Polling Question

Please identify the type of organization you are representing?
PCPI member organization representative (please specify):
Primary representative
Alternate representative
Member
Designated staff representative
Individual PCPI member
Advisory committee member (MIE/MDMO)
Other (please specify)
Objectives for Today’s Webinar

- Educate PCPI members on quality reporting aspect of proposed Meaningful Use objectives
- Share PCPI approach to specifying measures for EHRs
  - Format, prioritization, testing
- Receive your feedback on NPRM on Meaningful Use of EHRs
  - Specific questions, general Q & A

PCPI Webinar Series

- Preparing educational calendar-webinars for PCPI members
- Different aspects of measure development and implementation
  - Eg, testing, QI collaboratives

A look back at where we have been..... and where we’re headed

- PQRI: Tracked measures together
  - CPT II codes for claims-based reporting
  - Registry based reporting
  - EHR Reporting (2010)
- CMS Proposed EHR Incentive Program (meaningful use)
- Close look at existing measures
  - Are they ready for integration w/EHRs?
Two Regulations-Proposed CMS EHR Incentive Program

- Proposed Rule (NPRM)
  - Medicare and Medicaid Programs: EHR Incentive Program
  - Public comments received through March 15
  - Final rule effective 60 days after posting
- Interim Final Rule-
  - Initial set of Standards, Implementation Specifications and Certification Criteria for EHR Technology
  - Effective 30 days after posting in Federal Register
  - Issued by ONC

How these 2 regulations are linked

- Proposed Rule-Meaningful Use
  - Content
- Interim Final Rule-Standards and Certification
  - Structure and mechanics of how the content will be exchanged

EHR Incentive Program-timing

- Proposed 3 stages with graduated approach, increasing complexity
  - Stage 1- 2011
  - Stage 2- 2013
  - Stage 3- 2015
- Stages 2 and 3 will be defined in future CMS rulemaking
### Proposed Stage 1 Meaningful Use Objectives for EPs
- Use CPOE
- Implement drug-drug, drug-allergy, drug-formulary checks
- Maintain an up-to-date problem list of current and active diagnoses based on ICD-9 CM or SNOMED CT®
- Generate and transmit permissible prescriptions electronically (eRx)
- Maintain active medication list
- Record certain patient demographics
- Record and chart changes in certain vital signs
- Record smoking status (patients aged 13 and older)
- Incorporate clinical lab results into EHR as structured data
- Generate lists of patients by specific conditions for CI use, reduction of disparities, research and outreach
- Report ambulatory quality measures to CMS
- Send reminders to patients per pt preference for preventive/follow up care
- Implement 5 CDS rules relevant to specialty or high clinical priority
- Check insurance eligibility electronically from public and private payers
- Submit claims electronically to public and private payers

*Refer to NPRM for complete details*

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### Core Measures (3 Proposed)
1. Preventive Care and Screening: Inquiry regarding tobacco use
2. Blood pressure measurement
3. Drugs to be avoided by the elderly
   - Patients who receive at least one drug to be avoided
   - Patients who receive at least two different drugs to be avoided

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### Meaningful Use for quality reporting (proposed)
- Core measures (3)
- Specialty Groups
- Designated measures proposed for each specialty group
- Proposed reporting periods
  - 90 days for first year
  - Entire year for 2nd and all subsequent years
Specialty Groups (Proposed)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Podiatry</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Nephrology</td>
<td>Proceduralist/Surgery</td>
</tr>
<tr>
<td>Neurology</td>
<td>Psychiatry</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>Pulmonology</td>
</tr>
<tr>
<td>Oncology</td>
<td>Radiology</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td></td>
</tr>
</tbody>
</table>

Specialty Measures (Proposed)

- 90 measures in 15 specialties
- Range of 3 to 29 measures in each specialty group
- 45 measures are PCPI-developed
  - Collaboration w/specialty society
  - Collaboration w/NCQA (including Diabetes update)
- Many in CMS PQRI program
- Found on pp. 123-138 of proposed rule

Mechanism for Reporting in 2011

- For 2011, method of “reporting” will be attestation
  - Attest to accuracy and completeness of numerators and denominators for each applicable measure
Audience Participation Poll

- Do the Core Measures and at least 1 of the specialty groups listed apply to the majority of your members? (Yes/No)

Infrastructure required for Quality Reporting

- Implementation of EHRs themselves
- Data entered/stored in searchable fields
- Development of electronic specifications
- Implementation of specs into EHRs

What is the PCPI doing to support the development of this infrastructure?

- PCPI Model
- Prioritization of measures for Level I EHR Specifications
- Track our progress
PCPI Model

1. Develop and Maintain Clinically-relevant Quality Measures (eg, pediatric topic)
2. Develop and Maintain EHR Specifications for Measures
3. Evaluate EHR Specifications with Vendors and Physician Users
4. Test: Implement Real-world “Incubator Groups”
5. Support PCPI members with incubator groups or registries
6. Evaluate impact on outcomes

Enhancements to PCPI EHR Specifications:

- Increased specificity of data elements
  - Context of data element
- Eliminate ambiguity from specifications
  - Testing projects, work of AMA/NCQA/EHRA Collaborative
PCPI Specifications for EHRs

- Level I EHR Specifications
  - For any user of the measure
  - Translation between clinical and technical

- Level II EHR Specifications (HQMF eMeasure)
  - For use by software vendors to integrate measure specifications into systems for quality reporting

What are Level I EHR Specifications?

