
Clinical Quality Metrics Registry (CQMR) Subject Matter Expert Workgroup

February 13, 2019



Agenda

- Welcome and agenda review
- Status Update
- Input on dashboards and reports
- Feedback from early experience
- CCO incentive measure reporting – feedback on clinic identifiers and screen
- QRDA I TA update
- Wrap-up and next steps

Status Updates



Steps Completed Before Go Live

- User Acceptance Testing completed on 12/14
- Production environment deployed on 12/14
- Security Assessment (3rd party) completed on 12/21
- Security Scan (Peraton) completed on 12/28

Status – Go Live

- Go live for Medicaid EHR Incentive Program to report 2018 eCQMs: **January 14, 2019**
 - MAPIR opened for 2018 attestations on the same date
 - 2018 reporting deadline: April 30, 2019
- Go live for Merit-based Incentive Payment System (MIPS) and Comprehensive Primary Care Plus (CPC+) support: **February 1, 2019**
- Going live later for CCO incentive measures – plan to use for pilots ahead of 2019 reporting – TBD

Status – Onboarding

- Number of organizations that have returned signed legal agreements: 35
- Usage stats as of 2/8/19
 - Number of users who have logged into CQMR: 16
 - Number of files submitted: 3 test submissions

Medicaid EHR Incentive Program Outreach and Next Steps

- Incentive Program team doing email blasts and targeted outreach with program participants
- Upcoming CQMR training [webinars](#):
 - Tues, Feb 26, 1-3:30
 - Tues, April 9, 9:30-noon

Feedback on CQMR Dashboards and Reports



Info Buttons for Dashboards

- To enhance accessibility, planning to add information buttons that a user can click to learn more
- Looking for feedback on
 - Where to include additional info
 - Content that would be useful to add

Navigation for Quality Dashboards

Drop-down

Scroll

The screenshot displays the Quality Dashboard interface. At the top, a navigation bar includes a home icon, 'QUALITY PROGRAMS' with a drop-down arrow, 'REPORTS' with a drop-down arrow, 'QUALITY DASHBOARD' (the active tab), and 'SUPPORT' with a drop-down arrow. Below the navigation bar, a horizontal scroll bar contains several tabs: 'Organization Provider Perform...', 'Inter-clinic Performance Grid', 'Intra-clinic Provider Performan...', 'Provider Performance by Meas...', and 'Quality Measure Drilldown'. The 'Inter-clinic Performance Grid' tab is selected. A drop-down menu is open on the left, listing various performance metrics and drilldown options. The main content area shows a performance grid with columns for different CMS measures and rows for various organizations. The grid cells contain percentage values, some highlighted in green and others in yellow. On the right side, there are filters for 'Organization' (set to '(All)'), 'Reporting Period Start' (2014-01-01), and 'Reporting Period End' (2019-01-01).

Organization	CMS50 (Entry 85)	CMS142	CMS2	CMS2 (Entry 82)	CMS22 (Entry 79)	CMS22	CMS127	CMS138	CMS147	CMS1
Organization and Care Coord...	84.44%			83.33%		86.96%				
		90.00%			83.61%			90.00%	90.00%	90.00%

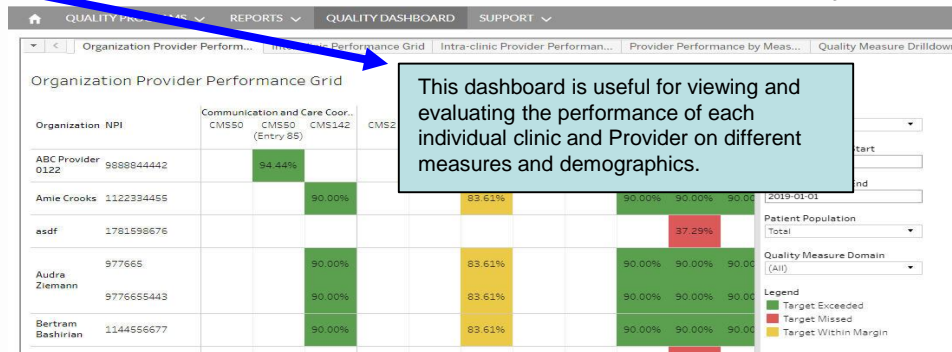
Quality Dashboard: Organization Provider Performance Grid - option 1

