Implementing ACO-level eCQM Reporting

Lessons from Northwestern Medicine

Presented by:

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- *1 AMC located in downtown Chicago*
- *2 multi-specialty employed group practices (~2800 employed physicians)*
- *11 hospitals*

Northwestern Medicine ACO

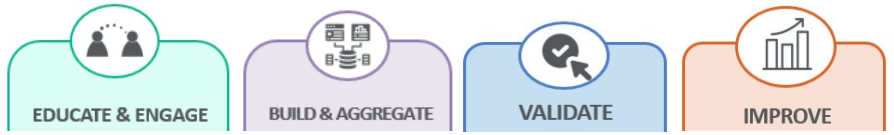
- ~82,000 assigned beneficiaries
- 45 practices
- 16 EMRs

Northwestern Medicine ACO eCQM Reporting Strategy

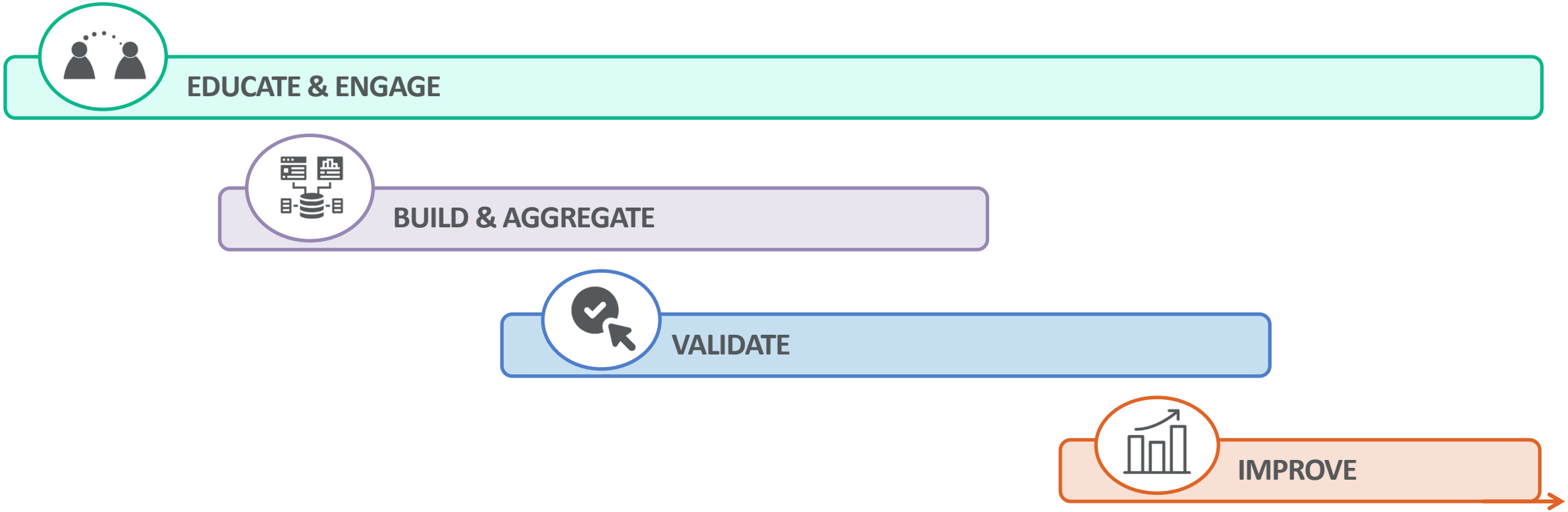
Report independently: Aggregate data from all TINs and produce QRDA III through our EMR vendor

Considerations	Pros	Cons
- ACO makeup - TIN volume - Internal expertise - Internal resources - Independent practice engagement level	✓ In depth understanding of reporting requirement ✓ Consistent communication to independent practices ✓ Leverage existing infrastructures ✓ Strengthen partnership with our EMR vendor ✓ Eliminate additional reporting costs	× Manual process × Manual process × Manual process…for now

eCQM Project Work Plan



2020		2021				2022				2023				2024	
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2



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Engaging Practices on Disparate EMRs

