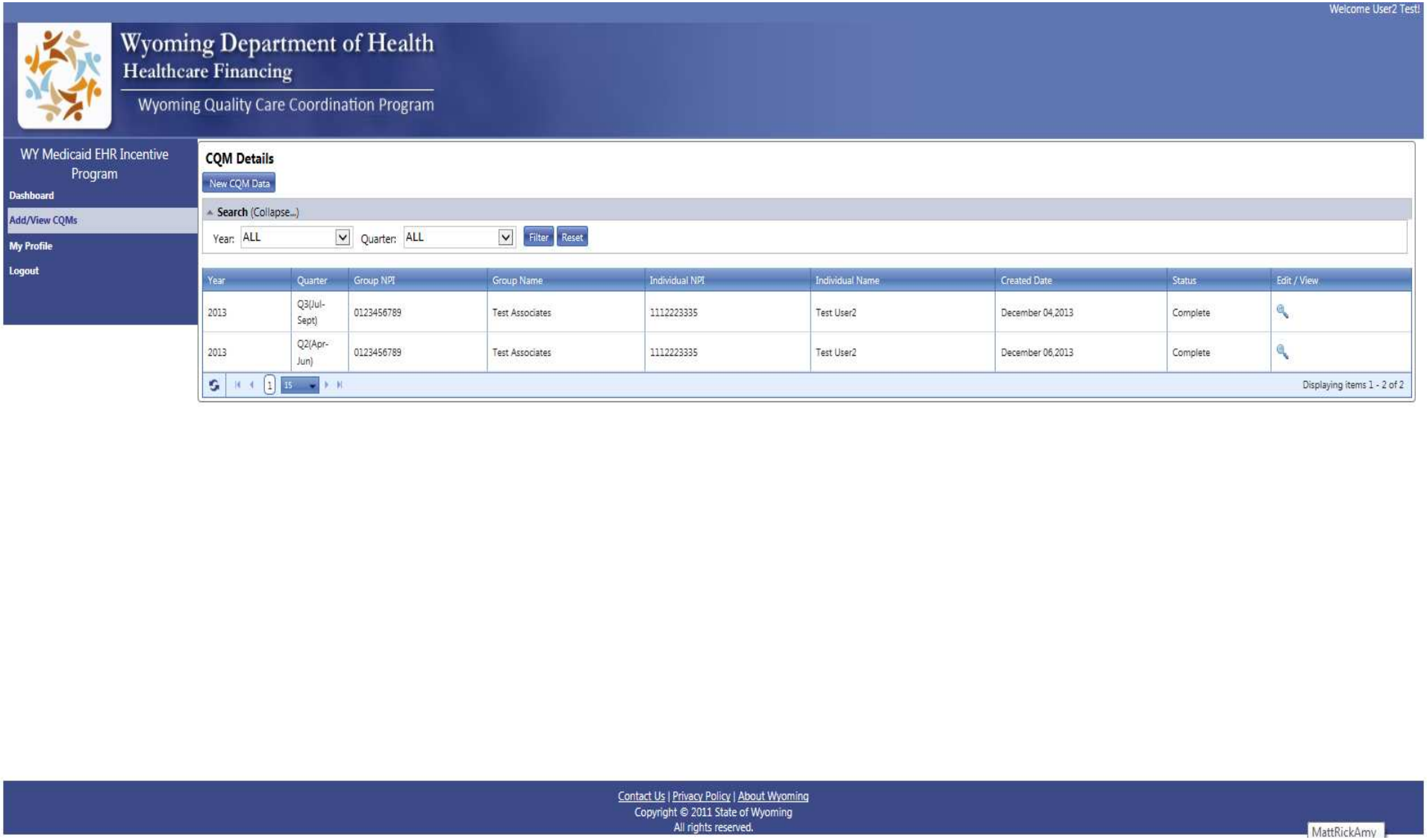
Print



Wyoming Department of Health

