Conflict of Interest

Debe Gash and Anantachai (Tony) Panjamapirom

Have no real or apparent conflicts of interest to report.
Agenda

1. Overview of Clinical Quality Measure (CQM) Reporting Programs and Their Future

2. CQM Reporting Alignment Opportunity and Reporting Options

3. Operationalization of CQM Reporting Alignment and Lesson Learned at a Large Health System
Learning Objectives

• Recognize the PQRS requirements, individual versus group reporting options, and alignment opportunity with the meaningful use program
• Identify the financial impacts of failure to satisfy PQRS reporting
• Formulate a sustainable framework for PQRS initiative to align with other regulatory programs
• Select the most suitable PQRS reporting option
• Assess the reporting option to ensure successful reporting, prevent penalties, and potentially maximize value-based reimbursement
# An Introduction to the Benefits Realized for the Value of Health IT

<table>
<thead>
<tr>
<th>S</th>
<th>T</th>
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<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction</td>
<td>Treatment/Clinical</td>
<td>Electronic Secure Data</td>
<td>Patient and Population Management</td>
<td>Savings</td>
</tr>
</tbody>
</table>

**Satisfaction**
- Promote patient-centered care and quality data transparency
- Allow patients to compare providers across many quality indicators

**Treatment/Clinical**
- Measure various aspects of patient care, such as health outcomes, clinical processes, patient safety, and adherence to clinical guidelines

**Electronic Secure Data**
- Conduct data validation and adjust data capture workflows to properly collect data and ensure accurate performance for quality reporting

**Patient and Population Management**
- Encourage selection of appropriate measures that provide values in preventive care, patient education, and population health management
- Align quality reporting programs with value-based payment models
- Provide incentives and prevent penalties in reimbursements

Abundant and Complex CQM Reporting Programs

Physician Quality Reporting System (PQRS)

Million Hearts

Value-Based Payment Modifier (VBPM)

Comprehensive Primary Care Initiative (CPCI)

EHR Incentive Programs or Meaningful Use (MU)

Medicare Shared Savings Program (MSSP) and Pioneer ACO (accountable care organizations)

“This vision acknowledges the constraints and requirements of existing physician quality reporting programs, as well as the role quality measurement plays in CMS’ evolving approach to provider payment, which is moving from a purely fee-for-service (FFS) payment system to payment models that reward providers based on the quality and cost of care provided.”

CMS Physician Quality Reporting Programs Strategic Vision

1) CMS: Centers for Medicare and Medicaid Services
From Standalone Programs to an Integrated Initiative

**Physician Quality Reporting System (PQRS)** (formerly Physician Quality Reporting Initiative (PQRI)) established by the Tax Relief and Health Care Act (TRHCA)

**Value-Based Payment Modifier (VBPM)** begins as part of Medicare Physician Fee Schedule (MPFS) Rule

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>EHR Incentive Programs (aka Meaningful Use) enacted by the Health Information Technology for Economic and Clinical Health Act (HITECH) under Title XIII of the American Recovery and Reinvestment Act (ARRA) of 2009</td>
</tr>
<tr>
<td>2011</td>
<td>Modifications to payment adjustment structure and amount by the Medicare Access and CHIP(^1) Reauthorization Act (MACRA)</td>
</tr>
<tr>
<td>2015</td>
<td>Separate payment adjustment for EPs that do not meet PQRS, MU, and VBPM is replaced, effective 2019. Providers must choose between two models, one of which is Merit-Based Incentive Payment System (MIPS) in which PQRS, MU, and VBPM become part of the calculation that will result in a payment bonus or penalty.</td>
</tr>
<tr>
<td>2019</td>
<td>Future Years</td>
</tr>
</tbody>
</table>

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\(^1\) CHIP: Children’s Health Insurance Program.  
\(^2\) EP: Eligible Professional  
CMS Tasked with MACRA Implementation

Two Payment Tracks Created by MACRA

1. Merit-Based Incentive Payment System (MIPS)
   Rolls existing quality programs into one budget-neutral program where providers are scored on quality, resource use, clinical practice improvement, and EHR\(^1\) use, and assigned payment adjustment accordingly.