Step 1 – click information icon



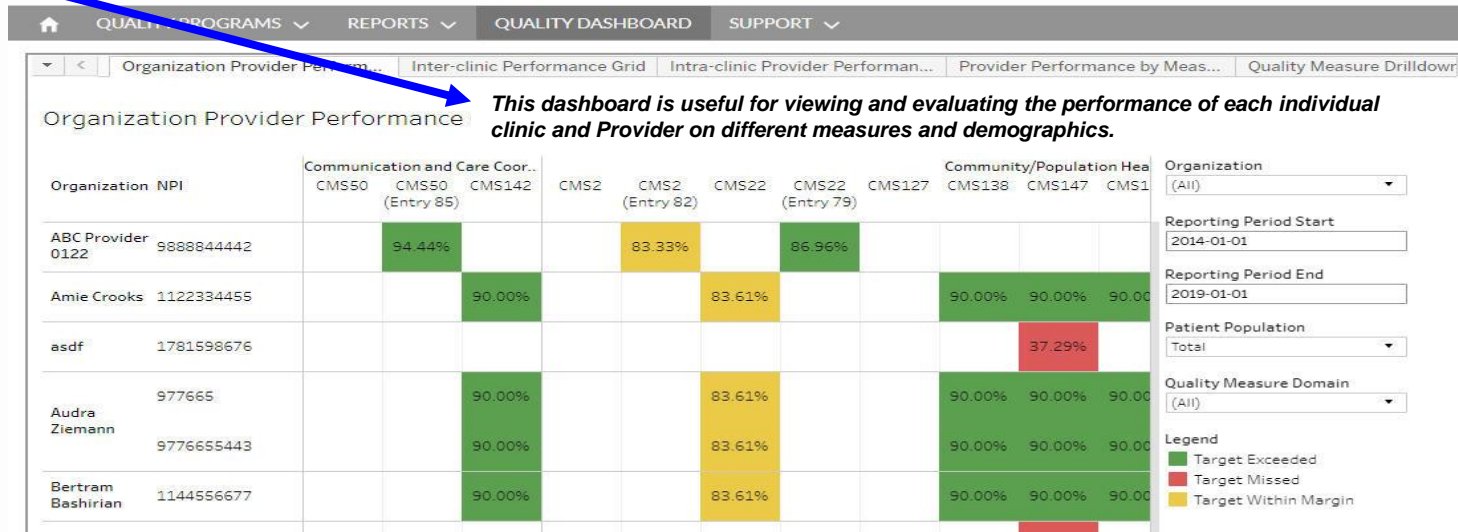
- Adding the information icon saves on space for adding Dashboard description
- Text-to-speech is unavailable with this option
- There is no character limit in Step 2

Step 2 - Dashboard description displays



Quality Dashboard: Organization Provider Performance Grid - option 2

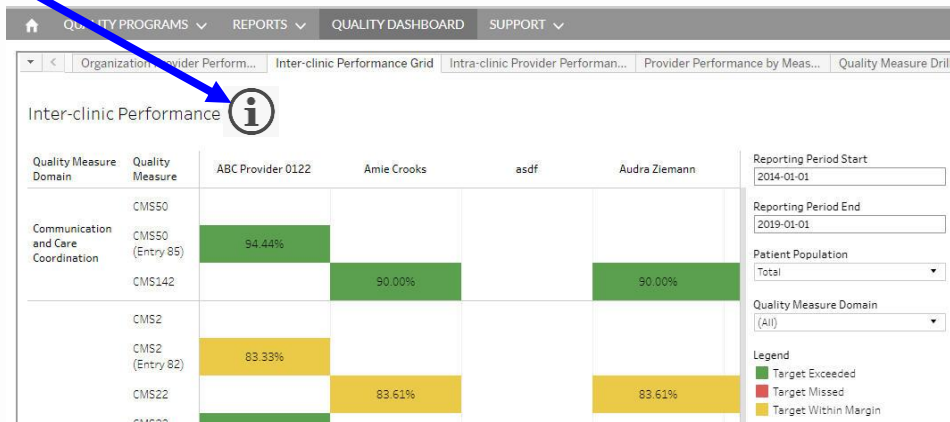
Add text description that remains on view



