COMMUNITY HEALTH CARE ASSOCIATION of New York State

CHCANYS NYS-HCCN presents

Data Governance Excellence Series: Building a Strong Foundation

Session 2: An Introduction to Quality Programs

October 15, 2024

For more information, please email Anita Li at ali@CHCANYS.org

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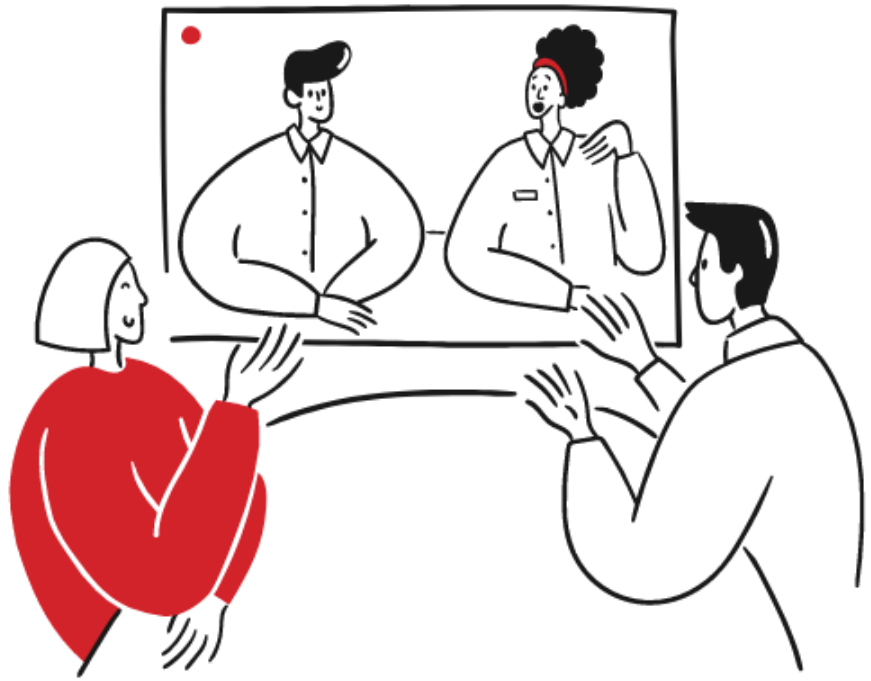
09.2024

Housekeeping

- You have been muted upon entry. Please respect our presenters and stay on mute if you are not speaking.
- Please share your questions in the chat. CHCANYS staff will raise your questions to our speakers and follow up as needed if there are unanswered questions.
- The webinar is being recorded and will be shared after the session along with the slide deck.
- A webinar evaluation will be shared with participants



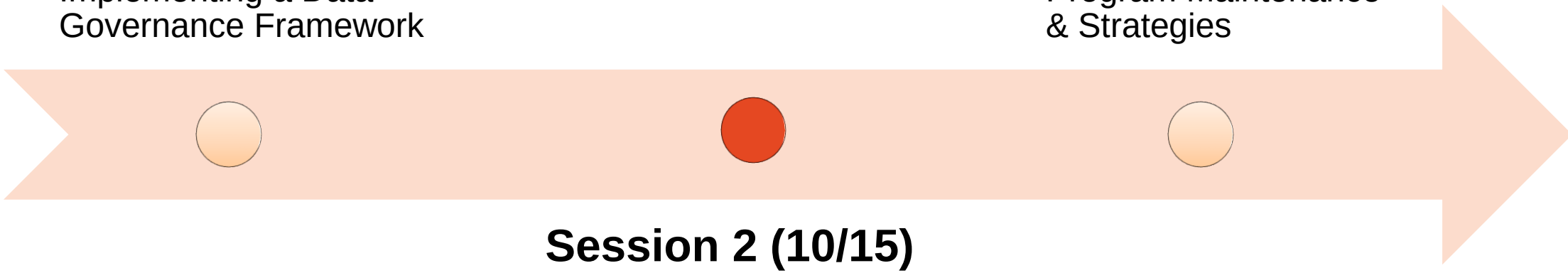
Schedule of Events

Session 1 (10/1)

