Using Incentive Programs to Springboard QI Efforts

To Do:

- Review the history of how NC AHEC has used incentive programs to build out improvement initiatives
- Discuss current incentive programs and how they can spur QI efforts
- Discuss future alignment with incentives

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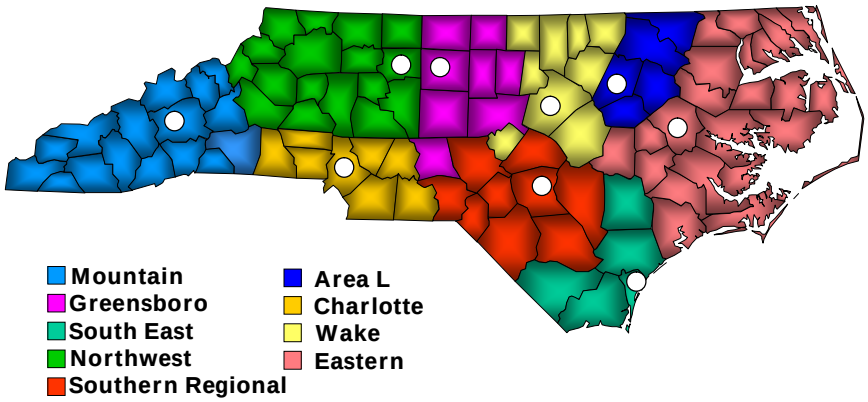
NC AHEC Statewide Map



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NC AHEC's Core Services

- 1. Community-Based Student Training.
  - Each year over 10,000 student months of student training
- 2. Primary Care Residency Programs.
  - Over 2,000 physicians in NC graduated from an AHEC residency program.
- 3. Continuing Education.
  - Served nearly 200,000 health professionals in 2009
- 4. Library Services.
  - Last year over 7,000 individual health professionals used the AHEC Digital Library
- 5. Health Careers and Workforce Diversity.
  - Over 35,000 young people were served by health careers programs in 2009

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North Carolina's Improving Performance in Practice

Mission:

To provide primary care practices with the systems and support to provide high quality care to improve patient health.

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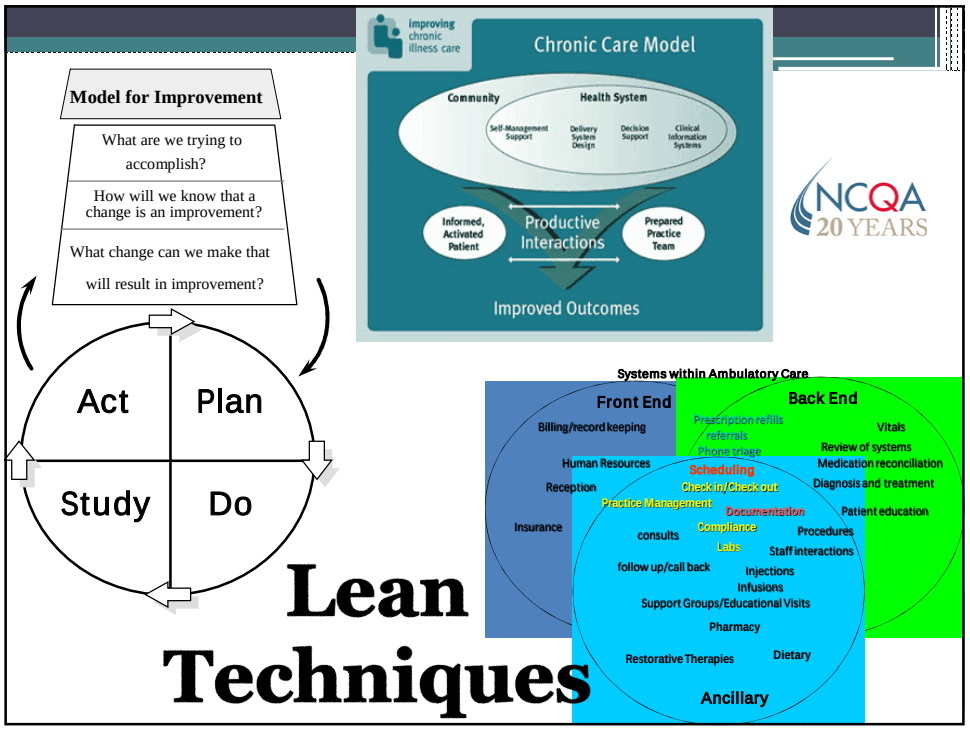
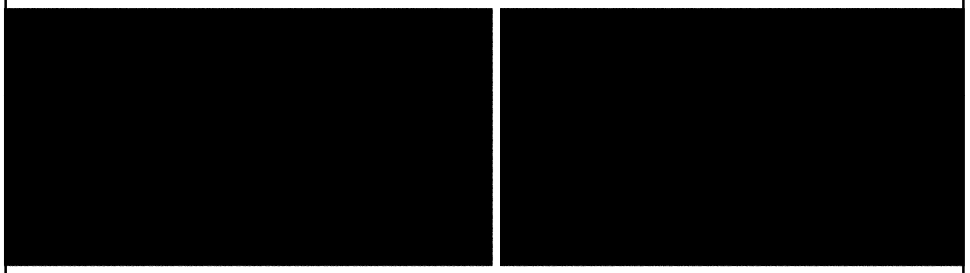
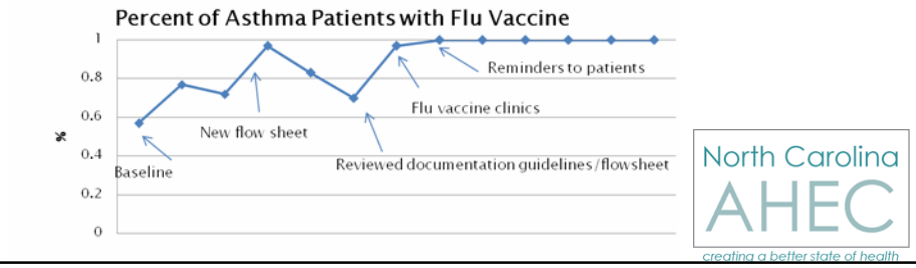
The Change Package

