



**HEALTHY HEARTS
NORTHWEST**
An EvidenceNOW Project

Building Quality Improvement Capacity using EHR's

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EvidenceNOW
An AHRQ Initiative

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Goals for this session

- Deeper Dive into Clinical Quality Measure (CQM)
- How to Help Practices with Data Validation
- Coaching a Practice in Data Driven QI

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Healthy Hearts Northwest (H2N)
was a study about improving cardiovascular risk factors by expanding the quality improvement (QI) capacity within small- and medium-sized practices in Washington, Oregon, and Idaho. Practices worked directly with an H2N coach for 21 months to identify potential improvements and make progress toward their goals. Thank you for being part of this important effort to improve patients' heart health!



209 Participating practices
PRACTICE AREAS

209 small primary care practices representing 1,100 clinicians using 36 different electronic health records participated in H2N.

Cardiovascular risk factors at participating practices are improving!

-  Appropriate Use of Aspirin has increased from **67.1% to 70.2%**
-  Control of High Blood Pressure has improved from **60.4% to 62.5%**
-  Statin Therapy for Cholesterol improved from **65.7% to 66.3%**
-  Screening and Smoking Cessation Intervention improved from **70.3% to 76.7%**

*Data current as of September 2017

The ABCS Clinical Quality Measures (CQMs)

eMeasure Title	NQF Number	CMS ID
A Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	NQF0068	CMS164v4
B Controlling High Blood Pressure	NQF0018	CMS165v4
C Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<i>Pending</i>	CMS347v0
S Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	NQF0028	CMS138v4



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*Many Clinics did not Know
If Their EHR Could Pull
ABCS*

How Does the PF Guide?

- ### CQMs Part of HiTech Act
- Certification of EHR's
 - EHR's required min 9 Certified CQM's
 - Designed for Quality Payment Programs
 - Standardized Specifications
 - Updated Annually
 - QPP, MU, PQRS, HEDIS, ACO etc....
 - Evidence Based

What IS a CQM?

Quality Payment PROGRAM

MIPS Merit-based Incentive Payment System

APMs Alternative Payment Models

About The Quality Payment Program

Controlling High Blood Pressure
High Priority Measure: Intermediate Outcome

Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

[+ ADD TO LIST](#)

Submission Methods

Claims

- CMS Web Interface
- EHR
- Registry

155b Details

Documentation

Claims: Specifications (PDS) of Benchmarking (CSQ)

CMS Web Interface: Specifications (EFG) of Benchmarking (CSQ)

Electronic Health Record: Specifications of Benchmarking (CSQ)

Registry: Specifications (PDS) of Benchmarking (CSQ)

Measure Numbers

CMS eCQM ID: CMS160v6

NQF eCQM ID: None

NQF: 0078

Quality ID: 236

NDS Domain

Effective Clinical Care

Specialty Measure Set

Cardiology

Obstetrics/Gynecology

Vascular Surgery

Thyroid Surgery

Rheumatology

Primary Measure Set

National Core Quality Assurance

Complicated

Why Providers Need OUR HELP!

Million Hearts Clinical Quality 2016

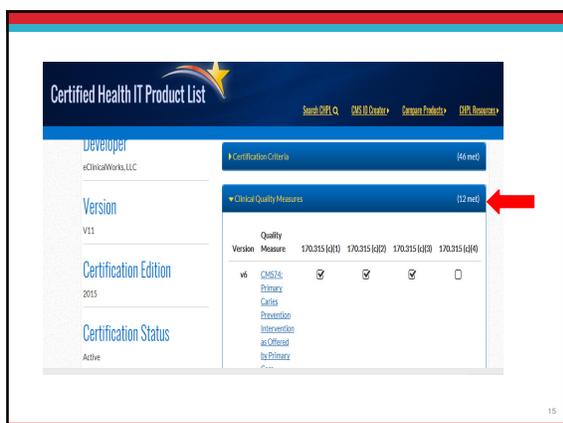
Measure	Measure Number	Measure Description
Aspirin When Appropriate	NQF 0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet Percentage of patients aged 18 years and older with IVD with documented use of aspirin or other antiplatelet (78-80% in 2015)
Blood Pressure Control	NQF 0018	Hypertension (HTN): Controlling High Blood Pressure Percentage of patients aged 18 through 85 years who had a diagnosis of HTN and whose blood pressure was adequately controlled (<140/90) during the measurement year (84-71% in 2015)
Cholesterol Management	PQRS 438	Statin Therapy for Prevention and Treatment of Cardiovascular Disease Percentage of the following patients who were prescribed or were on statin therapy during the measurement period: <ul style="list-style-type: none"> • Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR • Adults aged ≥ 21 years with a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL; OR • Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL.
Smoking Cessation	NQF 0028	Preventive Care and Screening: Tobacco Use Percentage of patients aged 18 years and older who were screened about tobacco use one or more times within 24 months and who received cessation counseling intervention if identified as a tobacco user (83-91% in 2015)

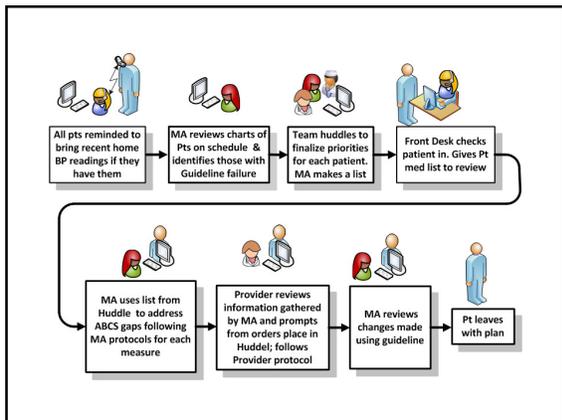
NOTE: All CQMs are included in Cardiology, Internal Medicine, and General Practice/Family Medicine Specialty Measure Sets in the CMS Quality Payment Program

