



Welcome to the AHRQ Medicaid and CHIP TA Web-Based Workshop

EHR Data to Measure Medicaid Quality: Opportunities for the Initial Core Set of QMs for Medicaid-Eligible Adults

Monday, March 5th, 12:30–3:30 ET

- Please note all participants were placed on mute as they joined the Web-based workshop.
- If you wish to be unmuted, choose the “raise hand” option to notify the host.
- If you have a question during the presentation, please send your question to **all panelists** through the chat. At the end of the presentations, there will be a question and answer period.
- We will post the workshop presentation slides to the project Web site: <http://healthit.ahrq.gov/Medicaid-SCHIP>



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EHR Data to Measure Medicaid Quality: Opportunities for the Initial Core Set of QMs for Medicaid-Eligible Adults

Presented by:

- **Judy Zerzan, MD, MPH**—Chief Medical Officer/Deputy Medicaid Director
Colorado Department of Health Care Policy and Financing
- **Karen LLanos**, Centers for Medicare & Medicaid Services
- **Foster Gesten, MD**—Medical Director, Office of Health Insurance Programs,
New York State
- **Matt McGeorge**, OMAP HIT Coordinator (Pennsylvania Medicaid)

Facilitated by:

- **Judy Zerzan, MD, MPH**—Chief Medical Officer/Deputy Medicaid Director
Colorado Department of Health Care Policy and Financing

Agenda

- Purpose of workshop and introduction of workshop participants
Judy Zerzan, MD, MPH—Chief Medical Officer/Deputy Medicaid Director, Colorado Department of Health Care Policy and Financing
- Goals for the initial core set of health care quality measures for Medicaid-eligible adults
Karen LLanos, Centers for Medicare & Medicaid Services
- Overlap between initial core set of adult measures and clinical quality measures (CQMs) possible for reporting by eligible professionals in Medicaid EHR incentive program—considerations and opportunities
Foster Gesten, MD—Medical Director, Office of Health Insurance Programs, New York State

Agenda, continued

- Discussion of participants' worksheet #1
Foster Gesten and Judy Zerzan
- Break
- Medicaid models for collecting provider reports of Meaningful Use CQMs.
Matt McGeorge, OMAP HIT Coordinator (Pennsylvania Medicaid)
- Discussion of participants' worksheet #2
Matt McGeorge and Judy Zerzan
- Wrap-up and conclusions
Judy Zerzan



Core Adult Measures and MU: Considerations and Opportunities

Presented by:

Foster Gesten, MD, FACP

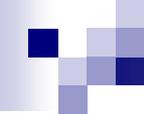
Medical Director

Office of Health Insurance Programs

New York State Department of Health

Core Adult Measures for Medicaid

- HHS directed by ACA to recommend initial “core” adults in Medicaid
 - Subcommittee of National Advisory Council (SNAC) formed at AHRQ
 - Similar process to CHIPRA “core” measure development
 - Multi-stakeholder process with public input
 - State Medicaid programs represented



The Challenge

- Comprehensive, yet parsimonious
 - Started with over 1,000 measures!
 - Ended with 26!
- Aspirational, yet practical
 - Need to measure what is important
- “Align” with other initiatives, including MU
 - Measures must be “in use”

More “Filters” ...

- Preventive, Acute, Chronic
- Structure, Process, Outcome
- National Quality Strategy
- National Quality Forum endorsement
- Measures to be used for “disparities” or focused populations
- Avoid medical record review (paper) in favor of possible EHR “ready” measures



Four Broad Dimensions/Groups

- Adult Health
- Maternal/Reproductive Health
- Complex Health Care Needs
- Mental Health and Substance Abuse

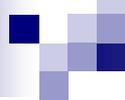


Priorities

- Tested measures reflecting a strong evidence base and relationship to outcomes
- Measures that reflect “important” quality concerns for the populations
 - Prioritized by patient/families
 - Common conditions/epidemiology
 - Existing quality gap
- Feasible to collect with current resources

MU 1 Overlap Measures

- Breast Cancer Screening
- Cervical Cancer Screening
- Medical Assistance with Tobacco and Smoking Cessation
- Chlamydia Screening
- Controlling High Blood Pressure
- Comprehensive Diabetes Care (2)
 - LDL screening and HgbA1C testing
- Antidepressant Medication Management
- Initiation and Engagement of Alcohol and other Drug Dependence Treatment

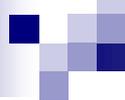


Opportunities: The 2-FER

- EHR-collected measures could be collected, analyzed, and aggregated to State-level performance
- EHR-collected measures could also be used at local, practice, or clinician level
(and all done at reduced cost and burden and higher level of clinical accuracy—compared to claims)

Challenges

- Reflected in your responses but include...
 - Current uptake of EHRs
 - EHR uptake is not equal to ability/willingness/infrastructure for exchange
 - Not all providers reporting same measures
 - Representative sample?
 - Denominator issues
 - What about the patients who do not come in for care?

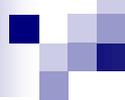


Discussion (1)

- Discussions to date in your agency about voluntarily reporting to CMS quality measures on the Medicaid-eligible adult population
- Do you envision the collection of Stage 1 MU measures from providers directly?
 - Would you include that data in quality measurement results you would send to CMS? Why or why not?

Discussion (2)

- What are your main questions or concerns about how the set of quality measures identified in the initial core set overlap with the Meaningful Use CQMs?
- Does having measures overlap increase the likelihood of being able to report those measures to CMS? Why or why not?