   **MIPS Performance Category Weights**
   - EHR Use
     - 25%
   - Meaningful Use measures
   - 30%
   - PQRS measures
   - 15%
   - Clinical Improvement
     - Care coordination, patient satisfaction, access measures
   - 30%
   - Resource Use
     - VBPM - Cost measures

2. Alternative Payment Models (APMs)
   Requires significant share of revenue in contracts with two-sided risk, quality measurement (“APM revenue”); PCMHs\(^2\) serving Medicare population exempt from downside risk requirement.

![CMS may release a separate MACRA-specific rule in 2016 with implementation guidance.](image)

### MACRA-in-Brief

- Repeals the Sustainable Growth Rate (SGR).
- Locks provider rates at near zero growth.
  - 2015 – 2019: 0.5% increase
  - 2020 – 2025: 0% increase
  - 2026 and on: 0.25% increase
- Stipulates development of two new Medicare payment tracks: Merit-Based Incentive Payment System (MIPS), Alternative Payment Models (APMs).

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1) EHR: Electronic Health Record
2) PCMH: Patient-Centered Medical Homes

## Toward One Definition of Meaningful Use

<table>
<thead>
<tr>
<th>Year</th>
<th>2016</th>
<th>2017</th>
<th>2018 and Future Years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MU Stage; Objectives &amp; Measures</strong></td>
<td><strong>Modified Stage 2</strong>*</td>
<td><strong>Modified Stage 2, or Stage 3 (optional)</strong></td>
<td><strong>Stage 3</strong></td>
</tr>
<tr>
<td>Providers</td>
<td>First-year participants</td>
<td>First-year participants</td>
<td>EPs and EHs beyond first year</td>
</tr>
<tr>
<td>CEHRT² Allowed</td>
<td>2014 and/or 2015 Edition</td>
<td>2014 and/or 2015 Edition‡</td>
<td>2015 Edition (or future editions?)</td>
</tr>
<tr>
<td>CQM Reporting Methods and Associated Reporting Period</td>
<td>Attestation Any continuous 90 days between 01/01/16 and 9/30/16**</td>
<td>Attestation Any continuous 90 days between 01/01/17 and 9/30/17**</td>
<td>Attestation Full calendar year</td>
</tr>
<tr>
<td>CQM Reporting Methods and Associated Reporting Period</td>
<td>Electronic Reporting EPs: Full calendar year EHs: Q3 or Q4 of CY2016</td>
<td>Electronic Reporting EPs: Full calendar year EHs: Full calendar year (report each quarter)</td>
<td></td>
</tr>
</tbody>
</table>

* Exclusions available for those slated to report on Stage 1 and for some slated to report on Stage 2.  
** First-year participants avoid payment adjustment in the next consecutive year if they attest early by October 1.  
† CQM reporting via attestation is available for providers with unforeseen, extreme, or difficult circumstances. In 2018, these providers can use 2016 or 2017 version electronic specifications. CMS will publish CQM reporting requirements each year in the MPFS and Inpatient Prospective Payment System (IPPS) Final Rules.  
‡ Providers can optionally meet Stage 3 in 2017. Those who choose to do so must use 2015 Edition CEHRT alone or a combination of 2014 and 2015 Edition CEHRT.

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Sources: CMS, Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3 and Modifications to Meaningful Use in 2015 Through 2017, 80 FR 62761, [https://federalregister.gov/a/2015-25595](https://federalregister.gov/a/2015-25595); The Advisory Board Company research and analysis.
Until 2019, Continued Focus on PQRS

Two PQRS Updates Finalized in the 2016 MPFS Rule, Proposed CAHPS\(^1\) Expansion Not Finalized

**Update PQRS Measures, Groups**
- Add three PQRS measure groups, four cross-cutting measures; eliminate duplicative measures.
- A total of 281 final measures in the 2016 PQRS measure set, 18 in 2016 GPRO\(^3\) web interface.

**Update QCDR\(^2\) Reporting, Nomination Requirements**
- Allow group practices participating in GPRO, in addition to individual EPs, to submit quality data through QCDR.

**Continuing Penalty for Non-Reporting**

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5%</td>
<td>-1.5%</td>
<td>-2%</td>
<td>-2%</td>
<td>-2%</td>
<td></td>
</tr>
</tbody>
</table>

PQRS penalties in 2014-2018 tied to reporting in 2012-2016, respectively

**Did not require CAHPS Reporting to Groups 25+**
- CMS **did not** finalize a proposal requiring group practices with 25+ eligible professionals reporting via GPRO web interface to report CG-CAHPS\(^4\) for PQRS.
- Groups 100+ still required.