- **Step One:** Implement technology to manage a total patient population
- **Step Two:** Implement templates to guide care during visits
- **Step Three:** Implement protocols and team based care with standing orders
- **Step Four:** Implement sustainable self management support for patient population



Examples of Practice Results





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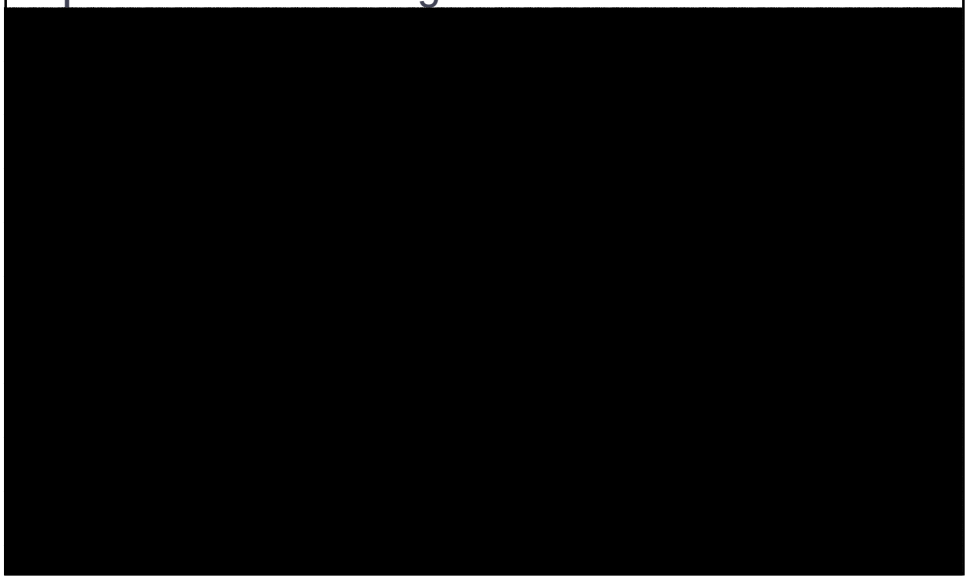
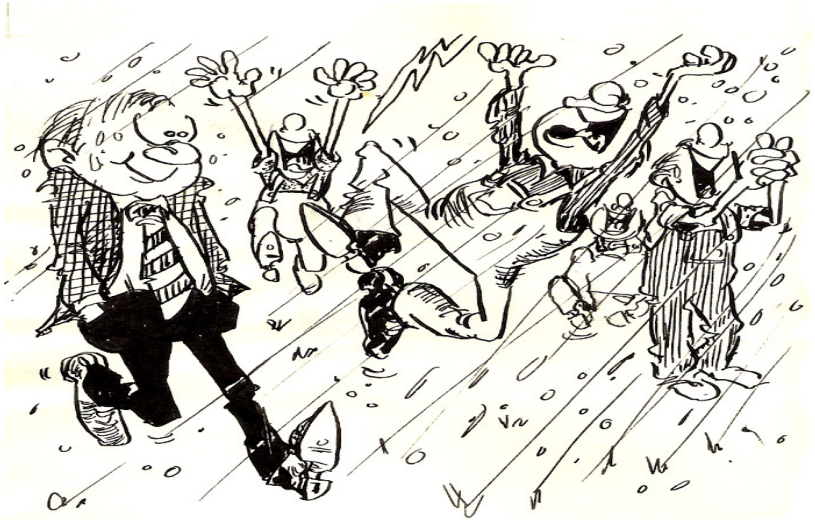
Baseline (blue) to 12 months (red) practices working on Diabetes