EDUCATE & ENGAGE

Educate

Set expectations

Update Participation Agreements as needed

Provide at-the-elbow support

Engage with external EMR vendors

Enforce expectations

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EDUCATE & ENGAGE

Engaging Practices on Disparate EMRs

Common challenges encountered with independent practices

Challenge

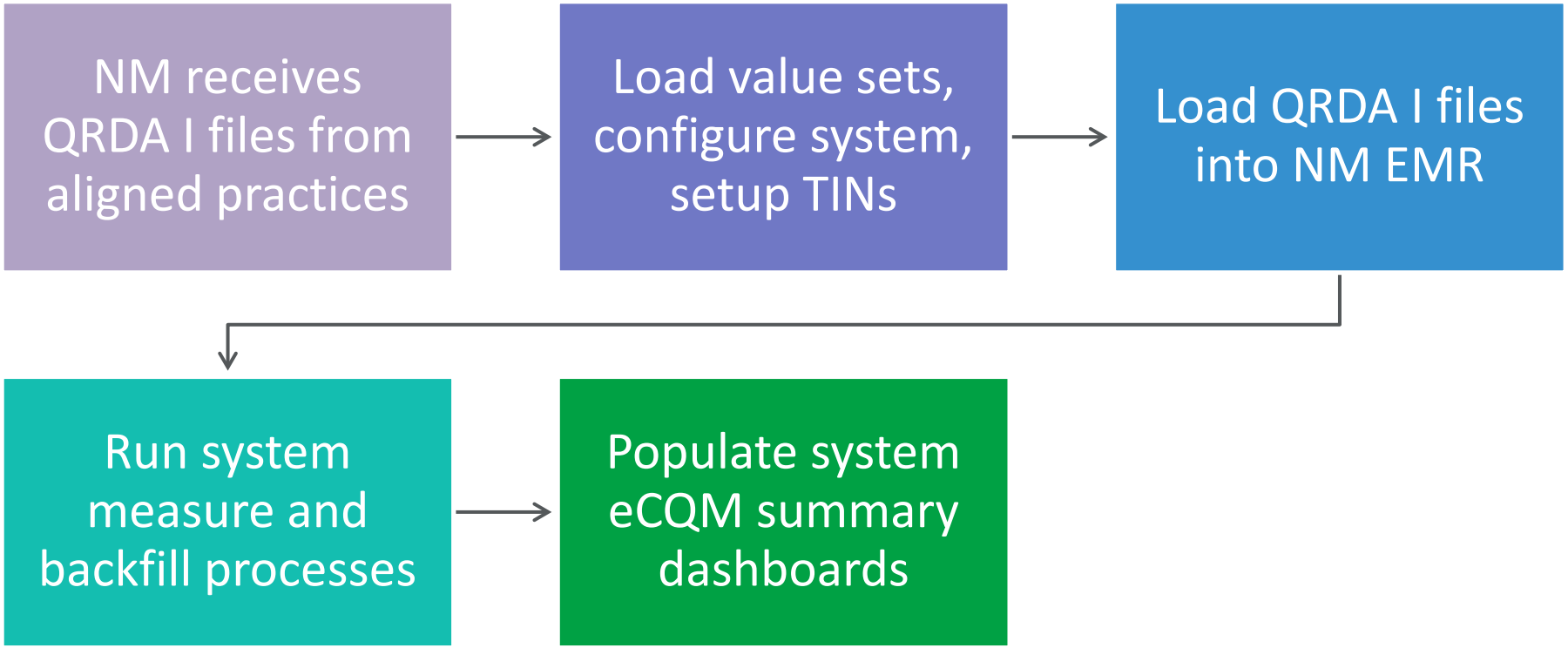
- ✕ Inconsistent engagement and support from EMR vendors
- ✕ Limited practice resources to work with EMR vendors to troubleshoot issues
- ✕ Limited understanding on EMR functionality related to producing QRDA I files
- ✕ Gaps in EMR build to accommodate QRDA discrete data
- ✕ Inconsistent practice engagement throughout QRDA I file performance validation

Solutions

- ✓ Establish contacts within each EMR vendor
- ✓ Engage with EMR vendors/troubleshoot on behalf of the practices
- ✓ Identify existing EMR resources to assist practices in generating QRDA I files
  - If no resource exists, create one
- ✓ Aggregate available eCQM measure technical specifications across vendors
  - If no resource exists, create one based on QRDA I file validation
- ✓ Establish remote EMR access to complete necessary validation