- Three components
  - Visual representation of measure logic (flow diagram) including context of data elements
  - Mathematical calculation of measure
  - Value sets including codelists

AMA-PCPI Level I EHR Specification

- Identify Patients in numerator (N)
- Identify Patients in denominator (D)
- Identify Patients in initial patient population (IPP)
- Active Diagnosis: Heart Failure
- ValueSet: 000001
- Patient Age: 18 years and older
- Value Set: Current or Prior <40%
- ACE Inhibitor or ARB Prescribed: Value Set 000008
- Encounter: Ambulatory, inpatient discharge, or nursing home
- Value Set: 000002
- Patient Exception Value Set 000006
- System Exception Value Set 000007

- Parameter Specifications:
  - IPP - Active Diagnosis: During or prior to the 12 month measurement period
  - Patient Age: 18 years and older or documented
  - Encounter: During or prior to the encounter date

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Mathematical Calculation of Measure

Steps for the Basic Measure Calculation

Numerator (N) = %

Denominator (D) – Denominator Exceptions (E)

Steps for Exception Calculation

Denominator Exceptions* (E1+E2+E3) = %

Denominator (D)

E1-Medical Exception
E2-Patient Exception
E3-System Exception

Code Sets for Level I EHR Specifications

• Problems, diagnoses
  • SNOMED-CT, ICD-9 CM, ICD-10 CM
• Medications
  • NDC and RxNorm
• Laboratory Tests
  • LOINC, CPT
• Findings, observations, or procedures
  • SNOMED-CT
• Procedures
  • CPT

Audience Participation Poll

• Do you have any expertise within your organization with any of the clinical code sets mentioned?
  • SNOMED-CT (yes/no)
  • LOINC (yes/no)
  • RxNorm (yes/no)
  • CPT® (yes/no)
  • ICD-9 CM (yes/no)
  • ICD-10 CM (yes/no)
Parallel Activities-NQF

- Quality Data Set
  - Framework/nomenclature for data elements used in quality measures
- Interim Authoring Tool
  - Enter measure-specific data
  - Codes, code sets, data elements including context

PCPI Model

1. Develop and Maintain Clinically-relevant Quality Measures (eg, pediatric topic)
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Types of Testing of PCPI Measures and Specifications

- Specification, sample dataset
  - No guarantee reproducible in live environment
- Testing in live clinical environment
  - Need support and involvement of PCPI members in building network of testing locations
Testing Project Purpose

- PCPI testing projects are designed to:
  - Test for feasibility and reliability of the measures
  - Determine potential barriers to implementation and strategies to overcome them
  - Provide feedback to measure developers to help clarify the measure specifications
- PCPI testing projects are not intended to:
  - Determine national performance ranges
  - Test for differences in the performance of two physicians or physician practices

Testing Project Examples

- Cardio-HIT: CAD and HF
- CKD/ESRD

Cardio-HIT

- 5 sites, various practice types, all experienced EHR users
- Developed EHR specs and exported data to registry for CAD and HF measures
- Measure reliability conducted by abstracting EHR vs. registry report
- Reported patients as Exceptions, Measure Met, or Opportunity for Improvement
- Specific focus on where data are located, and whether or not it is documented in codified manner
CKD/ESRD

- The Renal Physicians Association helped identify testing partners and provided clinical guidance for this project.
- Medical records were selected from 4 nephrology practices (various size, geographic location, and medical record type, 3 with EHRs).
- A sample of 30 medical records per site for patients with a diagnosis of CKD and 30 for ESRD were reviewed by two trained abstractors.
- Review of measure exceptions.
- Review of costs/time of measurement.

Testing Project Results

- Testing project results are provided to the measure development workgroup to revise and update the measures, as well as to inform new measure development.
- Testing project results are provided to NQF for continued endorsement of measures.

PCPI Measure Sets – 2010 Priorities Based on NQF Review Cycle

<table>
<thead>
<tr>
<th>Measure Set</th>
<th>CMS EORI</th>
<th>Testing Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td></td>
<td>In Progress</td>
</tr>
<tr>
<td>Stroke and Stroke Rehabilitation</td>
<td>✓</td>
<td>In Progress</td>
</tr>
<tr>
<td>Surgery</td>
<td>✓</td>
<td>In Progress</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>✓</td>
<td>In Progress</td>
</tr>
<tr>
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</tr>
<tr>
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<td>✓</td>
<td>In Progress</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>✓</td>
<td>In Progress</td>
</tr>
<tr>
<td>Anesthesiology and Critical Care</td>
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<tr>
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<tr>
<td>Nuclear Medicine</td>
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**Measure Testing Sites**

- Prefer EHR users (> 2 years)
- Prefer sites who reported measures to PQRI if possible
- PCPI will assist in IRB if necessary
- Ability for abstracter (QIO) to remotely dial in to abstract charts is helpful
- Helpful to have clinician who can answer questions from abstractors about how/where specific data are documented in the record
- Relatively small sample sizes (30-90 patients per measure)

**Audience Participation Poll**

- Would you be willing to identify practices using EHRs to assist with PCPI measure testing? (Yes/No)

**Audience Participation Poll**

- Are you interested in attending future educational sessions in this webinar format? (yes/no)
- On what topics? _____________
Tracking Progress/Readiness for EHR Integration

For a particular clinical area:

<table>
<thead>
<tr>
<th>Measure</th>
<th>PCPI Model</th>
<th>Potential Measure Testing Sites</th>
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Questions or Comments?
For further information on the following topics, please contact:

PCPI Model
Karen Kmetik, PhD
karen.kmetik@ama-assn.org

Potential Measure Testing Sites
Keri Christensen, MS
keri.christensen@ama-assn.org

EHR Specifications
Kendra Hanley, MS
kendra.hanley@ama-assn.org

Comments on Proposed Rule
Jennifer Shevchek
jennifer.shevchek@ama-assn.org

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