- Exploring & Implementing a Data Governance Framework

Session 3 (10/29)

- Data Governance Program Maintenance & Strategies



Session 2 (10/15)

- **An Introduction to Quality Programs**

Meet the Presenter

Jackie Simik, B.S., CPC-A
MANAGER, EHR ENTERPRISE APPLICATIONS
Pivot Point Consulting

PIVOT POINT CONSULTING
A Vaco Company

Data Governance Excellence Series: Part II

Introduction to Quality Programs

Quality Programs Presenter

Jackie Simik, B.S., CPC-A
Healthcare EHR/Advisory Manager
Pivot Point Consulting, *A Vaco Company*
https://www.linkedin.com/in/jacquelinesimik/

Bachelor of Science in Organizational Leadership, Pennsylvania State University
Certified in EpicCare Ambulatory & Epic PB Resolute
AAPC Certified Professional Coder
eClinicalWorks® Super User and Implementation Specialist, 15 years

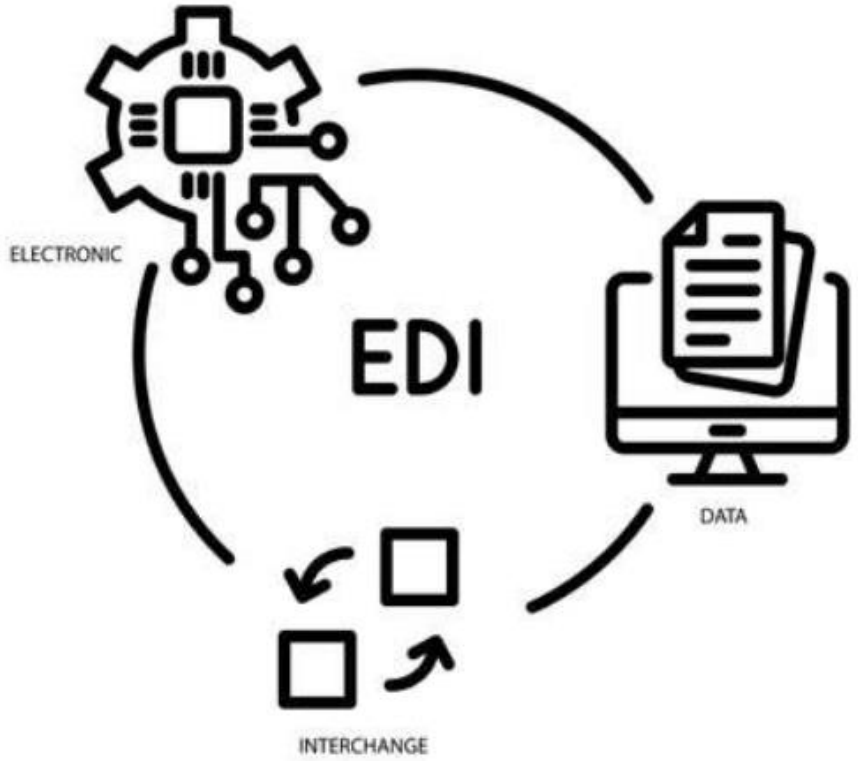
Multi-faceted experience spanning over 30 years in the healthcare industry:

- Operations and administration
  - Outpatient clinics
  - Physician clinics
  - Hospital ancillary services
- Revenue Cycle Management
- Clinical Quality Program Initiatives
- Human Resources & Employee Relations
- Regulatory & Compliance
- EHR Implementation and Optimization
- Project Management

Data Standards

Guidelines or norms to ensure that data is collected, formatted, and exchanged in a consistent and structured way

- Uniformity
- Interoperability
- Data Quality
- Regulatory Compliance
- Scalability



Common Industry Data Standards

- Health Insurance Portability & Accountability Act (HIPAA)
- National Drug Classification (NDC)
- International Classification of Diseases – Clinical Modification (ICD-10-CM)
- Current Procedural Terminology (CPT)
- Healthcare Common Procedure Coding System (HCPCS)
- Clinical Data Interchange Standards Consortium (CDISC)
- Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT)
- Logical Observation Identifiers, Names, and Codes (LOINC)
- Fast Healthcare Interoperability Resources (FHIR)
- Electronic Data Interchange (EDI)
- American National Standards Institute (ANSI)