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1) CAHPS: Consumer Assessment of Healthcare Providers and Systems
2) QCDR: Qualified Clinical Data Registries
3) GPRO: Group Practice Reporting Option
4) CG-CAHPS: Clinician & Group CAHPS

**Aggressive Roll-Out of VBPM Until Program End**

### Final VBPM Payment Adjustments

*All Adjustments Based on PQRS Reporting From Two Years Prior*

<table>
<thead>
<tr>
<th>Group Size (Number of EPs)</th>
<th>2015¹</th>
<th>2016</th>
<th>Finalized for 2017</th>
<th>Finalized for 2018</th>
<th>2019:</th>
</tr>
</thead>
<tbody>
<tr>
<td>100+</td>
<td>↓↓↑↑</td>
<td>↓↓↑↑</td>
<td>↓↓↑↑</td>
<td>↓↓↑↑</td>
<td>End of VBPM, transition to MACRA</td>
</tr>
<tr>
<td>10-99</td>
<td>No Adjustment</td>
<td>↓↑</td>
<td>↓↑↑</td>
<td>↓↑</td>
<td></td>
</tr>
<tr>
<td>1-9</td>
<td>No Adjustment</td>
<td>No Adjustment</td>
<td>↓↑↑</td>
<td>↓↑</td>
<td></td>
</tr>
<tr>
<td>Non-Physician²-Only Groups, Solo Non-Physicians</td>
<td>No Adjustment</td>
<td>No Adjustment</td>
<td>No Adjustment</td>
<td>↓↑</td>
<td></td>
</tr>
</tbody>
</table>

**Penalties for PQRS non-reporting**

**Negative adjustment based on performance**

**Positive adjustment based on performance**

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1) 2015 performance-based adjustments only apply to groups that chose to participate in quality tiering in 2013.
2) Non-physician eligible providers include physician assistants, nurse practitioners, clinical nurse specialists, and certified registered nurse anesthetists.

### VBPM Penalties Holding Steady

#### Phasing in Larger Penalties to Smaller Groups

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>100+</td>
<td>-4.0%</td>
<td>+4.0x</td>
<td>-4.0%</td>
</tr>
<tr>
<td>10-99</td>
<td>-4.0%</td>
<td>+4.0x</td>
<td>-4.0%</td>
</tr>
<tr>
<td>1-9</td>
<td>-2.0%</td>
<td>+2.0x</td>
<td>-2.0%</td>
</tr>
<tr>
<td>Non-Physician EP-only Groups, Solo Non-Physician EPs</td>
<td>-2.0%</td>
<td>+2.0x</td>
<td>Held Harmless</td>
</tr>
</tbody>
</table>

- All payment adjustments in 2016-2018 tied to reporting in 2014-2016, respectively.
- Groups of 10+ EPs phased into 4.0% negative payment adjustment.

#### Additional Payment for High-Quality, High-Risk

![Additional Payment for High-Quality, High-Risk](image)

CMS will continue to provide additional upward payment adjustments of +1.0x to groups, solo practitioners eligible for upward adjustments under quality-tiering with average risk scores in top 25%.

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CMS Prioritizes Transparency, Star Ratings Imminent

Two Key Changes for Physician Compare

1. Prioritize making VBPM, PQRS provider data publicly available
   - **Approved**: Indicators for EHR Incentive Program and Million Heart participants, CAHPS summary data, item-level benchmarks, etc.
   - **Not approved**: Visual indicator for upward VBPM adjustment.

2. Display 5-star physician rating based on quality performance
   - **Starting in 2017**, reporting benchmarks based on previous year’s performance, used to assign 5-star ratings.

Calculating the 5-Star Rating

**Achievable Benchmark of Care (ABC) in Brief**

Proposed benchmarking methodology for Physician Compare website that leverages most recent PQRS reporting data to evaluate top performers, set point of comparison for providers.