- Adding text description directly to Report or Dashboard
- Text-to-speech is available with this option
- Character limitation depends on real estate available

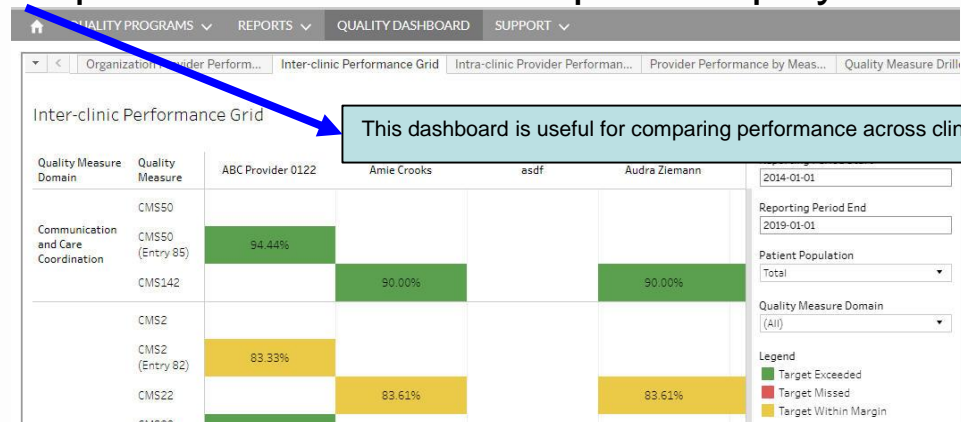
Quality Dashboard: Inter-clinic Performance Grid - option 1

