Beyond Reporting: Designing Data Registries to Support Practice and Improvement

Bob Phillips, American Board of Family Medicine
How QCDRs can…

• Support Performance Improvement Activities
• Transform continuing certification while satisfying reporting requirements
<table>
<thead>
<tr>
<th>ID</th>
<th>Measure</th>
<th>Domain</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIME 12</td>
<td>Pregnant Women that had HBsAg Testing</td>
<td>Effective Clinical Care</td>
<td>(Registry Peer-Average: 44.04%)</td>
</tr>
<tr>
<td>PRIME 35</td>
<td>Appropriate Testing for Children with Phenytoin</td>
<td>Efficiency and Cost Reduction</td>
<td>(Registry Peer-Average: 46.07%)</td>
</tr>
<tr>
<td>PRIME 36</td>
<td>Controlling High Blood Pressure</td>
<td>Effective Clinical Care</td>
<td>(Registry Peer-Average: 7.80%)</td>
</tr>
<tr>
<td>PRIME 37-A</td>
<td>Use of High-Risk Medications in the Elderly</td>
<td>Patient Safety</td>
<td>(Registry Peer-Average: 7.81%)</td>
</tr>
<tr>
<td>PRIME 37-B</td>
<td>Use of High-Risk Medications in the Elderly</td>
<td>Patient Safety</td>
<td>(Registry Peer-Average: 13.60%)</td>
</tr>
</tbody>
</table>

This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.
PRIME Registry – 2017 MIPS Submission
Welcome to the Performance Improvement Activity. This activity will help you make improvements in patient care in a systematic way. Please take a look at the Introduction to help you get started. Then click the Start New Activity button to begin. If you have previously started an activity you may resume the activity by selecting it from the list below. You may review any completed activities by selecting Review next to the completed activity.

<table>
<thead>
<tr>
<th>ACTIVITY NAME</th>
<th>ACTIVITY DESCRIPTION</th>
<th>START DATE</th>
<th>EXPIRATION DATE</th>
<th>STATUS</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custom Measures PI</td>
<td>test</td>
<td>08/08/2017</td>
<td>08/07/2018</td>
<td>In Progress - CCM Category Selection</td>
<td>Resume/Withdraw</td>
</tr>
<tr>
<td>Custom Measures PI</td>
<td>High Blood Pressure activity</td>
<td>06/17/2017</td>
<td>06/16/2018</td>
<td>In Progress - CCM Category Selection</td>
<td>Resume/Withdraw</td>
</tr>
<tr>
<td>Custom Measures PI</td>
<td>pregnant women HBsAg testing</td>
<td>06/10/2017</td>
<td>06/09/2018</td>
<td>In Progress - Action Plan Implementation Period</td>
<td>Resume/Withdraw</td>
</tr>
</tbody>
</table>

Note: screenshot from PRIME data PI Activity
PRIME PI: Measure Selection

From the list below, select a minimum of one measure that best represents a task you would like to address in your practice. To narrow the measures by classification, you may select a category from the groups in the box on the left, then select a subcategory. After you have chosen at least one measure, click Next to proceed.

<table>
<thead>
<tr>
<th>SELECT</th>
<th>MEASURE ID</th>
<th>MEASURE TITLE</th>
<th>MEASURE VERSION</th>
<th>MEASURE PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PRIME 12</td>
<td>Pregnant Women that had H1bAg Testing</td>
<td>V1</td>
<td>(Registry Peer-Average: %)</td>
</tr>
<tr>
<td></td>
<td>PRIME 35</td>
<td>Appropriate Testing for Children with HIV/AIDS</td>
<td>V1</td>
<td>(Registry Peer-Average: %)</td>
</tr>
<tr>
<td></td>
<td>PRIME 56</td>
<td>Controlling High Blood Pressure</td>
<td>V1</td>
<td>(Registry Peer-Average: %)</td>
</tr>
<tr>
<td></td>
<td>PRIME 57-A</td>
<td>Use of High Risk Medications in the Elderly</td>
<td>V1</td>
<td>(Registry Peer-Average: %)</td>
</tr>
<tr>
<td></td>
<td>PRIME 57-B</td>
<td>Use of High Risk Medications in the Elderly</td>
<td>V1</td>
<td>(Registry Peer-Average: %)</td>
</tr>
<tr>
<td></td>
<td>PRIME 58-GH</td>
<td>Weight Assessment and Counseling for Nutritional and Physical Activity for Children and Adolescents</td>
<td>V1</td>
<td>(Registry Peer-Average: %)</td>
</tr>
</tbody>
</table>
Quality Measure Selection