**Benchmark Methodology**

**Sample measure: Diabetes blood pressure**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Collect total number of patients with diabetes for all doctors who reported diabetes measure.</td>
</tr>
<tr>
<td>Step 2</td>
<td>Rank doctors that reported the measure from highest performance score to lowest performance score.</td>
</tr>
<tr>
<td>Step 3</td>
<td>Identify set of top doctors who, combined, treated at least 10% of diabetes patients reported by all doctors.</td>
</tr>
<tr>
<td>Step 4</td>
<td>Within this top-doctor set, count the number of patients with healthy blood pressure.</td>
</tr>
<tr>
<td>Step 5</td>
<td>Divide this number by the total number of diabetic patients within the top-doctor set to obtain 5-star benchmark.</td>
</tr>
</tbody>
</table>

Agenda

1. Overview of Clinical Quality Measure (CQM) Reporting Programs and Their Future

2. CQM Reporting Alignment Opportunity and Reporting Options

3. Operationalization of CQM Reporting Alignment and Lesson Learned at a Large Health System
Alignment Opportunity Is Conditional

“[T]hese programs can be optimized through greater alignment of measures, program policies, and program operations; deeper engagement with a variety of stakeholders; and expanded public reporting of provider performance.

[The] future-state is one in which quality measurement and reporting are seamlessly woven into the fabric of healthcare delivery.”

CMS Physician Quality Reporting Programs Strategic Vision

Can I Take Advantage of CQM Reporting Alignment?

MU Participation Timeline

- **First Year:** Must submit CQM data via attestation by October 1 to avoid penalty.
- **Second Year or Beyond:** Eligible to report once to satisfy multiple CQM reporting programs.

Certified EHR Technology Compliance

- **CQMs:** Certified measures and most up-to-date electronic specifications.

Must ensure full compliance with each program’s specific, remaining requirements.
## Align or Not Align?

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Challenges</th>
</tr>
</thead>
</table>
| **Separate CQM reporting** | • May require new staff and skills to keep monitoring different program requirements.  
  • Add time-consuming tasks to billing staff to train to identify and accurately add specific codes to claims. |
|  • Balance limited resources with specific needs.  
  • Require minimal effort based on familiar processes.  
  • Reduce number of required measures if reporting “measures group” via qualified registry. | |

| Aligned CQM reporting | • May lose the ability to control measure selection if relying on QCDR.  
  • Unable to report measures with zero performance as PQRS does not accept it.  
  • Limited by the available, certified CQMs and compliance with the required version of electronic specifications for EHR-based reporting.  
  • Plan increased collaborative efforts among MU, IT, clinical, and quality teams. |
|  • Streamline quality reporting efforts.  
  • Prevent financial penalty.  
  • Leverage the existing requirement under ACO quality reporting.  
  • Prepare for the upcoming mandatory electronic submission of CQMs. | |

Source: The Advisory Board Company research and analysis.
Individual or Group Reporting?

Do you want to report measures group rather than individual measures?

YES

NO

Do you want to report CG-CAHPS scores or use CMS’ web interface?

NO

YES

Can you ensure that at least 50% of individual providers successfully report as individuals?

YES

Consider reporting as individuals

NO

Report as a group

Source: The Advisory Board Company research and analysis.
Reporting Options for Individual EPs

Do you want to report quality measures once and satisfy clinical quality reporting requirements of MU, PQRS, and VBPM?

- **NO**
  - Do you want to report measures group?
    - **NO**
      - PQRS and VBPM: Consider using individual claim-based reporting
      - **MU**: Submit CQM data via attestation for each individual provider
    - **YES**
      - PQRS and VBPM: Use Qualified Registry-based reporting
      - **MU**: Submit CQM data via attestation for each individual provider

- **YES**
  - Consider using QCDR-based reporting
  - Consider using CEHRT-based reporting
  - Must ensure CEHRT can generate eCQM data reports based on the required version of electronic specifications

Source: The Advisory Board Company research and analysis.
Reporting Options As A Group

Do you participate in an ACO (i.e., MSSP or Pioneer ACO)?

- **YES**
  - Use GPRO Web Interface and ensure quality data are extracted from CEHRT.
  - This will satisfy PQRS, VBPM, the CQM component of MU, and the Web Interface measures for ACO.