Step 1 – click information icon



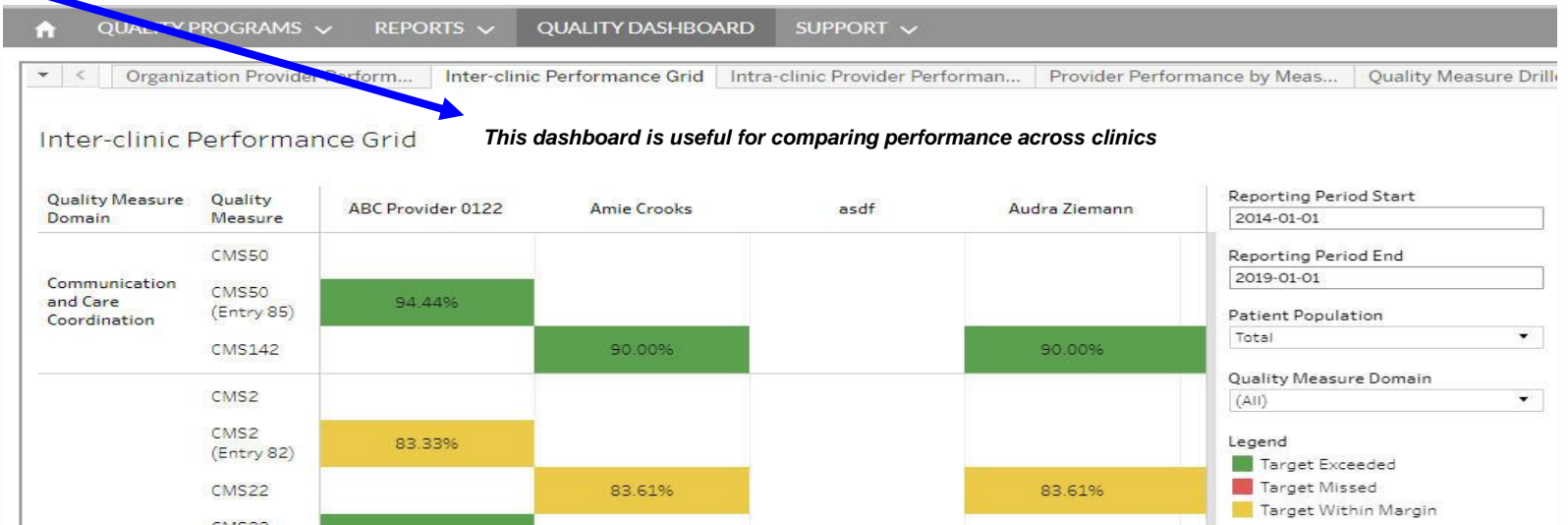
Step 2 - Dashboard description displays

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Quality Dashboard: Inter-clinic Performance Grid – option 2

Add text description that remains on view



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MEHRIP Operational status report – option 1

Step 1 – click information icon



QUALITY PROGRAMS ▾ REPORTS ▾ QUALITY DASHBOARD SUPPORT ▾

MEHRIP Operational Status Report ⓘ

Measures Submitted

Reporting Period(s): All

Reporting Period	Organization	Practice	Provider NPI	Quality Measure No.	Quality Measure Title
No Period Specified			977665	CMS22	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
				-----	HIV/AIDS: Pneumocystis Jiroveci

Reporting Period Start: 2014-01-01

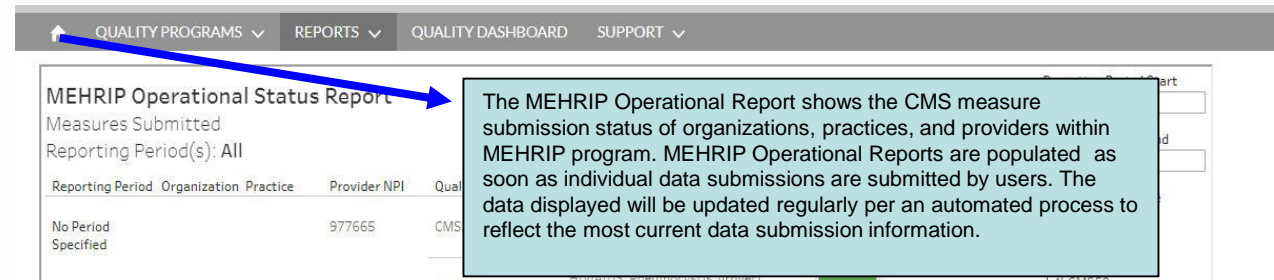
Reporting Period End: 2019-01-01

CMS Measure Name

- ☒ (All)
- ☒ CMS2
- ☒ CMS22
- ☒ CMS20

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Step 2 - Dashboard description displays