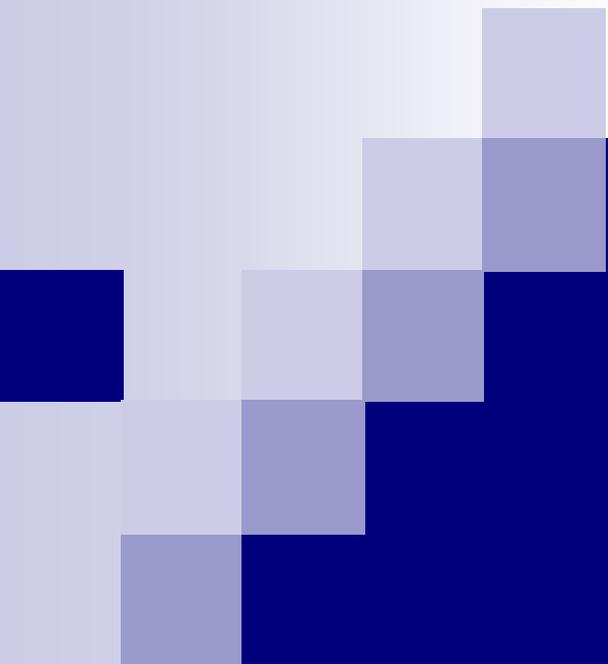


Discussion (3)

- Who are the key decision makers on the issue of voluntarily reporting quality measures in your State?
- What are the reasons for and against voluntarily reporting measures, from your perspective?

Discussion (4)

- What percentage of your total eligible providers do you believe will get Medicaid MU incentives within the next year or two?
 - What percentage of your total providers do you believe have an EHR that could export data to a health exchange or to the State?
- What are the reasons for and against leveraging quality measure data gathered from EHR users who get Medicaid MU incentives for quality measure reporting, from your perspective?



CQM Reporting Model

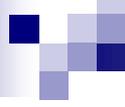
Presented by:

Matt McGeorge—Pennsylvania
Medical Assistance Health
Information Technology Coordinator



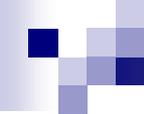
EHR Incentive Program

- Pennsylvania is part of the Medical Assistance Provider Incentive Repository (MAPIR)
- Application developed through collaboration of 13 States
- Vehicle for providers to attest for EHR incentives



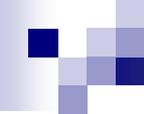
Pennsylvania Program Update

- Through February 20, 2012
 - Over 1,900 eligible professionals (EPs) and over 80 eligible hospitals have received incentives
 - Total amount dispersed—\$102,304,184
- MAPIR will allow for EPs and Medicaid-only hospitals to attest to MU and report on CQMs
- Setting stage for evaluation of quality



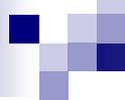
Meaningful Use and CQMs

- Stage 1 MU
 - Providers will attest to numerators and denominators
 - Eligible professionals—3 core/alternate core 3 menu
 - Eligible hospitals—15 measures
 - Pennsylvania will accept attestations for more than the minimum required for the eligible professionals



Meaningful Use and CQMs

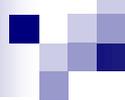
- Stage 2 MU
 - Currently evaluating NPRM for Stage 2 of MU that was posted on February 23, 2012
 - NPRM outlines methodology for electronic reporting of CQMs
 - Alignment with other clinical reporting initiatives



Meaningful Use and CQMs

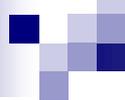
- Stage 2 MU

- Need to determine how CQM will be tied to incentive process
- Align with other quality reporting initiatives
- Determine how health information exchange initiatives will facilitate



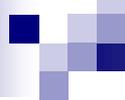
Meaningful Use and CQMs

- EHR incentive program is housed in the Office of Clinical Quality Improvement
- Incentive program becomes more focused on MU; more focus will be on the impact on quality outcomes



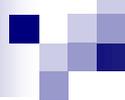
Discussion (1)

- What plans or projects does your State have that aim to gather CQM data from Medicaid EHR incentive payment recipients?
- What are your main questions or concerns about how to gather and/or analyze this CQM data from Medicaid EHR incentive payment recipients?



Discussion (2)

- Who are the key decision makers in designing systems to collect Meaningful Use CQM information from Medicaid providers who receive EHR incentive payments in your State?



Discussion (3)

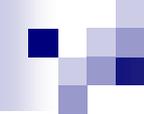
- What are approaches to receiving and analyzing quality measurement data from EHRs that your agency has considered or is currently using?
- What are the challenges that you have identified or envision in analyzing quality measure data reported by providers from their EHRs?

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- Subscribe to the AHRQ Medicaid-CHIP listserv to receive announcements about program updates and upcoming TA Webinars and Workshops.
- Follow the instructions below
 - Send an e-mail message to: listserv@list.ahrq.gov.
 - On the subject line, type Subscribe.
 - In the body of the message type sub Medicaid-SCHIP-HIT and your full name. For example, sub Medicaid-SCHIP-HIT John Doe.
- You will receive a message asking you to confirm your intent to sign up.

Evaluation

- Immediately following the workshop, an evaluation form will appear on your screen.
- We would very much like to get your feedback; your input is extremely important to us and will help to improve future sessions to ensure we provide the best possible assistance to your agency.
- If you do not have time to complete the evaluation immediately following the Webinar or would rather receive the form via e-mail, please contact Diana Smith at dianasmith@rti.org
- As always, thank you!



THANK YOU!