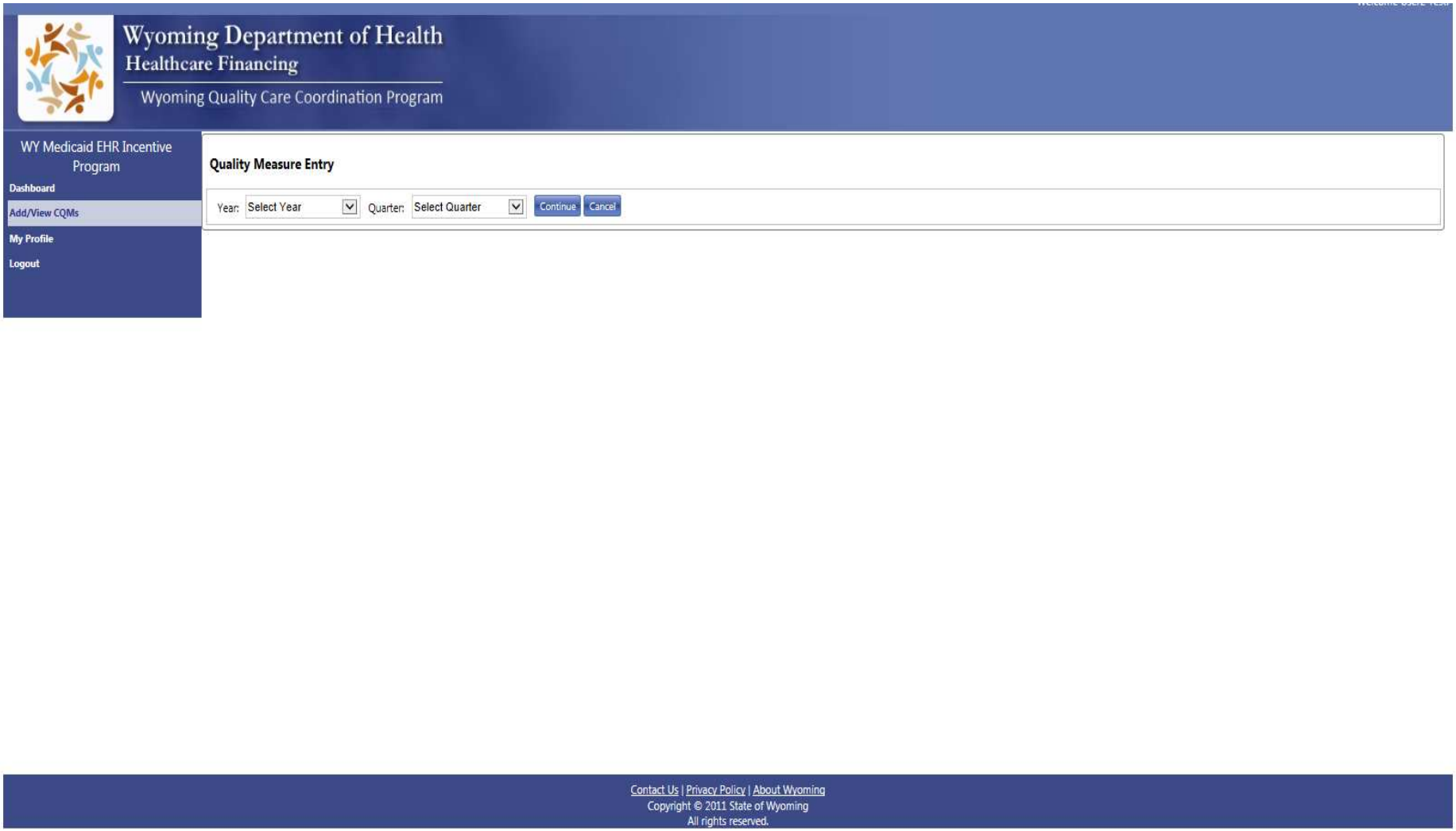
Commit to your health.