QUALITY PROGRAMS ▾ REPORTS ▾ QUALITY DASHBOARD SUPPORT ▾

MEHRIP Operational Status Report ⓘ

Measures Submitted

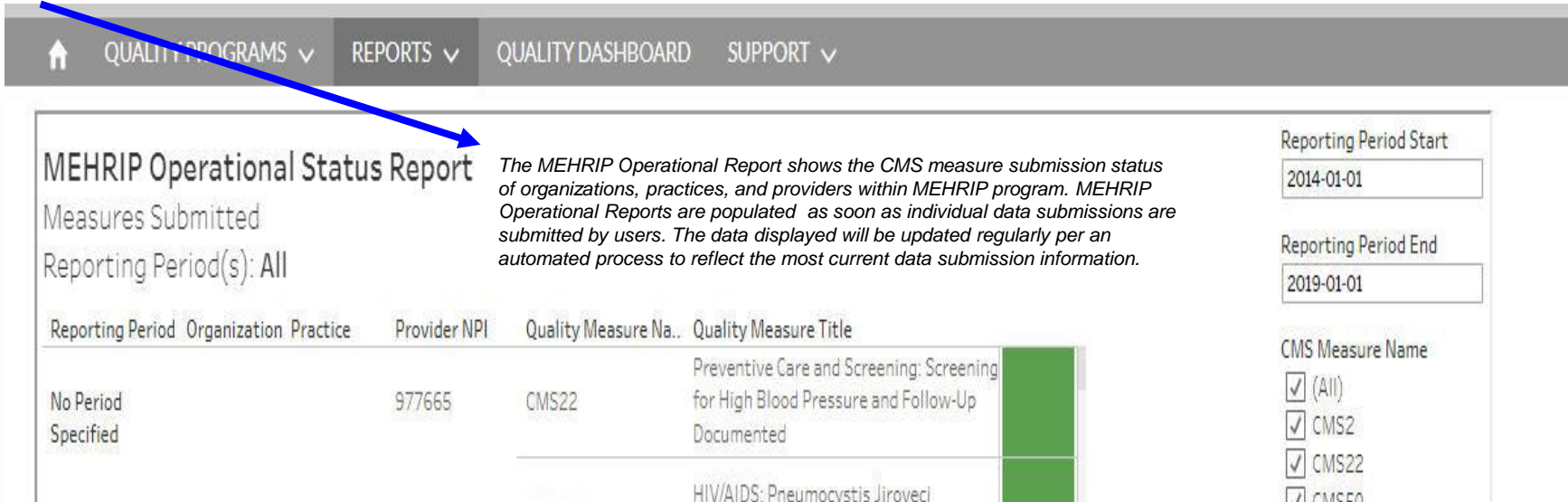
Reporting Period(s): All

Reporting Period	Organization	Practice	Provider NPI	Qual
No Period Specified			977665	CMS

The MEHRIP Operational Report shows the CMS measure submission status of organizations, practices, and providers within MEHRIP program. MEHRIP Operational Reports are populated as soon as individual data submissions are submitted by users. The data displayed will be updated regularly per an automated process to reflect the most current data submission information.

MEHRIP Operational status report – option 2

Add text description that remains on view



MEHRIP Operational Status Report

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MEHRIP Organizational status report – option 1

Step 1 – click information icon



MEHRIP Organizational Status Report 

Measure Performance by Organization
Reporting Period(s): All

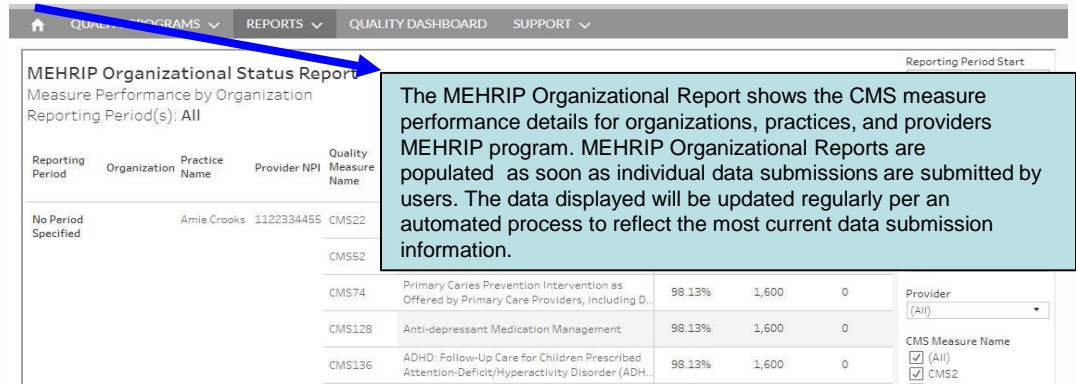
Reporting Period	Organization	Practice Name	Provider NPI	Quality Measure Name	Quality Measure Title	Performance Rate	Denominator	Denominator Exclusions
No Period Specified	Amie Crooks		1122334455	CMS22	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Document...	83.33%	600	0
				CMS52	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	88.02%	4,000	140
				CMS74	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including D...	98.13%	1,600	0
				CMS128	Anti-depressant Medication Management	98.13%	1,600	0
				CMS136	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADH...	98.13%	1,600	0


Reporting Period Start: 2014-01-01
Reporting Period End: 2019-01-01

Population: Total
Organization:
Practice Name: (All)
Provider: (All)
CMS Measure Name: ☒ (All) ☒ CMS2

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Step 2 - Dashboard description displays



MEHRIP Organizational Status Report 

Measure Performance by Organization
Reporting Period(s): All

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Reporting Period Start:
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Population:
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MEHRIP Organizational status report – option 2

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Reporting Period Start: 2014-01-01
Reporting Period End: 2019-01-01
Population: Total
Organization: [Dropdown]
Practice Name: (All)
Provider: (All)
CMS Measure Name: ☒ (All) ☒ CMS2

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Quality Dashboard: Provider eCQM Targets Configuration

Step 1 – click information icon

QUALITY PROGRAMS ▾ REPORTS ▾ QUALITY DASHBOARD SUPPORT ▾

Measure Performance Drilldown Organization Performance Drilldown Org. Pro...