Challenges of QI in Primary Care

- 2009: Nine QI consultants and 183 practices
- Practices are overworked and don't have time to do redundant systems to collect data to evaluate care.
- EHRs are good for documentation and improving some efficiencies, but were not built to produce data on clinical care.
- QI Consultants were spending an enormous amount of time trying to help practice get data out of EHR systems.
- Obtaining the data becomes the focus of the QI process instead of improving office systems.

HITECH ACT



Meaningful Use in a Nutshell

- Successful Meaningful Use in Stage One:
  - Qualify for Incentive program under Medicare or Medicaid
  - Use of an ARRA Certified EHR system
  - Attesting to the successful completion and use of 15 Core Elements
  - Attesting to the successful completion and use of 5 of the 10 Additional Items
  - Report on clinical quality measures

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MAXIMUM TOTAL AMOUNT OF EHR INCENTIVE PAYMENTS FOR A MEDICARE EP WHO DOES NOT PREDOMINANTLY FURNISH SERVICES IN A HPSA

Calendar year	First CY in which the EP receives an incentive payment				
	2011	2012	2013	2014	2015 and Subsequent Years
2011	$18,000				
2012	$12,000	$18,000			
2013	$8,000	$12,000	$15,000		
2014	$4,000	$8,000	$12,000	$12,000	
2015	$2,000	$4,000	$8,000	$8,000	$0
2016		$2,000	$4,000	$4,000	$0
Total	$44,000	$44,000	$39,000	$24,000	$0

PAYMENT SCENARIOS FOR MEDICAID EPs WHO BEGIN ADOPTION IN THE FIRST YEAR

Calendar year	Medicaid EPs who begin adoption in					
	2011	2012	2013	2014	2015	2016
2011	$21,250					
2012	$8,500	$21,250				
2013	$8,500	$8,500	$21,250			
2014	$8,500	$8,500	$8,500	$21,250		
2015	$8,500	$8,500	$8,500	$8,500	$21,250	
2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
2017		$8,500	$8,500	$8,500	$8,500	$8,500
2018			$8,500	$8,500	$8,500	$8,500
2019				$8,500	$8,500	$8,500
2020					$8,500	$8,500
2021						$8,500
Total	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