Add / View CQM Detail

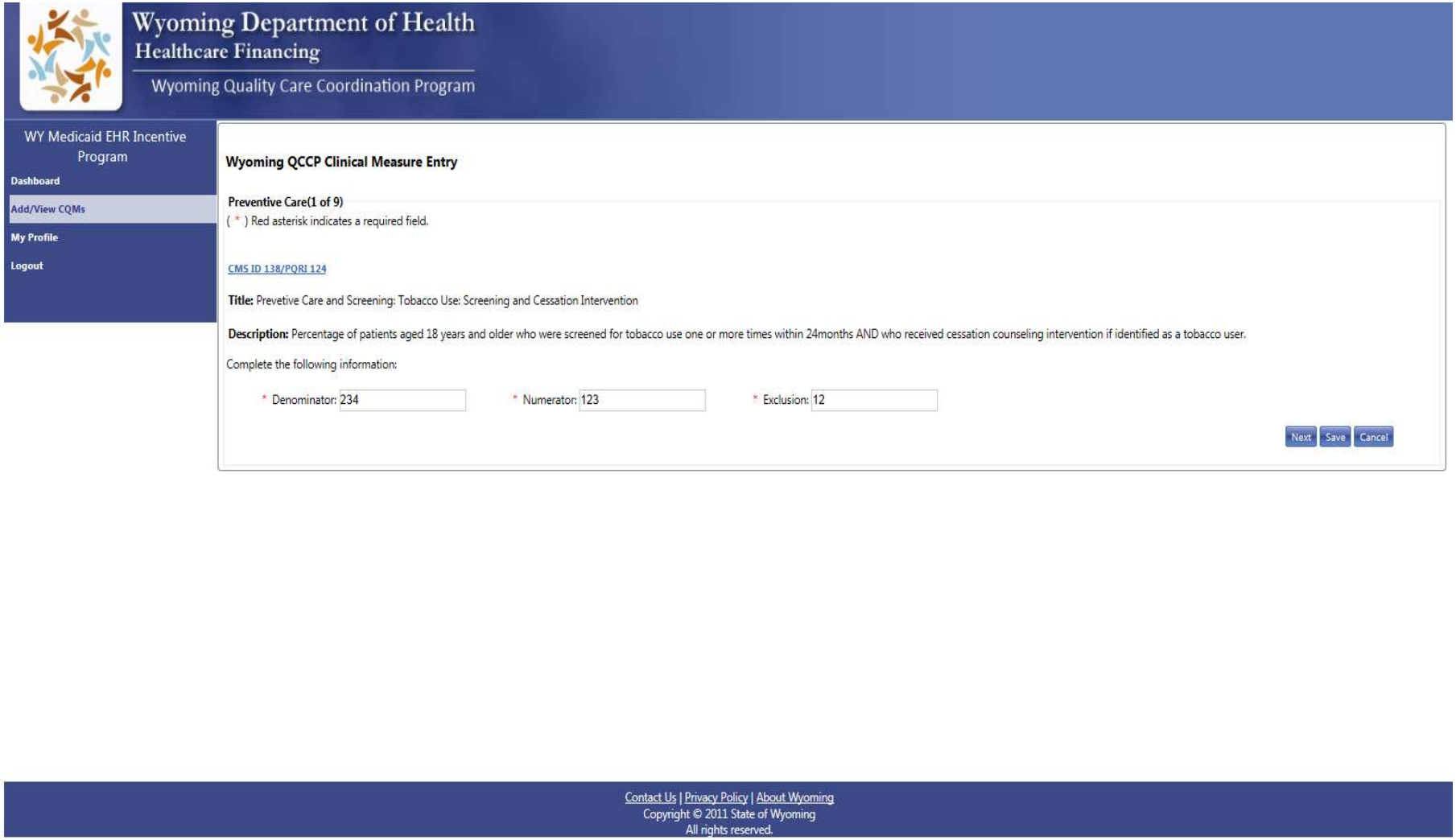


View CQM Detail

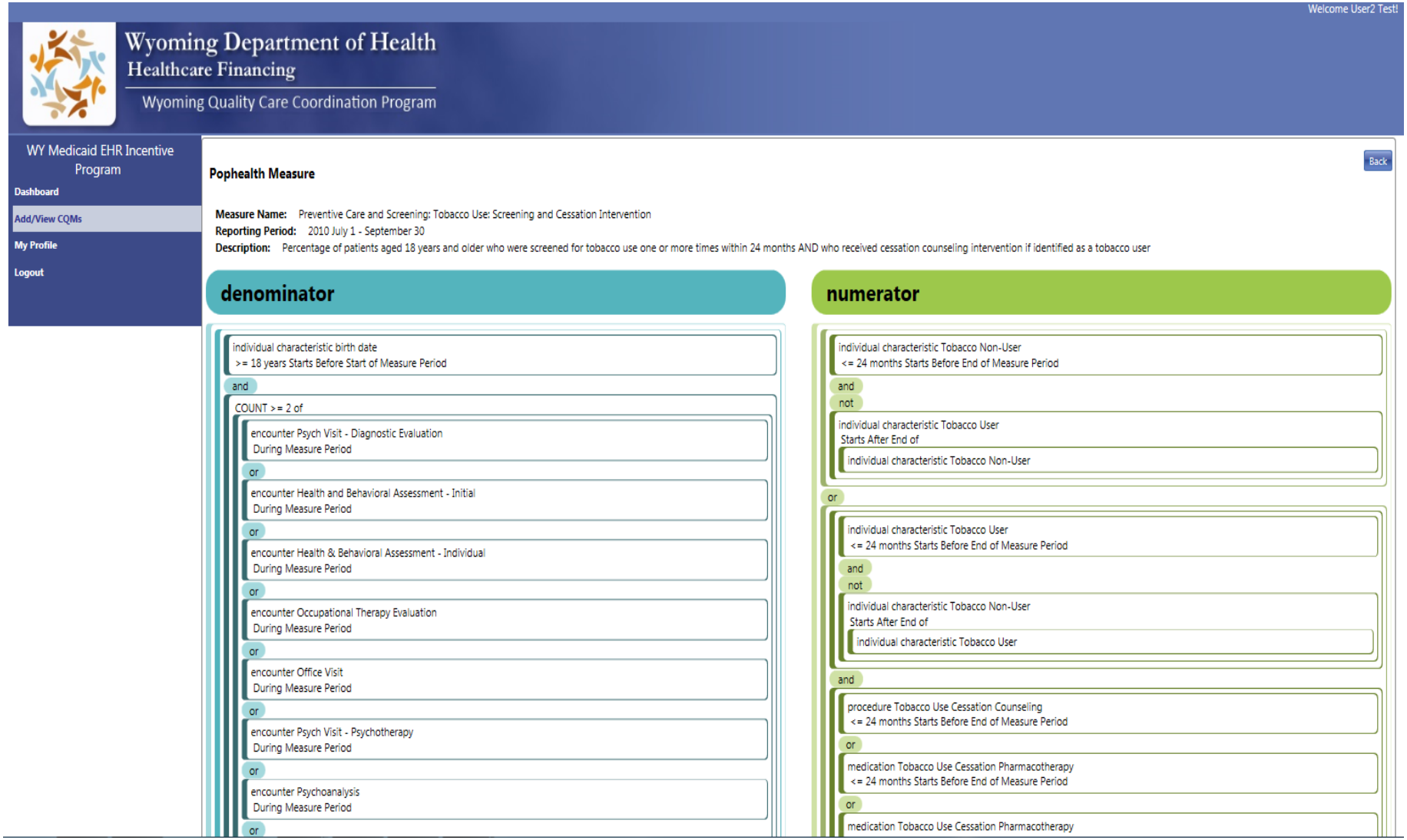
Quality Measure Entry



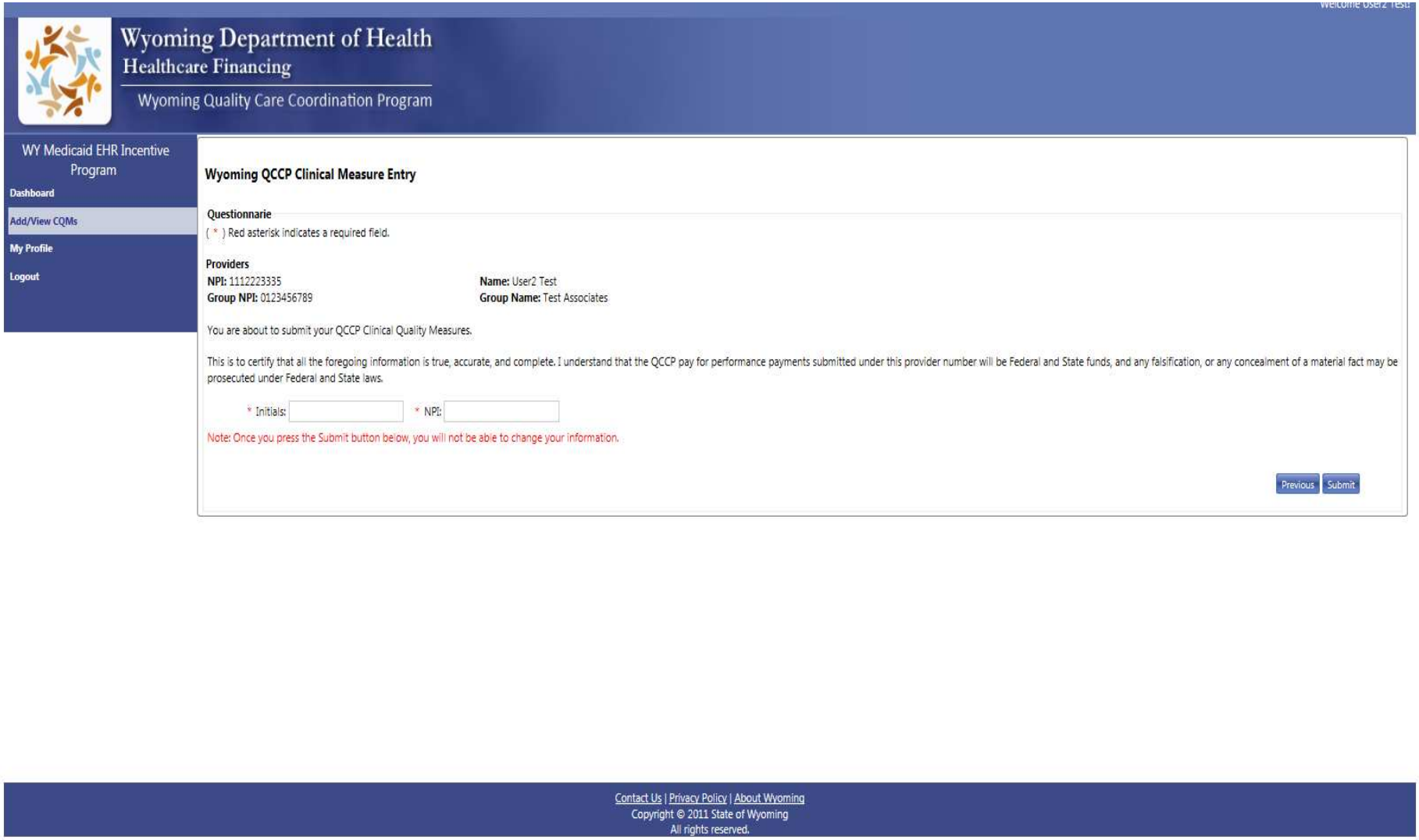
CMS ID 138 Entry



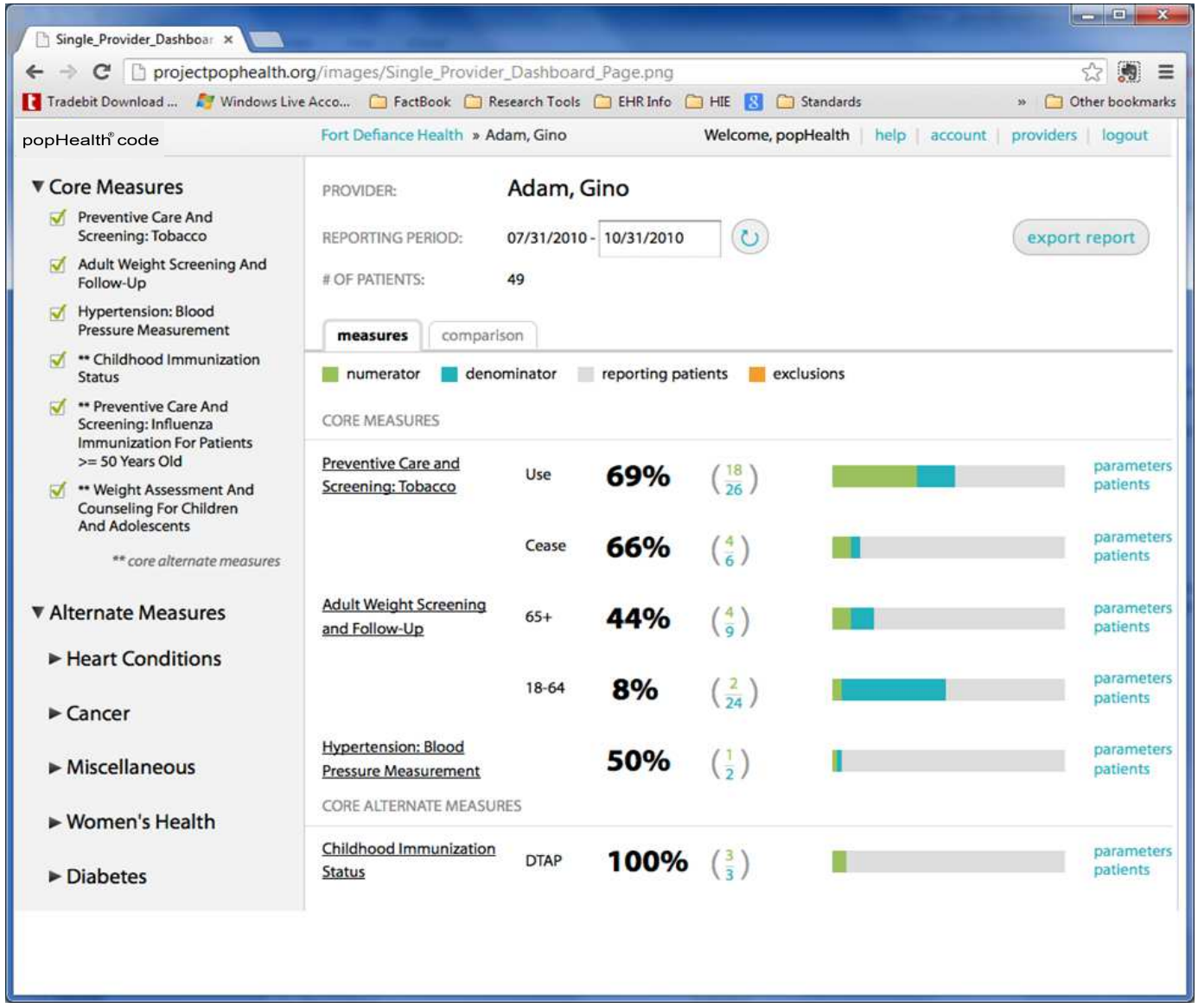
CQM Help Links



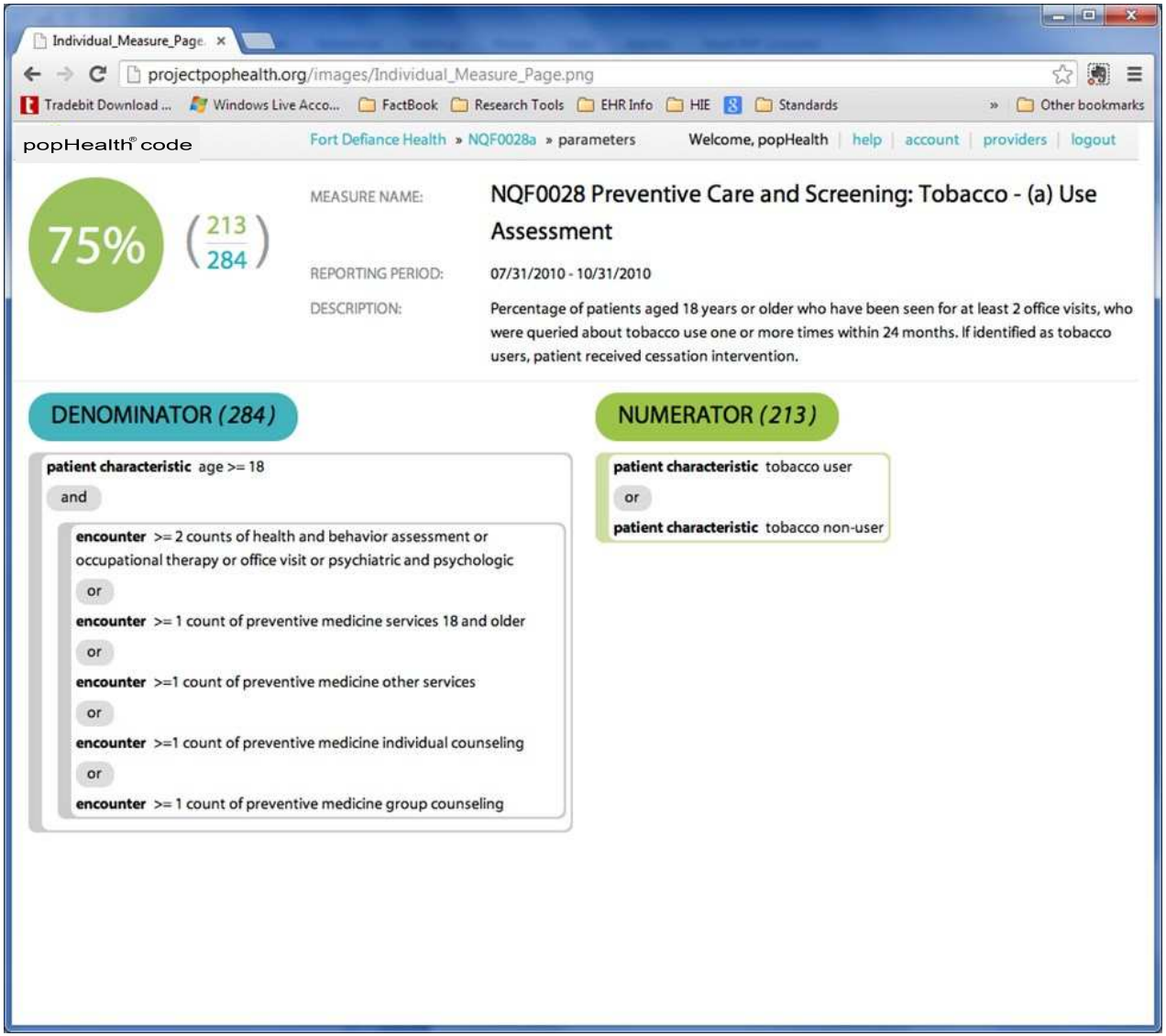