- **NO**
  - Do you want to report quality measures once and satisfy clinical quality reporting requirements of MU, PQRS, and VBPM?
    - **YES**
      - PQRS and VBPM: Use Qualified Registry-based reporting
      - MU: Submit CQM data via attestation for each individual provider
    - **NO**
      - How large is your practice size?
        - **2-24 EPs**
          - Use CEHRT-based reporting
        - **25+ EPs**
          - Consider using QCDR-based reporting
          - Consider using GPRO Web Interface and ensure quality data are extracted from CEHRT

Source: The Advisory Board Company research and analysis.
Agenda

1. Overview of Clinical Quality Measure (CQM) Reporting Programs and Their Future

2. CQM Reporting Alignment Opportunity and Reporting Options

3. Operationalization of CQM Reporting Alignment and Lesson Learned at a Large Health System
Address 6 Critical Components of CQM Reporting Alignment

1. Various regulatory policies and program requirements
2. Quality reporting governance structure
3. CQM reporting method and technological readiness
4. Access authorization and registration
5. Measure selection
6. Quality performance data

Source: Saint Luke’s Health System; The Advisory Board Company research and analysis.
Recognize the Needs and Understand the Requirements

How Did It Even Begin?

CEO of the Physician Group

CIO of the Health System

Hi! I need your help with physician quality reporting. I don’t think anyone is doing this, but we need some sort of performance reports.

Sure! But let’s first determine what the requirements are and for what program.

Initial Key Challenge

• Awareness exists, but limited knowledge about the PQRS and VBPM requirements and policies within the organization.
• No understanding of its importance and potential impacts.

Information-Seeking Sheds Clearer Light

• Recognize which provider is eligible to participate in MU versus PQRS (i.e., how many TINs\(^1\) exist, MDs vs advanced practitioners, hospital-based vs ambulatory, providers working in IDTFs\(^2\) or ILs\(^3\)).
• Conduct Financial Analysis.
• Specify the reporting requirements.
• Identify the alignment opportunity between MU and PQRS.
• Educate the leadership team on the programs’ significance and solicit support for further planning.

Source: Saint Luke’s Health System; The Advisory Board Company research and analysis.

\(^1\) Tax Identification Number
\(^2\) Independent Diagnostic Testing Facilities (IDTFs)
\(^3\) Independent Laboratories (ILs)
Not Reporting Means Huge Impact on the Financial Bottom Line

The Financial Analysis Brings the “AH-HA” Moment! to the Leadership Team and Makes a Business Case to Turn “Another IT Project” into Strategy-Focused Initiative.

<table>
<thead>
<tr>
<th>Eligibility Beware</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of providers eligible to participate in PQRS are broader and more expansive than those in MU. Hospital-based EPs are also eligible for PQRS, leading to a more significant, potential penalty!</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Penalty Rate and Estimated Financial Impact¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reporting Year</strong></td>
</tr>
<tr>
<td><strong>Penalty Year</strong></td>
</tr>
<tr>
<td><strong>Rate</strong></td>
</tr>
<tr>
<td>PQRS</td>
</tr>
<tr>
<td>MU</td>
</tr>
<tr>
<td>VBPM</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

¹) Based on 2014 Total Medicare Allowable Reimbursements of $23,167,314

Source: Saint Luke’s Health System; The Advisory Board Company research and analysis.

©HIMSS 2016
Form a Quality Reporting Committee

Setting Up a Quality Reporting Governance to Align with Other Strategic Initiatives

- Led by a physician.
- Involve an operational leader.
- Centralize quality reporting efforts.
- Focus on performance improvement of quality measures.
- Oversee the quality reporting requirements for all settings (i.e., ambulatory, inpatient, and post-acute).

- Align with the organizational strategy to set up a clinical integrated network and the population health management initiative.
- Shift focus from volume to value to prepare for risk-based contracts.
- Prepare for the ongoing expansion of physician enterprise.

Source: Saint Luke’s Health System; The Advisory Board Company research and analysis.
St. Luke’s Physician Quality Reporting Committee

Chief Quality Officer
Committee Chair

- Medical Director
  Saint Luke’s Cardiovascular Consultants
- Medical Director
  Saint Luke’s Medical Group
- Chief Nursing Officer (CNO)
  Physician Services
- Chief Operating Officer (COO)
  Physician Services
- Medical Director
  Saint Luke’s Midwest Ear Institute (MEI)
- Chief Medical Information Officer (CMIO)
  Physician Services
- Chief Medical Information Officer (CMIO)
  Medical Director
  Saint Luke’s Medical Group
- System Quality Data Director
  Chief Operating Officer (COO)
  Saint Luke’s Physician Specialists
- Chief Executive Officer (CEO)
  Associate CIO
  EMR Systems
- Project Manager
  EMR Reporting

Statistical Reporting Coordinator
Physician Services

Note: Italicized texts denote a specific team.
Determine the Reporting Method

Current Reporting Method – Qualified Registry

- Rely on a qualified registry to submit CQM data to satisfy PQRS and VBPM requirements.
- Unable to align PQRS and MU reporting requirements.
- Data elements needed for CQM performance reporting are housed in multiple EHR and practice management systems.
- Need to invest in the registry to consolidate data and generate performance reports.