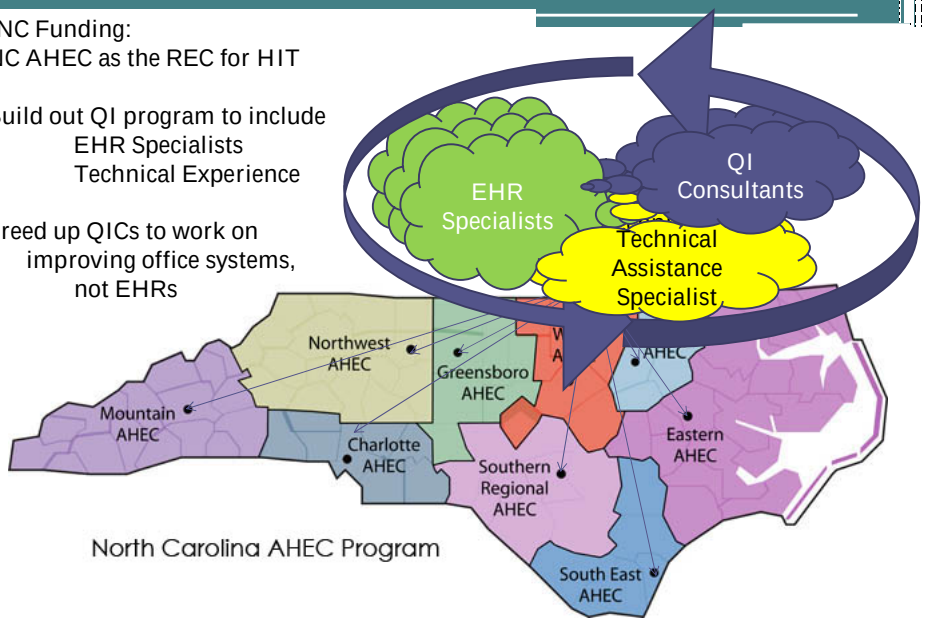
NC AHEC as Regional Extension Center for HIT

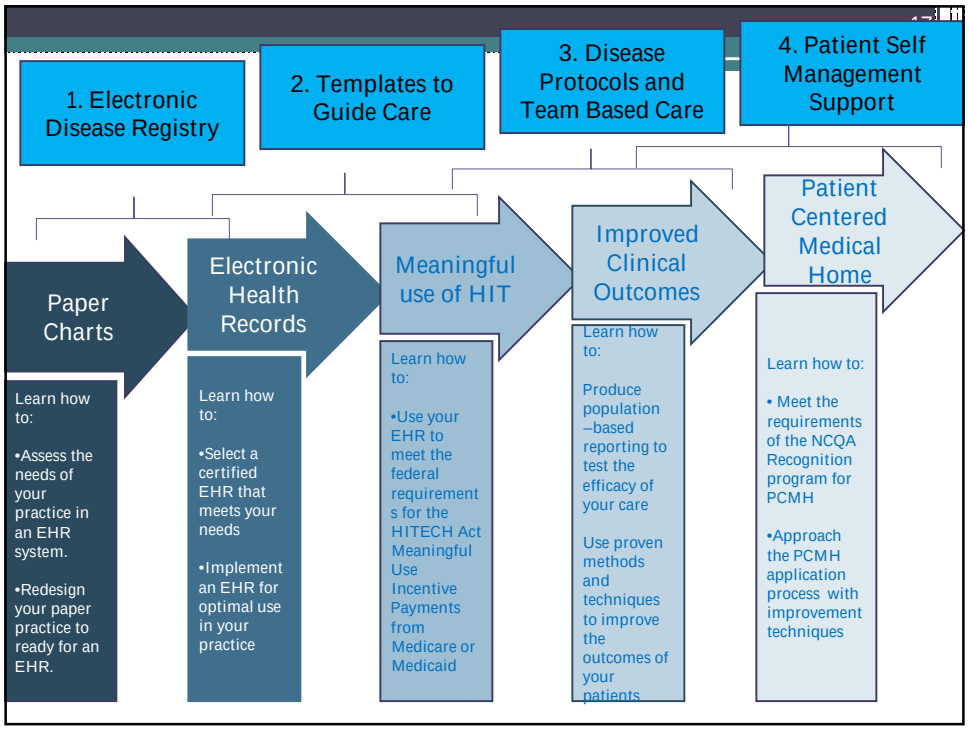
- ONC awarded NC AHEC $13.6 million
- Help 3500 priority primary care practices achieve meaningful use over a 4 year period
- Started in early 2010
- ~ Only pays for work in Meaningful use, not in improving clinical outcomes….