Build and Aggregate

BUILD & AGGREGATE

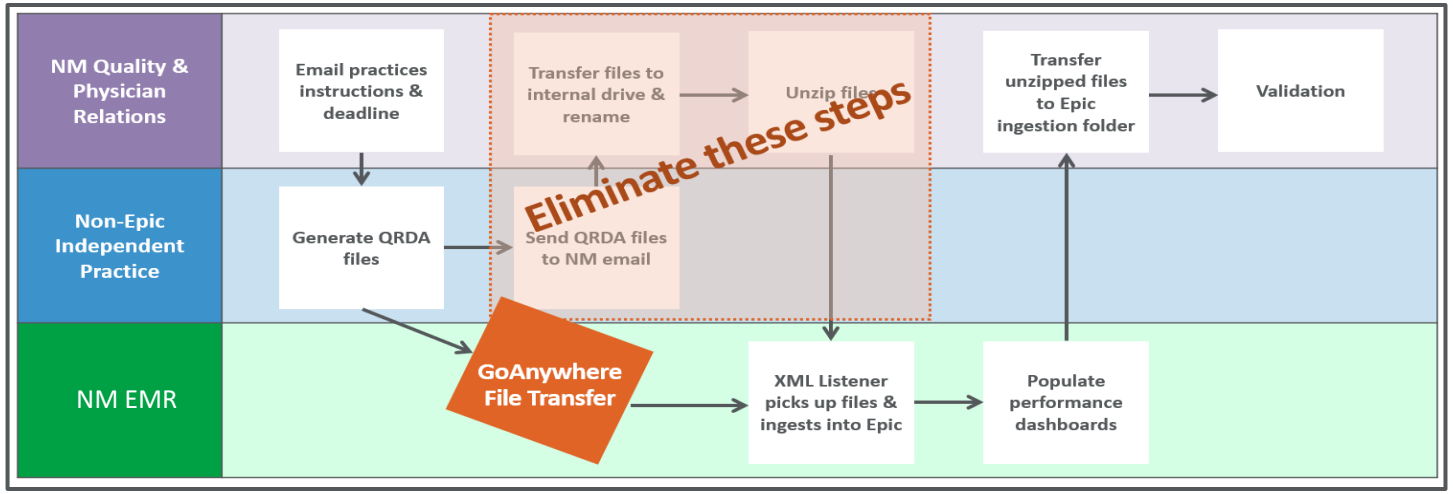


Receipt of QRDA I Files

BUILD & AGGREGATE

NM receives QRDA I files from aligned practices → Load value sets, configure system, setup TINs → Load QRDA I files into NM EMR

Optimized collection methods to standardize QRDA ingestion process



93% of practices produced QRDA files.

- Limitations in obtaining files as a result of the EMR vendor

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QRDA I File Load & Ingestion

Run system measure and backfill processes → Populate system eCQM summary dashboards

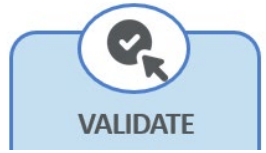
84% of files were successfully ingested and produced data within our EMR

- Several files had missing TIN information which is required by Epic for ingestion
- Collaborating with practices and EMR vendors on file format updates required for successful ingestion.

Patient Matching & Deduplication

- Engage Compliance and HIM input in designing patient matching process
- QRDA demographics: Expecting 100% complete/accurate patient matching across disparate EMRs is unrealistic
- NM to test EMR vendor **ACO-level deduplication solution**

Validate



Types of Validation

- ✓ **Receipt:** Confirm receipt QRDA I files for all measures from all practices
  - Utilize QRDA I style sheet for more readable XML format
- ✓ **Ingestion:** Validate successful incorporation of QRDA I files into NM EMR and confirm that data is viewable at patient/encounter-level
  - eCQM measure drill down/tracer report to identify data source
- ✓ **De-duplication:** Confirm accurate de-duplication
  - Leverage Epic ACO-level deduplication solution
- ✓ **Outcome Accuracy:**
  - High-level: Compare eCQM score with data warehouse measure score
  - Measure-level: Confirm that “fails” and “passes” are correctly flagged