Future Reporting Method – EHR-Based

- Incorporate CQM reporting requirements as part of the new EHR implementation.
- Ensure certified EHR technology supports electronic reporting of eCQMs and up-to-date electronic specifications.
- Establish data governance and guiding principles to drive standardization in documentation and data capture.
- Drive workflow compliance to improve documentation.
- Align well with MU CQM reporting requirements, especially when electronic reporting of eCQMs is mandated.

Source: Saint Luke’s Health System; The Advisory Board Company research and analysis.
Attend to Access Authorization and Registration

Obtain an IACS\(^1\) Account to Access the Registration System.

- An authorized official (AO) required for each TIN.
- An AO role succession planning.
- Password reset is time-consuming.

Register to Participate in the PQRS GPRO via the Physician Value-Physician Quality Reporting System (PV-PQRS) Registration System.

- AO granting a representative role to a delegated official (DO).
- DO requesting access to PV-PQRS in QualityNet to register.
- Access limited to the machine that sets up a secure token.
- Some pages of these websites do not work with Internet Explorer.

Obtain the group practice’s Quality and Resource Use Report (QRUR).

- Report download is time-consuming (e.g., ~ 30 mins to download one TIN report).
- Password reset every 90 days.
- Quality Net Support needed to resolve account lock-up.

June 30, 2016
Last Day to Register as a GPRO

\(\text{Don’t underestimate the effort to complete these tasks}\)

“Overall it is just a pain and takes time. If you wait till the end of the reporting period and run into [these issues], you will not be successful.”

Debe Gash, CIO
St. Luke’s Health System

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\(\text{IACS: The Individuals Authorized Access to the CMS Computer Services}\)

Source: Saint Luke’s Health System; The Advisory Board Company research and analysis.
Select Measures May Take a Village

Determine Clinical Quality Measure Crosswalk
Identify consistent measures available across multiple quality reporting programs and ensure certified EHR technology can generate performance.

Seek Inputs from Clinical Leaders and Operations
Create a focus group and bring together clinical leaders and operations staff across different sites and specialties to define and identify common measures.

Leverage Internal Successful Practices
There may be hidden expertise within the organization. Communicate the initiative enterprise wide and involve the team with high performance as the quality champion.

Consult with Specialty Societies and Medical Associations
Many of these organizations have developed a recommended set of measures, especially if they act as a quality clinical data registry and provide a capability to submit CQM data for PQRS.

Source: Saint Luke’s Health System; The Advisory Board Company research and analysis.
Analyze the Quality Performance Data

Data Extraction and Consolidation
Necessary when required data come from multiple sources to ensure consistency.

Data Analytics
Creates performance dashboard for monitoring and evaluation.

In-Process Measures
Develop in-process measures to understand the quality of data and identify potential issues early.

Benchmarking
Help evaluate an individual provider’s performance against peers and the nation average as provided in QRURs.

Measure Selection
Ability to analyze quality performance data can play a key role in measure selection as the performance level can result in incentive or penalty.

Source: Saint Luke’s Health System; The Advisory Board Company research and analysis.
Action Items toward CQM Reporting Alignment

- Form a quality reporting taskforce/steering committee.
- Communicate with your EHR vendor to determine their product roadmap.
- Identify clinical quality measures relevant to scope of practice.
- Complete access authorization in IACS and register in PV-PQRS.
- Analyze clinical quality data to determine high-performance measures.
- Finalize the reporting method and complete GPRO registration if selected.
- Understand the CQM reporting requirements and their impacts.

Source: Saint Luke’s Health System; The Advisory Board Company research and analysis.
# A Summary of How Benefits Were Realized for the Value of Health IT

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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Provide incentives and prevent penalties in reimbursements.</td>
</tr>
</tbody>
</table>
Questions

Thank You!

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