CQM Submission



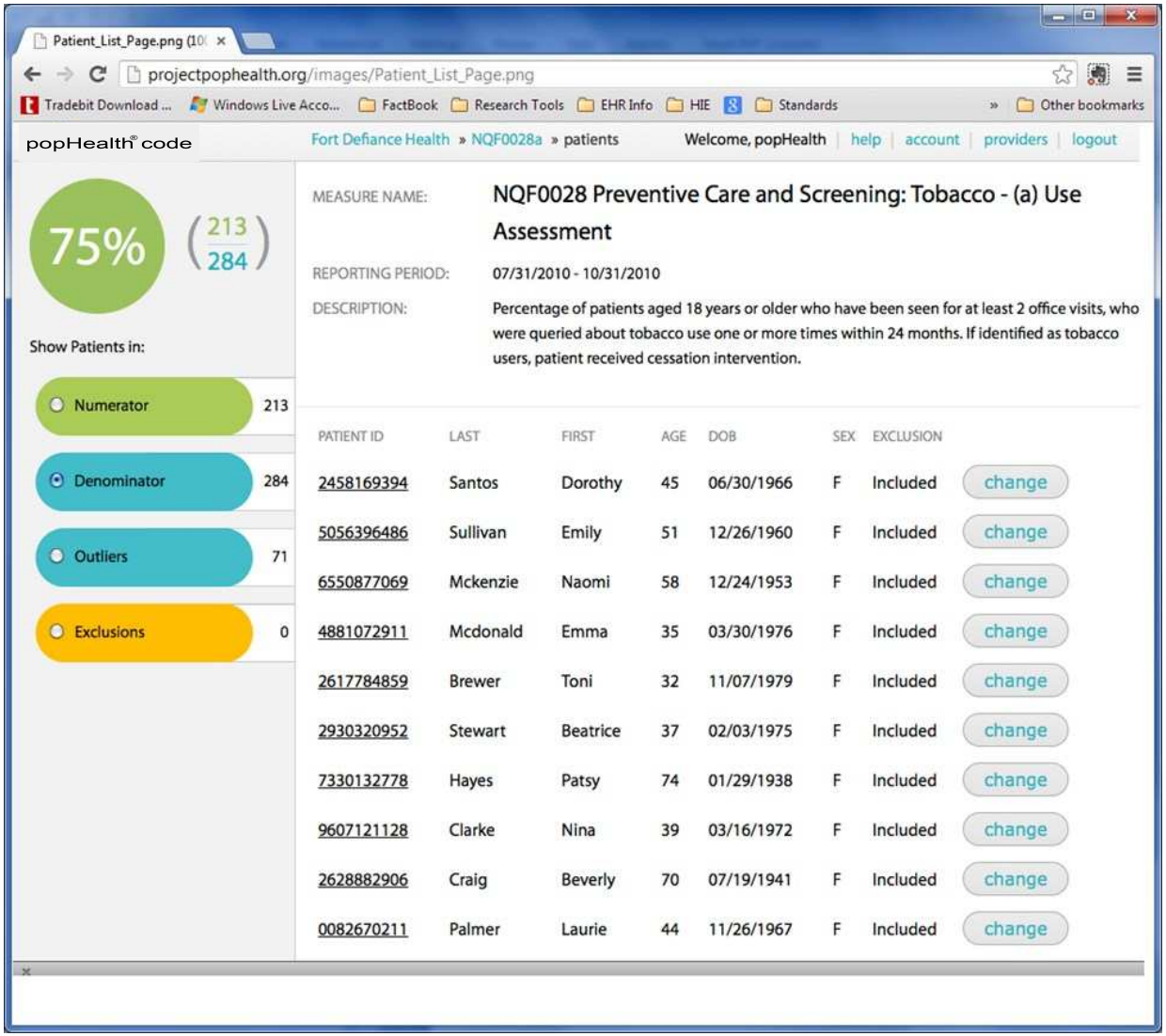
PopHealth Provider Dashboard



Individual Measure Page



Patient List Page



Wyoming Department of Health

General Hospital (**UAT Server** 0.2.0)

Measures

- Core
- Diabetes
- General Practice Adult

Providers

- 1952379547
- Other
- 1234567890
- 2222222222