Receipt Validation

VALIDATE

Types of Validation

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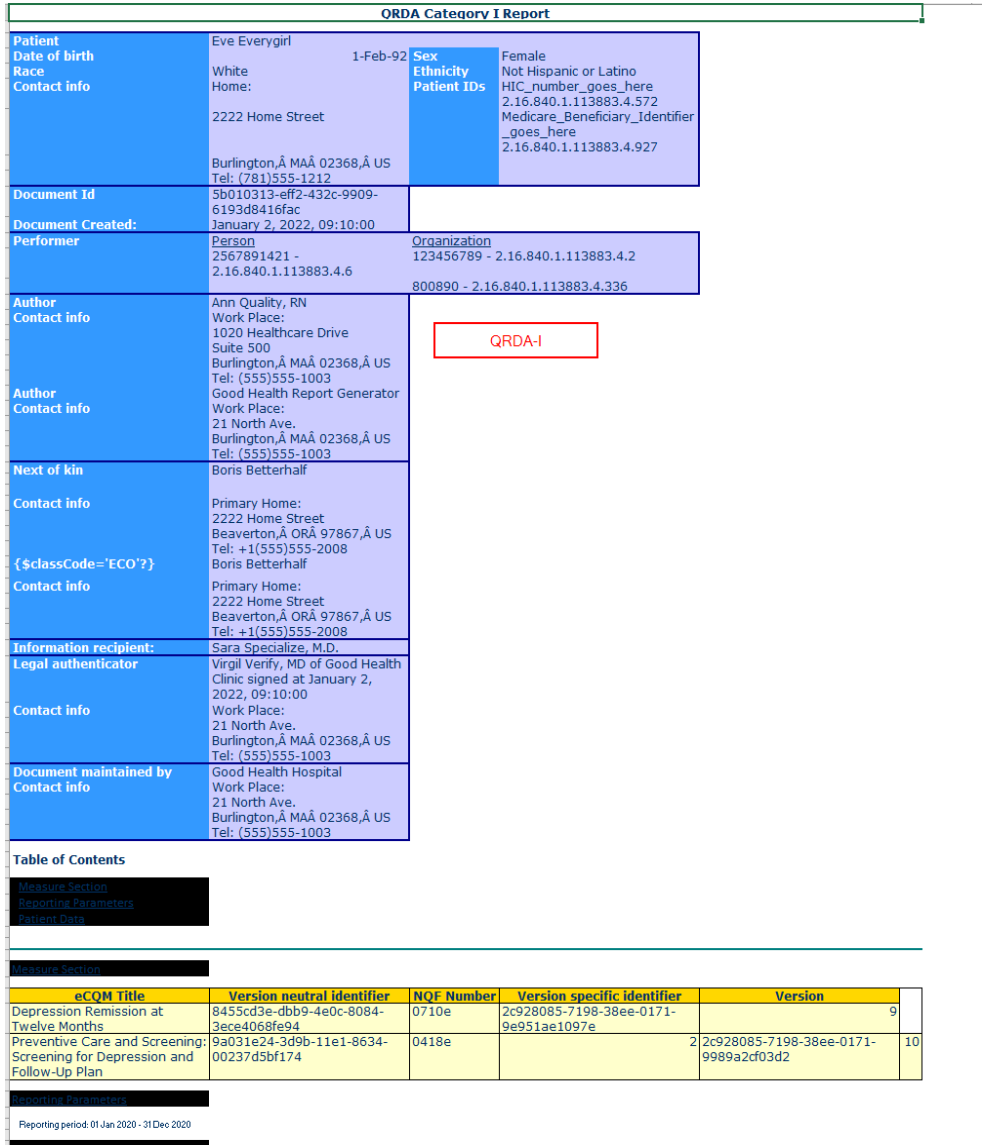
  - Utilize QRDA I style sheet for more readable XML format



QRDA Category I Report

Patient	Eve Everygirl		
Date of birth	1-Feb-92	**Sex**	Female
Race	White	**Ethnicity**	Not Hispanic or Latino
Contact info	Home: 2222 Home Street Burlington,Â MAÂ 02368,Â US Tel: (781)555-1212	**Patient IDs**	HIC_number_goes_here 2.16.840.1.113883.4.572 Medicare_Beneficiary_Identifier_goes_here 2.16.840.1.113883.4.927
Document Id	5b010313-eff2-432c-9909-6193d8416fac		
Document Created:	January 2, 2022, 09:10:00		
Performer	Person 2567891421 - 2.16.840.1.113883.4.6	Organization 123456789 - 2.16.840.1.113883.4.2 800890 - 2.16.840.1.113883.4.336	
Author **Contact info**	Ann Quality, RN Work Place: 1020 Healthcare Drive Suite 500 Burlington,Â MAÂ 02368,Â US Tel: (555)555-1003	QRDA-I	
Author **Contact info**	Good Health Report Generator Work Place: 21 North Ave. Burlington,Â MAÂ 02368,Â US Tel: (555)555-1003		
Next of kin	Boris Betterhalf		
Contact info	Primary Home: 2222 Home Street Beaverton,Â ORÂ 97867,Â US Tel: +1(555)555-2008		
{$classCode='ECO'?}	Boris Betterhalf		
Contact info	Primary Home: 2222 Home Street Beaverton,Â ORÂ 97867,Â US Tel: +1(555)555-2008		
Information recipient:	Sara Specialize, M.D.		
Legal authenticator	Virgil Verify, MD of Good Health Clinic signed at January 2, 2022, 09:10:00		
Contact info	Work Place: 21 North Ave. Burlington,Â MAÂ 02368,Â US Tel: (555)555-1003		
Document maintained by	Good Health Hospital		
Contact info	Work Place: 21 North Ave. Burlington,Â MAÂ 02368,Â US Tel: (555)555-1003		