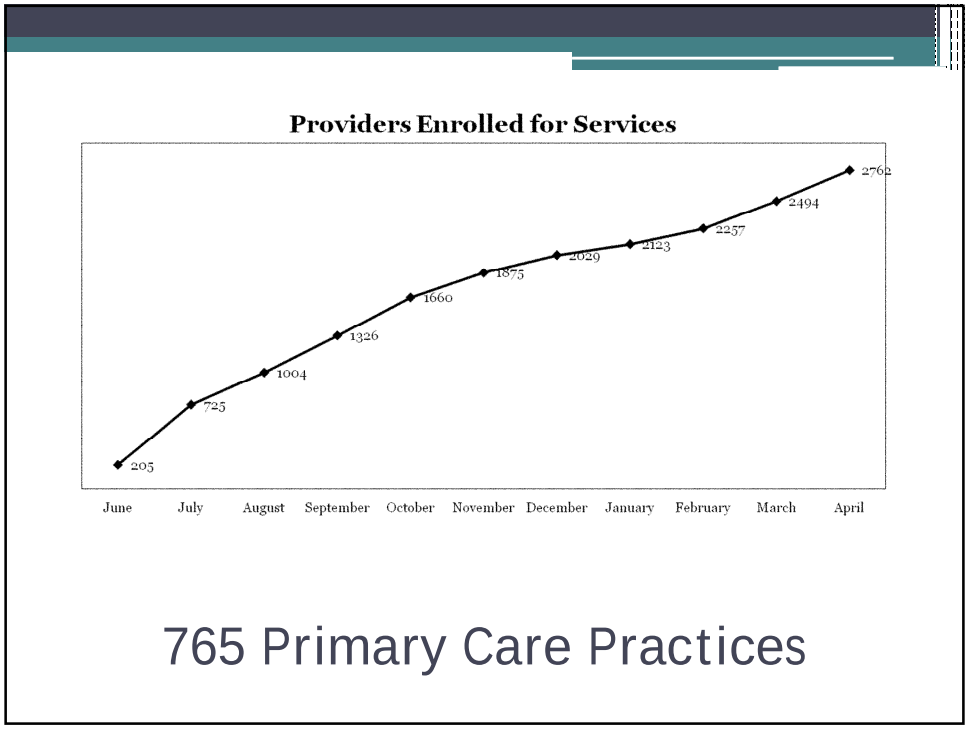
ONC Funding:
•NC AHEC as the REC for HIT

•Build out QI program to include
EHR Specialists
Technical Experience

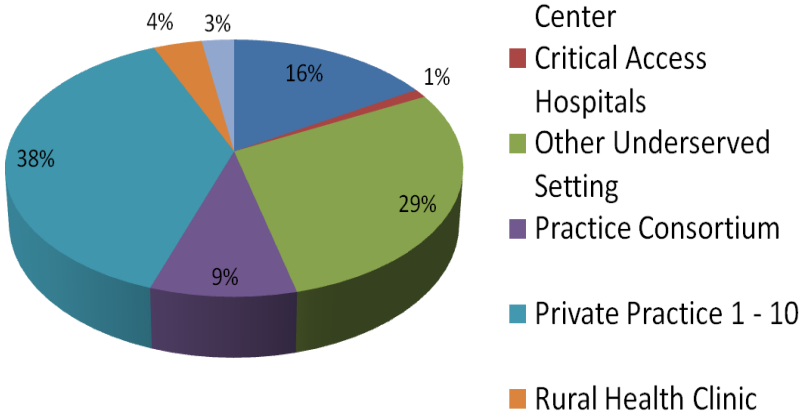
•Freed up QICs to work on improving office systems, not EHRs