Claims Data

- Patient Information
- Provider Information
- Services Performed
- Diagnosis of Condition

Measure Data

- Clinically-based
- Measures/Quantifies a Condition
- Outcomes/Achievements

Attribution

- Denominators – who falls into a measure/category based on clinical criteria
- Accountability – who is responsible for managing the clinical outcome

Quality Programs Types of Programs

Health Center Program Uniform Data System (UDS) Data

Federally Qualified Health Centers (FQHC)
FHQC Look-Alikes
Bureau of Health Workforce (BHW) Sites

Patient Centered Medical Home

Patient Centered Medical Homes (PCMH)
NYS Patient Centered Medical Home
Patient Centered Specialty Practices (PCSP)
Distinction in Behavioral Health Integration
Diabetes Recognition Program
Heart/Stroke Recognition Program
Patient-Centered Connected Care
Virtual Primary Care and Urgent Care

MIPS/MACRA

Meaningful Use Program [2009-2017]
Traditional MIPS
APM Performance Pathway
MIPS Value Pathway

HRSA
Health Resources & Services Administration

UDS & UDS+

Measures
18 with 900 data fields

Measure Period
Calendar Year

Data Submission
January 1 – February 15

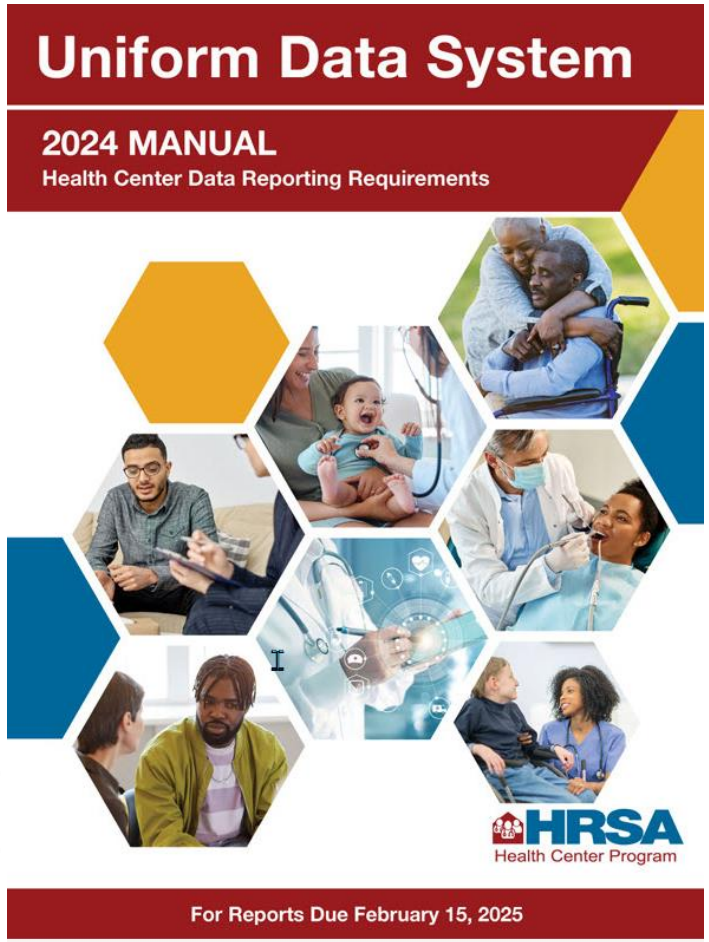
https://data.hrsa.gov/

UDS Data Tables

- Patients by Age and by Sex Assigned at Birth
- Demographic Characteristics
- Selected Patient Characteristics
- Staffing and Utilization
- Selected Service Detail Addendum
- Selected Diagnoses and Services Rendered
- Quality of Care Measures
- Health Outcomes and Disparities
- Financial Costs
- Patient Related Revenue
- Other Revenues
- EHR: Health Center Health Information Technology (HIT) Capabilities
- ODE: Other Data Elements
- WFC: Workforce