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Reporting Parameters
Patient Data

Measure Section

eCQM Title	Version neutral identifier	NQF Number	Version specific identifier	Version
Depression Remission at Twelve Months	8455cd3e-dbb9-4e0c-8084-3ece4068fe94	0710e	2c928085-7198-38ee-0171-9e951ae1097e	9
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	9a031e24-3d9b-11e1-8634-00237d5bf174	0418e	2c928085-7198-38ee-0171-9989a2cf03d2	2 10

Reporting Parameters

Reporting period: 01 Jan 2020 - 31 Dec 2020

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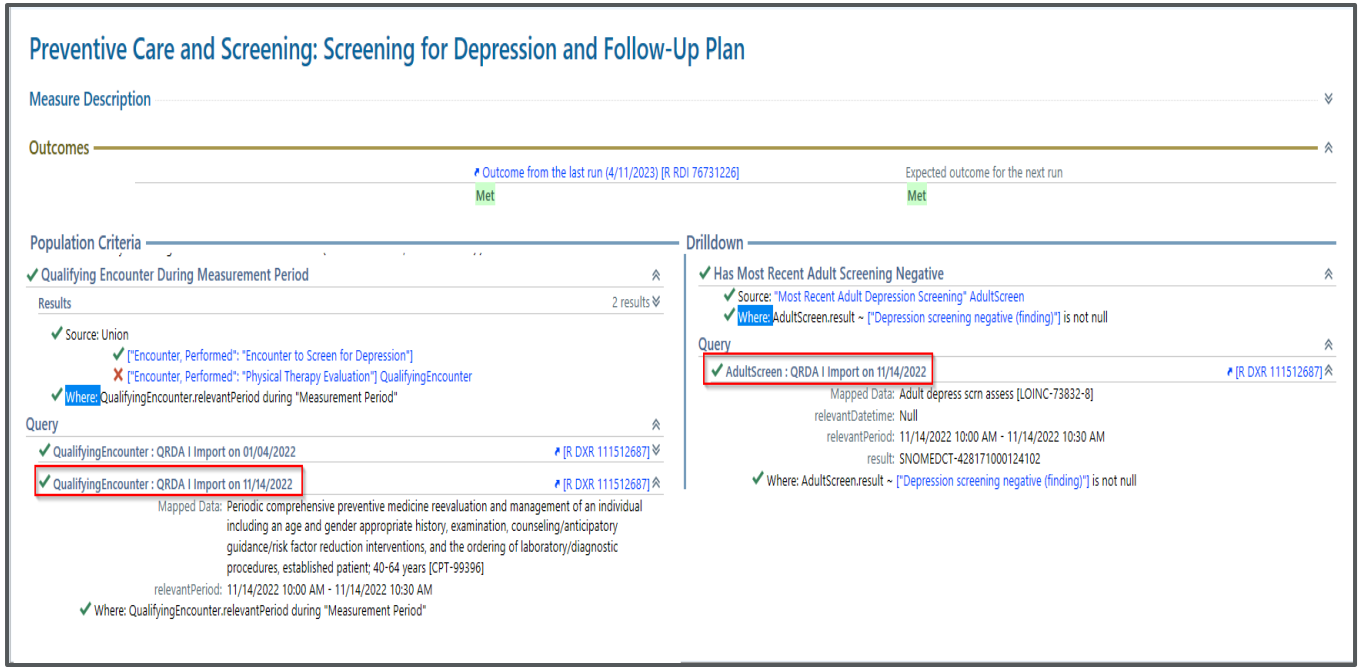
Ingestion Validation

VALIDATE

Types of Validation

- ✓ **Ingestion:** Validate successful incorporation of QRDA I files into NM EMR and confirm that data is viewable at patient/encounter-level
    - eCQM measure drill down/tracer report to identify data source