Provider eCQM Targets Configuration ⓘ

CMS22	85.00%
CMS50	85.00%
CMS62	85.00%

- SFTP TRANSPORT REQUEST
- API TRANSPORT REQUEST
- DSM TRANSPORT REQUEST
- CPC+/MIPS ONBOARDING
- FAQ
- CONTACT SUPPORT
- TEST SUBMISSIONS

Step 2 - Dashboard description displays

QUALITY PROGRAMS ▾ REPORTS ▾

Provider eCQM Targets Configuration ⓘ

CMS22	85.00%
CMS50	85.00%
CMS62	85.00%

Global Target
Dashboards are color coded by achievement level to show actual measure performance of a CCO, organization, practice, or provider compared against the performance target.
Green: Target Exceeded
Yellow: Target within Margin
Red: Target Missed
The default global target for all measures is 85% conformance and the default caution margin is 5%. This is the target performance target set by OHA for all measures. However, some users may want to adjust the target displayed to reflect their own improvement target or a particular program's benchmark for a measure. The default target and caution margin for each measure can be manually configured using the target configurator, shown in Figure 18 Target Configurator below. Enter the desired conformance rate for a measure into the target configurator to change the global target displayed in the dashboard. When a target is adjusted using the target configurator for a measure, this adjustment will apply to all dashboards. Note that adjusting the global target will only adjust the individual user's dashboard view; the target set by OHA will not change.

TEST SUBMISSIONS

Quality Dashboard: Provider eCQM Targets Configuration

Add text description that remains on view

Global Target

The default global target for all measures is 85% conformance and the default caution margin is 5%. This is the target performance target set by OHA for all measures. However, some users may want to adjust the target displayed to reflect their own improvement target or a particular program's benchmark for a measure. The default target and caution margin for each measure can be manually configured using the target configurator, shown in Figure 18 Target Configurator below. Enter the desired conformance rate for a measure into the target configurator to change the global target displayed in the dashboard. When a target is adjusted using the target configurator for a measure, this adjustment will apply to all dashboards. Note that adjusting the global target will only adjust the individual user's dashboard view; the target set by OHA will not change.

Measure	Target
CMS22	85.00%
CMS50	85.00%
CMS62	85.00%

- Adding text description directly to Report or Dashboard
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Dashboard and Report description text options

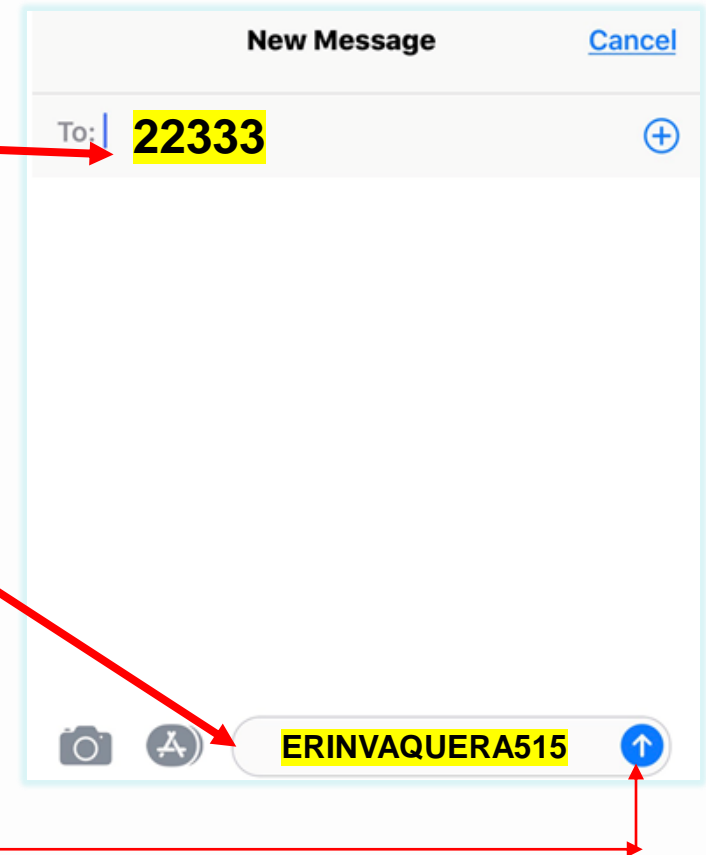
Option #	Description	Pros	Cons
1	Click information icon, then Report or Dashboard description displays	Saves on real estate	Text-to-speech unavailable
2	Text description added directly to Dashboard or Report	Does not save on real estate	Text-to-speech available

