Submission of Quality Measures: Lessons Learned

Welcome

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The webinar will start at 12:00 pm ET.
It is interactive, so please make sure that you have connected via phone with your audio pin. Call-in information is shown on your dashboard, right side of screen.

February 25, 2014

Agenda

1. Housekeeping
2. Introduction
3. Presentation
4. Q & A
5. Follow-up

Housekeeping

1. 2 quick polling questions to start the webinar
2. Panelist will present for approximately 30 minutes
3. Q&A will take the remainder of the hour
   - You can submit written questions using the Questions tab (not chat) on your dashboard to the right of your screen at any time during the webinar
4. Webinar is being recorded
   - Slides and recording will be available at www.NAACOS.com/webinars.htm.

Today's Presenter

Karen Furbush, Creatif Strategies

Karen Furbush has assisted several organizations as a quality advisor for enterprise-wide initiatives with Accountable Care Organizations and Population Health Strategies. She has been involved in creating quality reporting reviews, analyzing multiple EMR systems and downstream processes across organizations, increasing corporate knowledge of the people process and technology required to meet and achieve various quality reporting & government incentive programs. Ms. Furbush is also president of Creatif Strategies, an IT & health care consulting firm that assists organizations with better understanding how to integrate transactional information and leverage the complex data sets created and required for quality solutions and good data stewardship.

Polling

Polling Questions

Submission of Quality Measures
Lessons Learned

Karen Furbush

Where To Begin?

IACS Account Lessons Learned
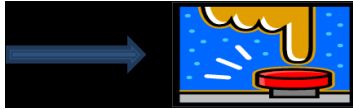
PQRS Submitter Account Setup

- Determine how many GPRO/ACO end-users will require access

- If you are a returning ACO user and already have the ACO Submission or ACO Submission 2013 role, you do not need the ACO Submission 2014 role

- Setup & have SO approve Quality Measure Reporting System (QMRS) role

Security Official (SO) Person cannot also be PQRS submitter

2-Factor Code Authentication – 12 hour access
Ensure accounts are active. Password expires every 60 days

Identify GPRO Team & Go-To Resources

- Determine who is critical for each measure
  - **Clinical decisions required? (internal measure stewards)**

- Determine who will hit SUBMIT

- Ensure Go-To Team has appropriate security access to all systems required to conduct abstraction & validation/audit

- **Attend Every CMS Weekly Support Call**

- **Know CMS Portal Outage Schedule**

- **Attend NAACOS webinars & conferences**

GPRO Key Dates To Remember

Action Required	Dates
Download patient ranking files from GPRO Web Interface	1/5/2015 – 1/9/2015
Access training version of the GPRO Web Interface	1/12/2015 – 1/23/2015
Enter and Submit 2014 quality data through the GPRO Web Interface	1/26/2015 – 3/20/2015 *Closes at 8:00pm ET / 7:00pm CT / 6:00pm MT / 5:00pm PT*

GPRO Web Interface Sessions

Date	Time	Topic
1/15/2015	1:00 - 2:00pm ET	GPRO Web Interface Q&A Session
1/26/2015 - 1/30/2015	1:00 - 2:00pm ET	Daily GPRO Web Interface Q&A Sessions
2/5/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
2/12/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
2/19/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
2/26/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
3/5/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
3/12/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
3/16/2015	1:00 - 3:00pm ET	Weekly GPRO Web Interface Q&A Session
3/16/15 – 3/20/15	1:00 - 2:00pm ET	Daily GPRO Web Interface Q&A Sessions

Take Advantage of GPRO Training

- Navigation to all GPRO Web Interface screens available

- XML files uploads

- Patient training data can be updated and saved on the data tabs or by using XML files

- Reports can be generated and printed

Build Team Calendars with Outages in Mind; Set Expectations Early

Announcements

1. **Upcoming planned system outages:** The Portal will be unavailable for scheduled maintenance; therefore, the GPRO Web Interface will not be accessible during the following periods:
   - **Every Tuesday** starting at 8:00 pm ET–Wednesday at 6:00 am ET
   - **Every Thursday** starting at 8:00 pm ET–Friday at 6:00 am ET
   - **Third weekend of each Month** starting Friday at 8:00 PM ET–Monday at 6:00 AM ET
   - See the Physician Quality Reporting System Portal (PQRS Portal) for the complete list of scheduled system outages, at https://www.qualitynet.org/portal

2. **Review the GPRO Web Interface measure specifications and supporting documents** on the GPRO Web Interface page of the CMS website at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/GPRO_Web_Interface.html

Quality Reporting Begins with Streamlined Communication

- **Know your sources of information as well as its strengths & weaknesses**

- **Determine Clinical Staff Involvement**

- **Weekly meetings with Key Staff**

- **Involve your IT staff & Vendors early and often**

Keeping your Team Involved, Informed & On Track

Group Status														Refresh Status
	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12
Analysis	234 ✓	575 ✓	307 ✓	556 ✓	82 ✓	445 ✓	418 ✓	579 ✓	586 ✓	585 ✓	597 ✓	587 ✓	587 ✓	592 ✓	587 ✓
Complete	234	576	307	556	82	463	470	579	586	588	598	588	590	592	589
Skipped	11	29	19	60	5	152	118	37	30	23	15	24	21	24	23

- **Set Daily Goals for the Team**

- **Celebrate Successes, no matter how small**

- **Don't forget your Go-To Team**

- **Keep the information ALIVE Daily**

What's New in 2014?

