Building Your A-Team to Support eCQM Transition

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Enterprise Director of Clinical Quality Informatics
Memorial Hermann Hospital System
Quality Patient Safety & Infection Control
Memorial Hermann
Health System (MHHS)

- Total Hospitals: 15 (11 Acute, 2 Rehab, 1 Children’s, 1 Orthopedic)
- Inpatient Admissions: 158,241
- Annual Emergency Visits: 595,611
- Annual Deliveries: 25,146
- Employees: 25,040
- Beds (acute licensed): 4,016
- Medical Staff Members: 5,708
- Fellowship Programs: 48
## Recent Accolades

**Quality – A competitive advantage for Memorial Hermann**

<table>
<thead>
<tr>
<th>Award</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Top Health Systems; Top 5 Large Health Systems</td>
<td>Ranked Among the Nation’s Top 5 Large Health Systems (2012 &amp; 2013)</td>
</tr>
<tr>
<td>John M. Eisenberg National Patient Safety &amp; Quality Award (2012)</td>
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<tr>
<td>National Quality Forum National Quality Healthcare Award (2009)</td>
<td></td>
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<tr>
<td>TIRR Memorial Hermann No. 2 in rehabilitation hospitals</td>
<td></td>
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<tr>
<td>Texas Hospital Association Bill Aston Quality Award (2011)</td>
<td></td>
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<tr>
<td>Healthcare’s “100 Most Wired” 12th consecutive year</td>
<td>America’s #1 Quality Hospital for Overall Care (2011 &amp; 2012)</td>
</tr>
<tr>
<td>America’s 50 Best Hospitals (2010-2014)</td>
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</tr>
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<td>The Joint Commission Top Performer (2012), Heart Attack, Heart Failure, Pneumonia, Surgical Care</td>
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<td>2011 Texas Healthcare Foundation Quality Improvement Awards (9 Memorial Hermann Campuses)</td>
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</table>
State of Quality Reporting at MHHS 2012

• Decentralized model of a quality department at each facility

• System-wide initiative to centralize Quality Patient Safety & Infection Control

• Implement model of Robust Process Improvement based on Six Sigma Methodology to address processes issues

• Diffuse new processes to all facilities to standardize delivery of care based on best evidence
• MHHS assigned responsibility of capturing core measure documentation to abstractors and nursing staff
• Majority of core measure fallouts related to poor or absent documentation, not to lack of appropriate care
• Addressing core measure fallouts was completed by core measure abstractors and nursing staff prompting physicians
• Needed to change culture from nursing staff ownership to medical staff accountability
Physicians & Nurses must complete documentation 100% of the time on 100% of the patients

<table>
<thead>
<tr>
<th>Sample of Clinical Quality Measure Sets</th>
<th>2015 Total Manual Abstraction (sampled)</th>
<th>2015 Total eCQM Abstraction (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department Patients</td>
<td>11,556 Patients</td>
<td>503,340 Patients</td>
</tr>
<tr>
<td>Venous Thromboembolism Patients</td>
<td>5,732 Patients</td>
<td>104,892 Patients</td>
</tr>
<tr>
<td>Perinatal Quality Measures</td>
<td>10,847 Patients</td>
<td>52,667 Patients</td>
</tr>
</tbody>
</table>
# Who Owns the eCQM Quality Data?

## Acute Myocardial Infarction Measure Set (4)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Physician Action</th>
<th>Nursing Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin Ordered</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Aspirin Contraindicated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Aspirin Administered</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Fibrinolytics Ordered</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>ACE Inhibitor At Discharge Prescribed</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>ACE Inhibitor At Discharge Contraindicated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>ARB At Discharge Prescribed</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>ARB At Discharge Contraindicated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>LDL Ordered</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Statin At Discharge Prescribed</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Statin At Discharge Contraindicated</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>19 (90%)</strong></td>
<td><strong>2 (10%)</strong></td>
</tr>
</tbody>
</table>

**Physician:** 19 (90%)

**Nursing:** 2 (10%)
Physician eCQM Ownership

- System-wide Joint Operating Council created
- Chaired by physician leader
- Membership: 22 Practicing Physicians, System CMIO, System CMO, Nursing, Medical Informatics and Ancillary Leadership; facilitated by Quality
- Goal of Council – Decision-making and approval for design of eCQM EHR interface and Clinical Decision Support Rules
Quality eCQM Ownership