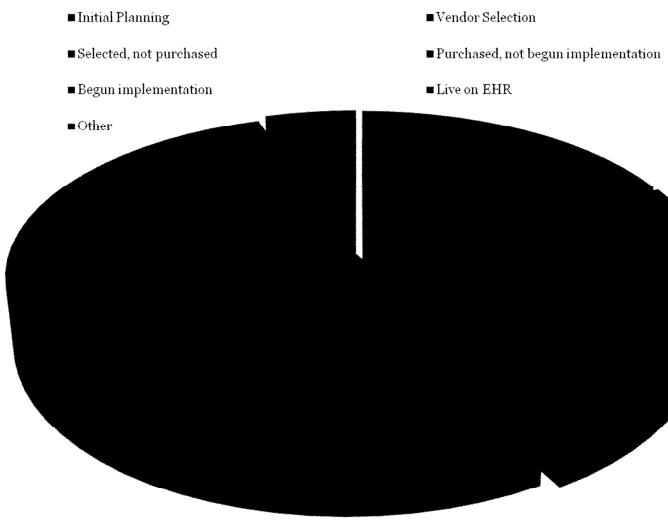

1. Electronic Disease Registry
2. Templates to Guide Care
3. Disease Protocols and Team Based Care
4. Patient Self Management Support
Paper Charts
Electronic Health Records
Meaningful use of HIT
Improved Clinical Outcomes
Patient Centered Medical Home
Learn how to:
•Assess the needs of your practice in an EHR system.
•Redesign your paper practice to ready for an EHR.
Learn how to:
•Select a certified EHR that meets your needs
•Implement an EHR for optimal use in your practice
Learn how to:
•Use your EHR to meet the federal requirements for the HITECH Act Meaningful Use Incentive Payments from Medicare or Medicaid
Learn how to:
Produce population –based reporting to test the efficacy of your care
Use proven methods and techniques to improve the outcomes of your patients
Learn how to:
• Meet the requirements of the NCQA Recognition program for PCMH
•Approach the PCMH application process with improvement techniques


Providers Enrolled for Services
205
725
1004
1326
1660
1875
2029
2123
2257
2494
2762
June
July
August
September
October
November
December
January
February
March
April
765 Primary Care Practices