- 1111111111

PRACTICE: **General Hospital**

REPORTING PERIOD: 2012 | Quarter 2

CORE				
ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Visit within 30 days	14%	556 / 3868	parameters
	Visit with 2+ followups	13%	168 / 1211	parameters
Childhood Immunization Status		73%	4574 / 6211	parameters
Controlling High Blood Pressure		1%	65 / 3899	parameters
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention		48%	487 / 1014	parameters
DIABETES				
Diabetes: Hemoglobin A1c Poor Control		11%	446 / 3990	parameters
Diabetes: Low Density Lipoprotein (LDL) Management		49%	445 / 900	parameters
GENERAL PRACTICE ADULT				
Colorectal Cancer Screening		35%	245 / 688	parameters
Cervical Cancer Screening		48%	598 / 1244	parameters

Providers

- 1952379547
- Other
- 1234567890
- 2222222222
- 1111111111

14% (556 / 3868)

Measure Name: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication - Visit within 30 days

Reporting Period: 2012 April 1 - June 30

Description: Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

parameters

INDIVIDUAL PROVIDER STATISTICS

CALDWELL, Troy	0%	0 / 0
DEBBIE, Caldsarih	9%	324 / 3423
SMITH, Joe	0%	0 / 0
USER, Test	0%	0 / 0
CATTER, john	0%	0 / 0
CUE, John	52%	232 / 445

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