2014 GPRO Web Interface Changes

- **Pull-down** menus on the measure tabs include a blank option to "**erase**" a previously entered answer

- The **user's name appears** on all screens and reports instead of their IACS ID

- **New Comments Report,** The CARE and PREV comments are separate on the screens and in the report
  - Comments are limited to 140 characters

2014 GPRO Web Interface Changes

Links to documents included on screens
- Measure Narrative specifications
- Measure Flows
- Measure Supporting Documents
- XML Specifications

Automatic skip logic added
- **PREV-5*** when the gender is changed from female to male
- All disease and measure modules when the **age is modified** and the patient no longer meets the age criteria
- DM module when the **Denominator Exclusion is set** for both DM-2** and the Composite Measure***

2014 GPRO Web Interface Changes

- The only pre-filled measure is PREV-7 – Influenza

- The Pre-filled Elements Report includes the CARE-1 Discharge Dates

- Training period to explore and train prior to submission period opening

- Availability to generate Web Interface reports _after_ submission period closing

Divide & Conquer:
Determine Quick Wins

Helpful Tools for The Team

Created 22 Binders Containing all Documents per Measure

- **ACO Measure Specification**
- **Supporting Documentation**
  - ➢ Inclusion Codes
  - ➢ Exclusion Codes
  - ➢ Rx Codes
- **Workflow Diagram**
- Updates from CMS Support Calls by measu
- Binder cover contained re-iteration of what chart abstraction

CORONARY ARTERY DISEASE (CAD) 2012

1. **CAD Confirmed?**
2. **CAD Confirmed Date?**
3. **Lipid Controlled?**
4. **Has Diabetes?**
5. **Current or prior LVSD <40%?**
6. **Prescribed ACE-I/ARB therapy?**
   a. If Diabetes or LVSD = Y, field active
7. **Add Comments as necessary**

Can you dedicate a Reporting Room?

Post Large charts with Headlines for each Measure

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Abstraction Process

- **Beneficiary sample received 2 weeks prior to GPRO start date**
  - Download sample, add MRN & Provider ID to find patient/physician in EMR more efficiently
  - Add CMS Patient rank to Patient Abstract form

- **Initial review conducted by Practice, by Patient; final review by Category & Patient Rank**
  - Used Comments box to indicate where information was located within a particular System or document
  - Performed daily QA Review for accuracy

- **Manually keyed info into GPRO Web Interface**

- **Reported on 100% of the 616 in each Category**

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Create Chart Abstraction Form
By Practice, Physician & Patient

Lessons Learned –
ACO IT Development Direction

Review CMS Claims Data

- Influenza
- Pneumococcal
- Mammography
- Colorectal Screening
- Those with 2+ ER visits within a Year

Conduct ACO Reporting Workshop

- ED
- Hospital
- Pvd Network
- ACO Mgt
- Reporting Team
- Ancillary Systems & EMRs
- EMR Vendor(s)

Determine:
- Build requirements for discreet data capture
- Course of Action for GPRO Reporting
- What additional incentive programs are currently being reported on or are on the table

Enhancement Requests for EMR to Capture Discreet Data

- Med Recon
- Fall Risk Screening
- CAD LVEF <40%
- Aspirin Use
- BMI & Follow-Up
- Tobacco Assessment & Intervention
- Depression Screening

EXAMPLE: CMS #12: Med Recon & Follow-Up Visit ~~60~~ ~~30~~ 7 days

- Added New message for ADT Inbasket messages to PCP upon Patient Discharge.
  - Message to PCP updated to schedule f/u visit within 7 days

- Provider reviews messages & forwards to MA to schedule Patient follow-up visit

- Nurse makes follow-up call within 48 hours of Discharge

- Accomplishes 2 Goals – ACO Quality Reporting measure & transitional care management incentive

NAACOS - Upcoming Conference

NAACOS 2015 Spring Conference
April 1-2
Baltimore Hilton

Confirmed Speakers: Sean Cavanaugh, CMS; John Pilotte, CMS; Janet Niles, Oschner Health System; Rob Mechanic, Brandeis University; Bruce Fried, Dentons

Call for Innovations: Submission deadline January 31
Early registration deadline: Feb 6
More information can be found here: conferences.naacos.com

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Questions?

- Submit questions using the Questions tab on dashboard

- If you did not have a chance to ask a question today or have new questions, please send to info@naacos.com.

- Visit NAACOS forums for more discussion on this topic: https://forums.naacos.com/

- Speaker Email: karenfurbush@cox.net

Thank You!

Thank you for attending today's webinar!

The slides and recording will be posted on the NAACOS website this afternoon.

www.naacos.com