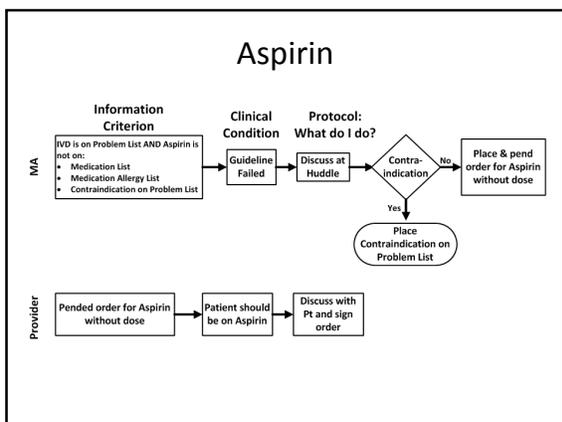
What we did

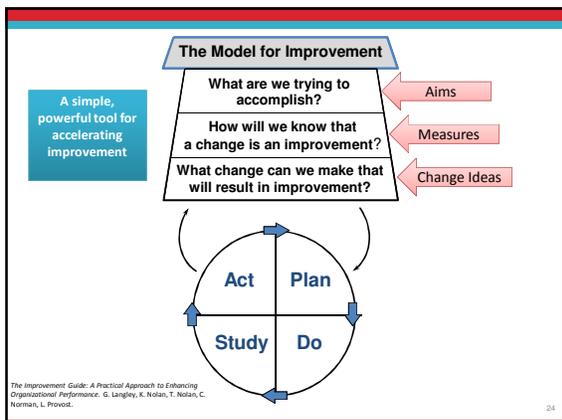






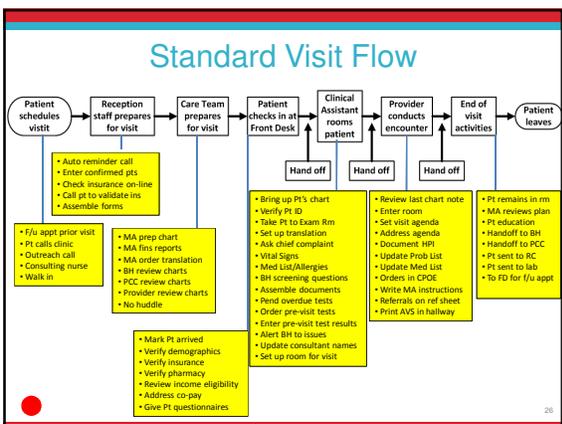


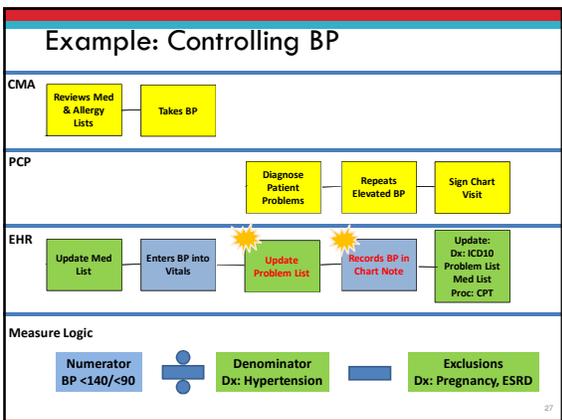




Example: Improving Controlling High Blood Pressure Measure

1. Ran EHR Canned Report for Controlling High Blood Pressure CMS 165
2. Validated Measure –Looked up 10 pts
3. Team set goals (AIM Statement)
4. PDSA Cycle Process determined
5. Tested small changes
6. Adopted Improvements





What are we trying to Improve?

- Build QI Capacity
 - IHI Model for Improvement
- Improve Heart Health Indicators
 - Aspirin
 - Blood Pressure
 - Cholesterol
 - Smoking

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One of Highest Adopted Change: Process for a 2nd BP reading Entered in Vitals

Laminated hearts hung on exam room doors to indicate initially elevated BP reading

<p>Red Heart Routine</p> <p>STEP 1</p> <ul style="list-style-type: none"> • Take patient blood pressure. Enter result in EHR. • If blood pressure is less than 140/90 no further action is needed. <p>STEP 2</p> <ul style="list-style-type: none"> • If systolic is 140 or above or diastolic is 90 or above, the red heart is in basket outside room. • Notify patient that their blood pressure needs to be rechecked before they leave the room. • The red heart communication to others that someone needs to repeat the blood pressure. • Someone enters and heart and repeat blood pressure. • Enter the second blood pressure in EHR. • Put red heart back in resting position. 	<p>Your Next Appointment:</p> <p>Date: _____</p> <p>Time: _____</p> <p>Before coming in:</p> <ul style="list-style-type: none"> • Do not drink coffee or use tobacco products for at least 30 minutes before measuring. • Do not exercise or eat a large meal two hours before measuring. • Use the restroom. A full bladder can affect the reading. <p style="text-align: right;">503.760.2260</p>
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Why Practice Facilitation is Important

Help to providers, especially smaller clinics, to:

- #1 Be able to use EHRs to generate data reports
- #2 Look at the data and identify care gaps
- #3 Develop processes for improving care and outcomes
- #4 Report data on a regular basis
- #5 Understand what is coming down the pike, and the need to change in order to survive

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Thank you!

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