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Outcome Validation

VALIDATE

Types of Validation

✓ **Outcome Accuracy:**

- High-level: Compare eCQM score with data warehouse measure score
- Measure-level: Confirm that “fails” and “passes” are correctly flagged using external EMR

Patient Name	Outcome	MRN	Qualifying Encounter?	QE Date	Comments	QRDA Validated
	Not Met		Y	11/3/2022	Yes QRDA External EMR: 11/3/22 BP 135/79 11/16/22 122/84	Y
	Met		Y	9/19/2022	Yes QRDA External EMR: telehealth visit on 9/19/22. BP 140/77 last bp 11/15/22 132/84	Y

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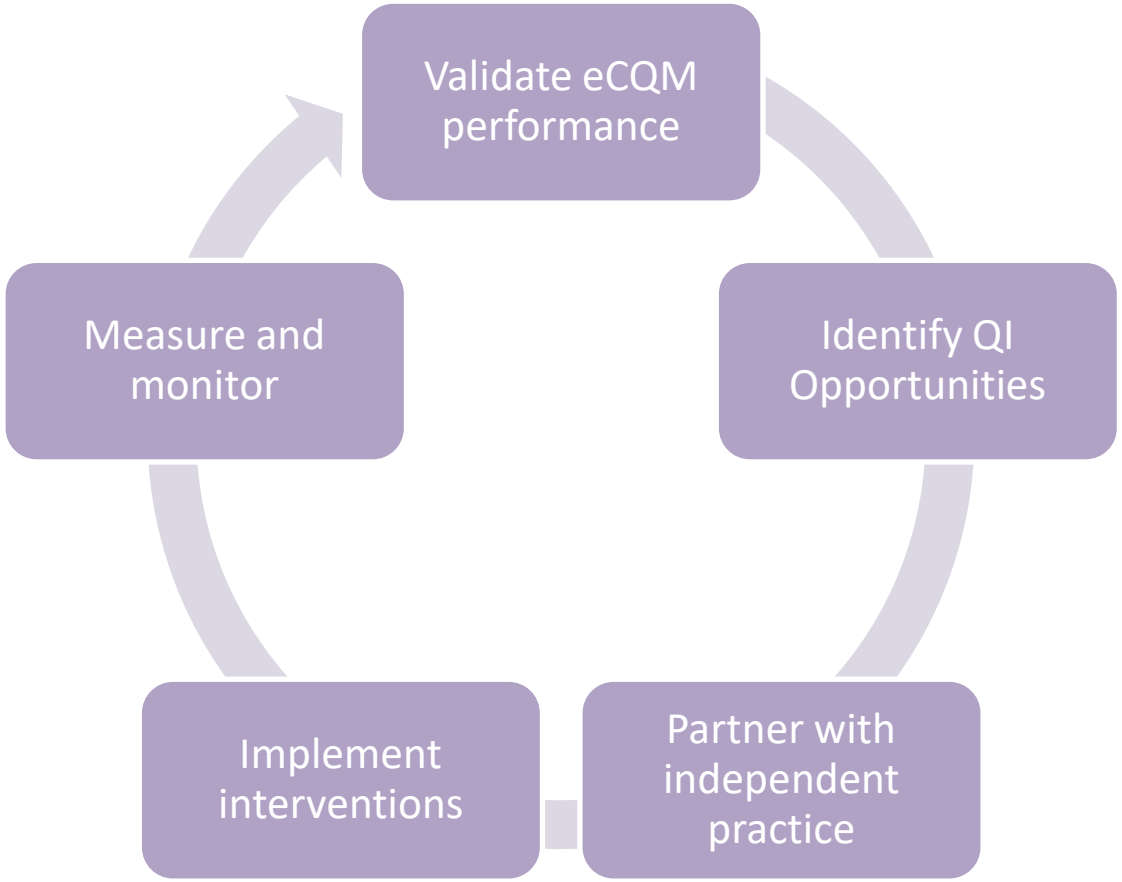
Improve



- Implement a quarterly QRDA I file submission for improved performance monitoring
- Leverage all payer data to better partner with aligned independent practices on quality improvement opportunities
- Leverage understanding of EMR functionality to build additional internal quality reports to assist in QI implementation.

Recommendations & Lessons Learned to Date

1) Start now—whatever timeline you think you can deliver on, add a year.

2) Independent reporting **IS** possible, but it will require significant internal resources and expertise

3) Strong relationships with your aligned independent practices is key

4) Don’t be afraid to push back on EMR vendors to get the information you need

Thank You

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