Get your cell phones out!

Instructions to join the poll:

1. Type **22333** in the To: field
2. Type **ERINVAQUERA515** in the message field
3. Click **send**
4. Wait for a response message to confirm you have joined the poll:

You've joined Erin Vaquera's session (ERINVAQUERA515).
When you're done, reply LEAVE



What option, 1 or 2, is preferred for adding text descriptions on reports and dashboards?

1 - Adding the information icon and clicking to see report or dashboard description

2 - Adding report or dashboard description directly to view

Which best describes where your organization is with CQMR onboarding?

Fully onboarded

Registered with OneHealthPort
but not yet done with legal
agreements

Not yet registered with
OneHealthPort but done with
legal agreements

Waiting to onboard

Have you used or referred to others in your organization to training materials (check all that apply):



When poll is active, respond at **PollEv.com/erinvaquera515**



Text **ERINVAQUERA515** to **22333** once to join

Webinars

EHR Incentive Program webpage
for Program Year 2018

CQMR Webpage

None

Feedback from Early Experience



Based on your experience so far...

- Feedback on onboarding process?
- Feedback on training materials and webinars?
- Feedback on workflow and usability?
- Comments on any Salesforce text in the portal?
- Additional training or outreach that would be helpful?

CCO Incentive Measure Reporting – Additional Clinic ID



Refresher

- Need an additional identifier for clinics that share an organizational Tax ID Number (TIN)
- Summary from workgroup discussion in December:
 - Widespread issue: Clinics may have multiple different identifiers, but no single unique ID for every clinic
 - CPC+ group is wrestling with the issue of identifiers
 - General consensus among workgroup members:
 - Adding an identifier is not difficult mechanically
 - Clear guidelines need to be established and communicated for consistent implementation

Additional Analysis

- Evaluating possibilities for additional identifier
 - Start from scratch v. leverage an ID that's widely used
- Assessing potential use of Patient-Centered Primary Care Home (PCPCH) Identifier
 - 5-digit identifier
 - ID is assigned to each clinic during application process
 - IDs are not re-assigned
 - PCPCH Program maintains list and updates monthly

Comparing Options

	PCPCH ID	“From Scratch” ID
Pros	<ul style="list-style-type: none"> Established identifier for 85%+ of clinics reporting CCO incentive measures Potential for alignment with other programs 	<ul style="list-style-type: none"> Could design specifically to CQMR program needs
Cons	<ul style="list-style-type: none"> Need process to create IDs for clinics that are not PCPCHs PCPCH ID not built for this use: <ul style="list-style-type: none"> Risk of unintended consequences Requires contingency plan in case PCPCH someday changes ID approach 	<ul style="list-style-type: none"> Need process to create IDs for all clinics Adds to ID proliferation

Implementation Considerations

- Guidance and communications
- Potential technical changes under consideration
 - New field in CCO data proposal for additional clinic identifier
 - Look-up table of clinics (searchable) to automatically populate identifier when clinic selected
- Issues to be resolved
 - Method for attaching additional identifier to uploaded files – file naming, look-up table, other?