UDS Exclusions

- Health Screenings or outreach services
- Group visits [except Behavioral Health]
- Services required to perform tests (i.e. collecting specimen)
- Dispensing or administering medications
- Health status checks (i.e. blood pressure, health history, etc)
- Services under Women, Infant, and Children Program



Quality Programs NCQA Patient Centered Medical Home (PCMH)

Patient Centered Medical Home

Measures
6 Concepts, 40 Criteria

Measure Period
Calendar Year

Data Submission
Annually 30 Day Prior to Accreditation Anniversary Date

Six Concepts

- Team-based Care & Practice Organization
- Knowing & Managing Your Patients
- Patient-Centered Access & Continuity
- Care Management & Support
- Coordinating Care and Care Transitions
- Performance and Quality Improvement

https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/

Sample of Core Measures

- PCMH Transformation Team Leads
- Structure & Staff Responsibilities
- Individual Patient Care Meetings/Communication
- Staff Involvement in Quality Improvement
- Medical Home Information
- Problem Lists
- Comprehensive Health Assessment
- Depression Screening
- Diversity
- Language
- Proactive Outreach
- Medication Reconciliation
- Mediation Lists
- Clinical Decision Support
- Community Resource Needs
- Access Needs and Preferences
- Same-Day Appointments
- Appointments Outside Business Hours
- Timely Clinical Advice by Telephone
- Clinical Advice Documentation
- Personal Clinician Selection
- Patient Visits with Clinician/Team
- Identifying Patient for Care Management
- Monitoring Patients for Care Management
- Person-Centered Care Plans
- Written Care Plans
- Lab and Imaging Test Management

Quality Programs CMS: MACRA/MIPS

MACRA/MIPS

Measures
7 Categories, 200 Measures
Report minimum of 6

Measure Period
Calendar Year

Data Submission
March 30
https://qpp.cms.gov/

Quality – 30%

Collection Types:
- Electronic Clinical Quality Measures (eCQM)
- MIPS Clinical Quality Measures (CQM)
- Qualified Clinical Data Registry (QCDR) Measures
- Medicare Part B Claims
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

7 Measure Categories
200 Measures Available
Minimum Reporting: 6 Quality Measures
Minimum Measure Denominator: 20
75% Measure Achievement

Improvement Activities – 15%

Activity Requirements:
- 2 high-weighted
- 1 high-weighted /2 medium-weighted
- 4 medium-weighted

Continuous 90-day performance period
PCMH Accreditation earns maximum points

Promoting Interoperability – 25%

- Certified Electronic Health Record Technology (CEHRT)
- Certified Health IT Product List (CHPL) ID Code
- Submit Data for 180 continuous days
- Security & Risk Analysis Measure
- Safety Assurance Factors for EHR Resilience (SAFER) Guides Measure

Cost – 25%

- CMS Calculates based on claims data

Quality Programs Payer Programs

Forward Leading IPA (FLIPA)

18 Organizations across 19 Counties
- Integrated Primary Care
- Behavioral Health Care
- Social Services

- Finger Lakes Performing Provider System (FLPPS)
- Value-Based Care
- Bright Start Connect

Community Health IPA (CHIPA)

New York based
Provider Association for FQHCs

- Evidence-based change management
- Value-based contracting
- Clinical/Care Management Best Practices

EngageWell IPA

20 Member Organizations

- Opioid and HIV Programs
- Connected Care Pilot Program

Quality Programs Measure Comparison

PREVENTIVE CARE AND SCREENING: TOBACCO USE: SCREENING AND CESSATION INTERVENTION CMS138V12

HRSA - UDS

Table 6B: Line 14a [CMS-138 v12]

Measure Description
Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period and who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period if identified as a tobacco user

Denominator
Patients aged 12 years and older at the start of the measurement period seen for at least two qualifying encounters in the measurement period or at least one preventive qualifying encounter during the measurement period, as specified in the measure criteria

Numerator
Patients who were screened for tobacco use at least once during the measurement period and NOT identified as a tobacco user, and Patients who were screened for tobacco use at least once during the measurement period and, if identified as a tobacco user, received tobacco cessation intervention during the measurement period or during the 6 months prior to the measurement period.