Practices by Type



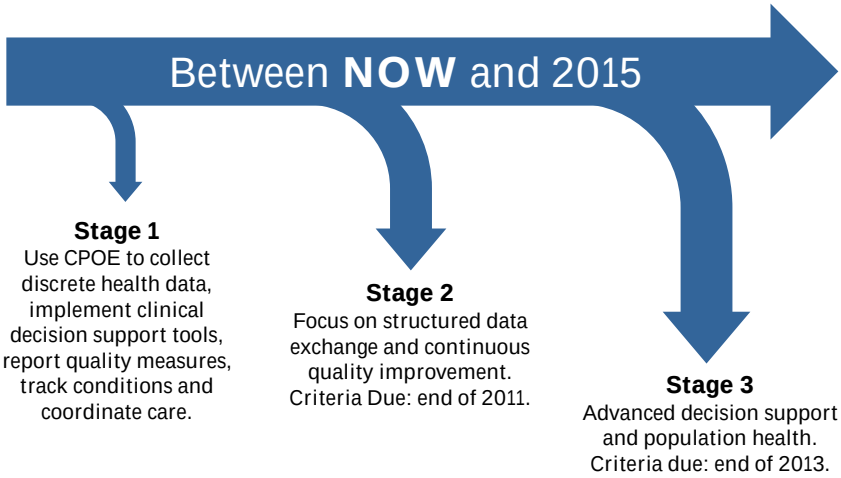
Practice Status at Time of Application

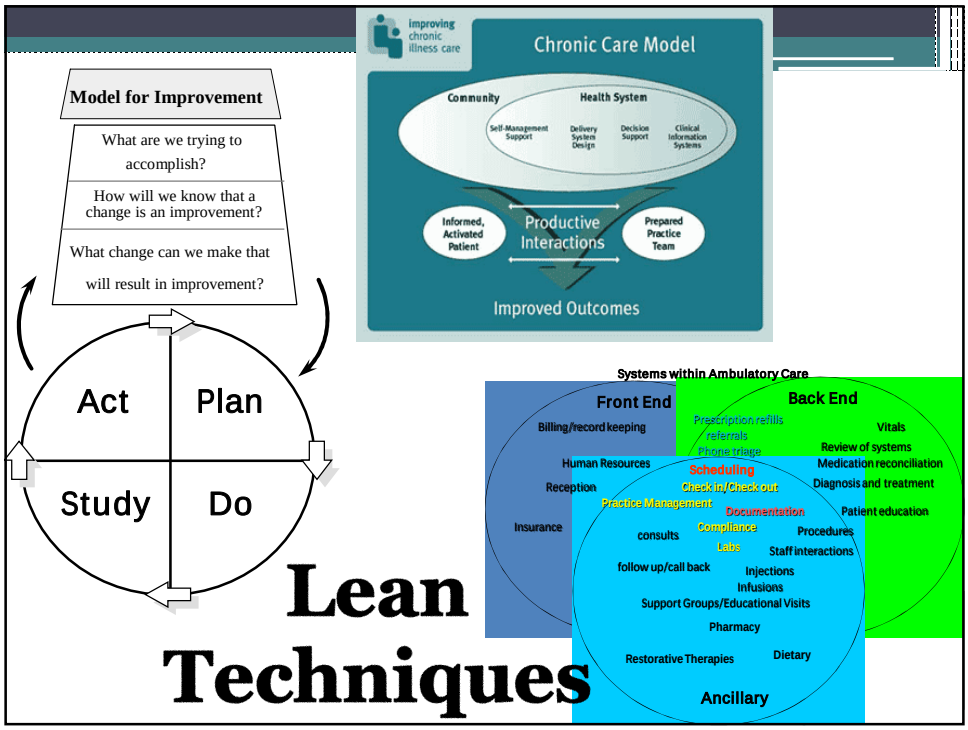


Challenges:

- Keeping the focus on improving care when the buzz is all about EHRs
- Losing autonomy in EHR capability
- Practices who were doing great having to upgrade... backwards
- Being patient ... “Are they ready yet?”

Meaningful Use: A Phased Approach





Patient Centered Medical Homes

Multiple Incentive Programs build on PCMH

- Blue Quality from BCBS of NC
- Multi-payer demonstration project
  - Ashe, Avery, Bladen, Columbus, Transylvania and Watauga counties
- Internal incentives/pressure from large integrated healthcare systems
- Residency programs
- And more to come…

National Committee on Quality Assurance's (NCQA) definition:

- The Patient Centered Medical Home is a health care setting that facilitates **partnerships between** individual **patients**, and their personal **physicians**, and when appropriate, the patient's family. Care is facilitated by **registries, information technology, health information exchange** and other means to assure that patients get the indicated **care when and where they need and want it in a culturally and linguistically appropriate** manner.

NCQA PCMH Content and Scoring

Standard 1: Access and Communication	Pts
A. Has written standards for patient access and patient communication**	4
B. Uses data to show it meets its standards for patient access and communication**	5
	9

Standard 2: Patient Tracking and Registry Functions	Pts
A. Uses data system for basic patient information (mostly non-clinical data)	2
B. Has clinical data system with clinical data in searchable data fields	3
C. Uses the clinical data system	3
D. Uses paper or electronic-based charting tools to organize clinical information**	6
E. Uses data to identify important diagnoses and conditions in practice**	4
F. Generates lists of patients and reminds patients and clinicians of services needed (population management)	3
	21

Standard 3: Care Management	Pts
A. Adopts and implements evidence-based guidelines for three conditions **	3
B. Generates reminders about preventive services for clinicians	4
C. Uses non-physician staff to manage patient care	3
D. Conducts care management, including care plans, assessing progress, addressing barriers	5
E. Coordinates care/ /follow-up for patients who receive care in inpatient and outpatient facilities	5
	20

Standard 4: Patient Self-Management Support	Pts
A. Assesses language preference and other communication barriers	2
B. Actively supports patient self-management**	4
	6

Standard 5: Electronic Prescribing	Pts
A. Uses electronic system to write prescriptions	3
B. Has electronic prescription writer with safety checks	3
C. Has electronic prescription writer with cost checks	2
	8

Standard 6: Test Tracking	Pts
A. Tracks tests and identifies abnormal results systematically**	7
B. Uses electronic systems to order and retrieve tests and flag duplicate tests	6
	13

Standard 7: Referral Tracking	PT
A. Tracks referrals using paper-based or electronic system**	4
	4

Standard 8: Performance Reporting and Improvement	Pts
A. Measures clinical and/or service performance by physician or across the practice**	3
B. Survey of patients' care experience	3
C. Reports performance across the practice or by physician **	3
D. Sets goals and takes action to improve performance	3
E. Produces reports using standardized measures	2
F. Transmits reports with standardized measures electronically to external entities	1
	15

Standard 9: Advanced Electronic Communications	Pts
A. Availability of Interactive Website	1
B. Electronic Patient Identification	2
C. Electronic Care Management Support	1
	4

**Must Pass Elements

NCQA Statement on new standards

Improving Quality of Care by Organizing Care Around Patients

Although the earlier PCMH program addressed many of these issues, PCMH 2011 strengthens and adds to existing elements.