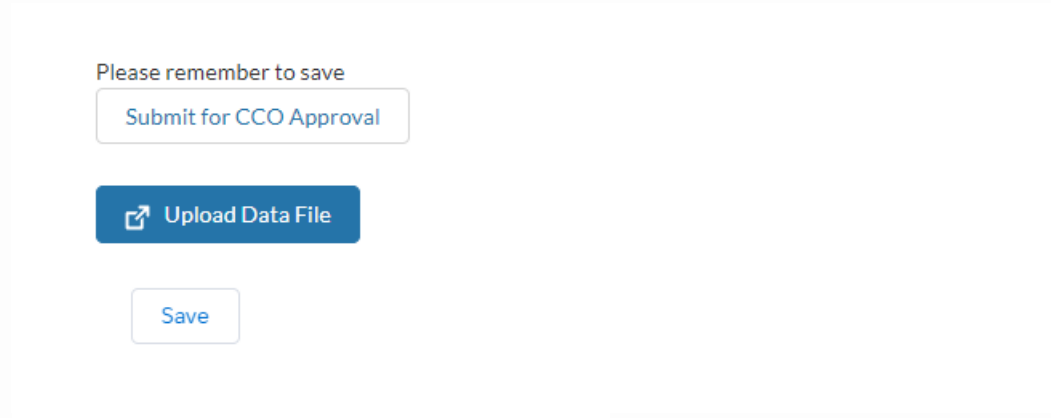
What are we missing?

CCO Data Proposal Webform – Issue

- During UAT, concern raised that users might click to *submit for approval* without first clicking *save*
- In that situation...
 - The user would lose any changes made since last saving
 - After clicking submit, the user would not be able to edit to re-enter the changes with some additional administrative steps

CCO Data Proposal Webform – Options

1) Text reminder



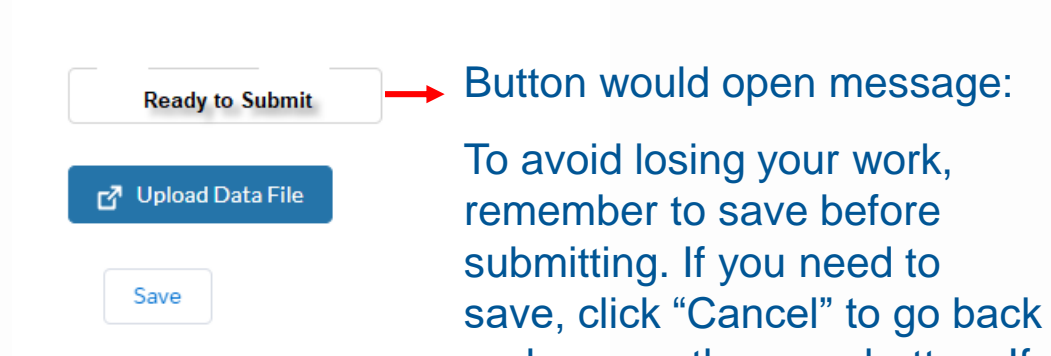
Please remember to save

Submit for CCO Approval

Upload Data File

Save

2) Additional button



Ready to Submit

Upload Data File

Save

Button would open message:

To avoid losing your work, remember to save before submitting. If you need to save, click “Cancel” to go back and access the save button. If you already saved, click “Ready” to access the submit button.

QRDA I TA Update



QRDA I TA : Phase 1 Update

- Gap Analysis work with clinics underway
 - First wave in December with 13 clinics
 - Second wave this week with 19 clinics
- User Guides available in March
 - Epic, NextGen, Centricity
- User Groups to begin in April/May
- At the Elbow Support
 - Determined by the gap analysis survey
 - Expected to begin in February

Next Steps

- Next CQMR SME WG meeting: March 13, 2019
- CQMR training [webinars](#) (focus on Medicaid EHR Incentive Program, MIPS, CPC+)
 - Tuesday, Feb 26, 1-3:30
 - Tuesday, April 9, 9:30-noon
- Feedback and suggestions for future meetings:
katrina.m.lonborg@state.or.us