Include in the numerator patients with a negative screening and those with a positive screening who had cessation intervention if a tobacco user.

Do not count screenings done by non-health center staff

NCQA - PCMH

CMS 138

Measure Description
Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user.

3 Populations Reported

Denominator
- Population 1: All patients aged 12 years and older seen for at least two visits or at least one preventive visit during the measurement period
- Population 2: All patients aged 12 years and older seen for at least two visit or at least one preventive visit during the measurement period and identified as a tobacco user
- Population 3: All patients aged 12 years and older seen for at least two visits or at least one preventive visit during the measurement period

Numerator
- Population 1: Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period
- Population 2: Patients who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period
- Population 3: Patients who were screened for tobacco use at least once during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user

CMS - MIPS

Q226

Measure Description
Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user.

3 Populations Reported

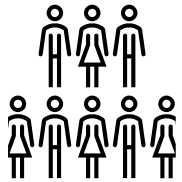
Denominator
- Population 1: All patients aged 12 years and older seen for at least two visits or at least one preventive visit during the measurement period
- Population 2: All patients aged 12 years and older seen for at least two visit or at least one preventive visit during the measurement period and identified as a tobacco user
- Population 3: All patients aged 12 years and older seen for at least two visits or at least one preventive visit during the measurement period

Numerator
- Population 1: Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period
- Population 2: Patients who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period
- Population 3: Patients who were screened for tobacco use at least once during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user

Quality Programs Measure Details

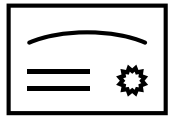
Patient Age

Pay close attention the age or age group that the measure applies to. If the patient age differs between programs, consider taking the youngest age to create the workflow.



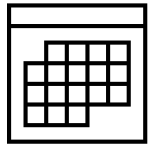
Criteria for Patient Inclusion

Review what patient information is responsible for including the patient in the measure. Compare against similar measures to determine the workflow.



Criteria for Measure Achievement

Carefully read through the measure details to determine what **version**, criteria, documentation, or services provided will achieve the measure for the patient. Know the tools within the EHR to help to capture the data for reporting.



Time Frame

Review the time frames that the measure encompasses. Some measures have a look-back period such as screening measures which will make a huge difference in measure achievement. Know what those time frames are to build a workflow to account for them

Reporting Codes

The measure details will contain any codes, ICD, CPTII, HCPCS, LOINC, SNOMED, etc., that when used on claims or EDI submission will achieve the measure or provide certain additional data that was collected during the patient encounter. This is especially important for claims-based reporting.

Exclusions

Many, if not all, measures have exclusions to remove patients from being included. Know what those are and/or what codes to use, such as ICD Diagnosis codes, and provide education to the clinicians on use of those codes to help with measure achievement and the most accurate recording of measure data and patient conditions.

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Q & A

THANK YOU

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WWW.LINKEDIN.COM/IN/JACQUELINESIMIK/

Appendix Resources

HRSA – UDS Measures 2024
https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/uds-clinical-measures-handout.pdf

NCQA – NYS PCMH Standard Measures
https://www.ncqa.org/programs/health-care-providers-practices/state-and-government-recognition/nys-patient-centered-medical-home/faqs-nys-patient-centered-medical-home/

NCQA Report Cards
https://reportcards.ncqa.org/

eCQI Resource Center
https://ecqi.healthit.gov/ecqm/ec/2025/cms0069v13?qt-tabs_measure=measure-information

MIPS Program Information
https://qpp.cms.gov

MIPS Quality Measures 2024
https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/

Office of the National Coordinator for Health IT – CHPL ID lookup
https://chpl.healthit.gov/#/search

Association of American Family Physicians
https://www.aafp.org/family-physician/practice-and-career/getting-paid/coding/hierarchical-condition-category.html

X12 – External Code Lists
https://x12.org/codes

Questions?

Continue the Conversation

Don’t miss the next session of this 3-part series!

Session 3: Tuesday, October 29
Data Governance Program Maintenance & Strategies

We hope to see you then!

Please fill out our survey!

Please share your feedback using the survey link in the chat, the QR code, or the link in the follow up email!

Completing the survey helps us to provide relevant and helpful information. Thank you in advance!

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