- Create a team dedicated to eCQM transition
- Take the lead in working with ISD, Medical Informatics and Ancillary Departments
- Support Clinical front-end initiatives
- Ultimately accountable for successfully achieving the regulatory reporting requirements and improving accuracy of performance
Building the Quality Department eCQM Support Team
Original eCQM Quality Team Vision 2013

• Created under the department of Clinical Quality Review

• 4 Education Specialists, 1 Manager for 9 hospitals

• Become the resource experts on eCQMs requirements for the inpatient hospital system

• Support transition from manually abstracted Core Measures to electronically submitted Clinical Quality Measures
Original Focus: Front-end

- Provide training with health care providers
- Attend staff meetings to provide information and demonstrations
- Prepare and publish online training videos and educational materials
- Facilitate performance improvement related to eCQMs
- Collaborate with hospital-based Quality and ISD personnel to improve use of tools and accuracy of documentation
Unexpected Challenges: Back-end

- Accuracy of Data (Input ≠ Output)
- Vendor challenges with interpretation of electronic specifications, certification requirements
- Some eCQM value sets proved difficult to map to existing data elements within EHR
- **Result:** unable to validate provider performance related to use of EHR tools
The EHR is now the “abstractor”, and we must know how it will abstract EHR clinical quality measure data.
Transition From Clinical Quality Review to Quality Informatics

To achieve this:

You have to understand this:

CMS Implementation Guide for Quality Reporting Document Architecture Category III
Eligible Clinicians and Eligible Professionals Programs
Implementation Guide for 2017

Version 1.0
Published Date: 07/07/2017
Transition From Clinical Quality Review to Quality Informatics

Original team focus changed substantially

- No longer primarily on education related to EHR tools (user interface)
- New focus on source/validity of data elements, mapping, data sets, QRDA-I Format (reporting)
- How to capture as much data as possible behind the scenes, within existing workflow
Transition to New Quality Informatics Role

Created four new job titles/descriptions

1. System Director of Clinical Quality Informatics - Regulatory Performance
2. Manager of Clinical Quality Informatics
3. Senior Clinical Quality Informatics Specialist
4. Clinical Quality Informatics Specialist
Transition to New Quality Informatics Role

- System Director of Clinical Quality Informatics - Regulatory Performance
- Manager of Clinical Quality Informatics
  - Director oversees all regulatory reporting
  - Manager oversees eCQM reporting
  - Both require graduate degrees in clinical informatics
Transition to New Quality Informatics Role

• Senior Clinical Quality Informatics Specialist
• Clinical Quality Informatics Specialist (CQIS)
  • Senior level requires both clinical and informatics experience and a certification in informatics
  • CQIS requires clinical and quality experience with a minimal bachelors in health care related field
Key Job Duties: Front-end

• Ability to clearly communicate how quality measures apply to clinical staff’s workflow and lead changes required to capture structured documentation in the EHR

• Leverage change management and adult learning principles to translate process and workflow decisions into educational materials
Key Job Duties: Back-end

• Testing/validation of reports
• Understanding of eCQM specifications and algorithms
• Understand how changes in the EHR impacts the output of the data i.e. mapping of data elements
• Ability to troubleshoot errors when EHR system is updated
CQI Team Responsibilities

- Knowledge of eCQM Specifications & Vendor’s Interpretations
- Validation (Reports/QRDA)
- eCQM Clinical Documentation Support (Users)
- Internal Reporting and Robust Process Improvement
- Development and Testing of Future eMeasures
- Non-Acute Care eMeasures Collaboration
- Special Projects
Knowledge Sharing & Partnerships

• Close working relationship with Medical Informatics Team (Interface design, CDS)
• Frequent interaction with various Information System Department teams (reporting, build)
• Frequent interaction with ISD ancillary support departments (Pharmacy, Lab, Radiology)
New Clinical Quality Informatics
Mission, Vision, Scope

• **Mission**
  The Clinical Quality Informatics-Regulatory Performance team facilitates, supports and ensures accuracy of electronically submitted clinical quality measures.

• **Vision**
  Transforming Clinical Quality Reporting through the innovative use of Health Information Technology that will support, reflect and improve the care provided to the patient population.

• **Scope**
  – Required and voluntary electronic submission of inpatient clinical quality measures to regulatory agencies.
  – Active participation in activities related to the development of future of electronic clinical quality measures.
Keys for a Successful Team

• Finding people with clinical, quality and informatics experience is extremely rare so look for people with different strengths, knowledge and experience

• Find people with strengths to support either front and back-end activities

• Provide support for education and resources for the team members to gain more knowledge to support the front or back end.
Questions and Answers