Robust patient centeredness is an important program goal:

- There is a stronger focus on integrating behavioral healthcare and care management
- Patient survey results help drive quality improvement
- Patients and their families are involved in quality improvement.

PCMH 2011 Basics

- There are **six standards**,
  - including **6 must pass elements**,
- Score of these elements results in one of three levels of recognition
- Requires completion of a web-based data collection tool and supporting documentation

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PCMH 2011 Basics

- There are **six standards** with **27 elements**
  - including **6 must pass elements**

1. Enhance access and continuity
   - Access during office hours
2. Identify and manage patient populations
   - Use data for population management
3. Plan and manage care
   - Care management
4. Provide self care and community support
   - Support self care process
5. Track and coordinate care
   - Track referrals and follow up
6. Measure and improve performance
   - Implement continuous quality improvement

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Three Levels of PCMH

Scoring Summary

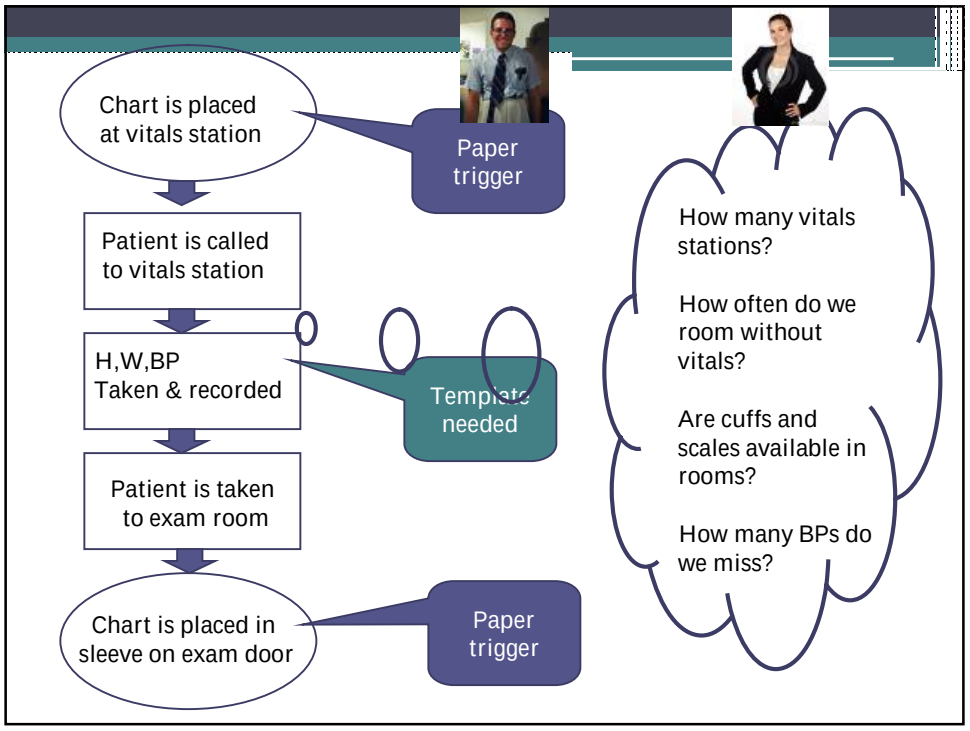
Recognition Levels	Required Points	Must-Pass Elements
Level 1	35–59 points	• 6 of 6 elements are required for each level • Score for each Must Pass element must be ≥ 50%
Level 2	60–84 points	
Level 3	85– 100 points	

Challenges:

- Keeping the focus on improving care
- The practice needs to decide which incentive programs are best for them
- Developing a culture to improve and not just check boxes for incentives

Dr. Fisk, may I be excused? My brain is full.

But how do we make it all work together?.....



Stars are aligning….

- Meaningful use and PCMH
  - 12 of the 27 elements of PCMH are met with Meaningful use
- Meaningful use and PQRS (formerly PQRI)
  - The broad sweep is aligned… now for the details
- Affordable Care Act?
  - Physician Compare Reporting…
- Accountable Care Organizations
  - Broad focus on quality

Bring it Home Ann…

- Work to align incentive programs to boost improvement efforts.
- Help healthcare professionals and organizations to move to a transformational culture instead of a project or incentive based culture
- Help them to work on improvements that they need as they look for incentives that are available to them.

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