<table>
<thead>
<tr>
<th>QUALITY ID</th>
<th>MEASURE</th>
<th>MEASURE TYPE</th>
<th>DEN</th>
<th>NUM</th>
<th>EXCL</th>
<th>EXCPT</th>
<th>MEASURE PERFORMANCE</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>Breast Cancer Screening</td>
<td>Process, Cross-cutting</td>
<td>98</td>
<td>85</td>
<td>0</td>
<td>0</td>
<td>(CMS Benchmark: 46.33%)</td>
<td>9.9</td>
</tr>
<tr>
<td>46</td>
<td>Preventive Care and Screening: Influenza Immunization</td>
<td>Process, Cross-cutting</td>
<td>326</td>
<td>278</td>
<td>0</td>
<td>0</td>
<td>(CMS Benchmark: 40.89%)</td>
<td>9.6</td>
</tr>
<tr>
<td>43</td>
<td>Colorectal Cancer Screening</td>
<td>Process</td>
<td>271</td>
<td>216</td>
<td>3</td>
<td>0</td>
<td>(CMS Benchmark: 45.46%)</td>
<td>9.3</td>
</tr>
<tr>
<td>47</td>
<td>Pneumonia Vaccination Status for Older Adults</td>
<td>Process, Cross-cutting</td>
<td>78</td>
<td>63</td>
<td>0</td>
<td>0</td>
<td>(CMS Benchmark: 45.42%)</td>
<td>9.2</td>
</tr>
<tr>
<td>51</td>
<td>Diabetes: Hemoglobin A1c Poor Control</td>
<td>Intermediate Outcome, Cross-cutting</td>
<td>77</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>(CMS Benchmark: 20.45%)</td>
<td>8.3</td>
</tr>
<tr>
<td>61</td>
<td>Falls: Screening for Fall Risk</td>
<td>Process, Cross-cutting</td>
<td>78</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>(CMS Benchmark: 42.09%)</td>
<td>8.1</td>
</tr>
</tbody>
</table>
Performance Improvement Activity

Information about the activity you have chosen is shown below. In the box for Activity Description, enter additional information about the activity to remind you of your goal. Select ‘Next’ to continue.

Activity Name: Custom Measures PI

Activity Description:

Overview of Measures Selected:

<table>
<thead>
<tr>
<th>MEASURE ID</th>
<th>MEASURE TITLE</th>
<th>MEASURE VERSION</th>
<th>MEASURE DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIME 12</td>
<td>Pregnant Women that had HIVAg Testing</td>
<td>V1</td>
<td></td>
</tr>
</tbody>
</table>
PRIME PI: Pre-PI Dashboard (Select measure for improvement)

Performance Improvement Activity

Activity Name: Custom Measures PI

Based on information from the PRIME registry, the chart below displays your score, the score of your peers (who are also engaged in performance improvement activities for this measure), and the registry peer average score for the measure you selected. You must select a minimum of one measure for improvement before proceeding. Select "Next" to continue.

<table>
<thead>
<tr>
<th>MEASURE ID</th>
<th>MEASURE TITLE</th>
<th>YOUR PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIME 12</td>
<td>Pregnant Women that had HIVsAg Testing</td>
<td></td>
</tr>
</tbody>
</table>

PIA PERFORMANCE COMPARISON

- Performance
- Registry Peer-Average
- Peers

Back  Next  Exit
### PRIME PI Activity: Summary Sheet

**Performance Improvement Activity**

#### Measures selected for Performance Improvement Activity:

<table>
<thead>
<tr>
<th>MEASURE ID</th>
<th>MEASURE TITLE</th>
<th>MEASURE VERSION</th>
<th>MEASURE DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIME 44.4</td>
<td>Use of Appropriate Medications for Asthma</td>
<td>V1</td>
<td>Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period. Stratify by: Patients aged 5-64.</td>
</tr>
</tbody>
</table>

#### Measure specific Pre and Post Performance improvement: comparison charts:

**PERFORMANCE IMPROVEMENT RUN CHARTS**

- **PRIME 44.4**: Use of Appropriate Medications for Asthma

#### Action Plan implemented 07/10/2017 - 07/21/2017

- **PRIME 44.4**: Use of Appropriate Medications for Asthma
  - [ ] Decision Support
  - [ ] Flow Sheet
  - [ ] AAPC Sample Asthma Office Visit Flow Sheet
  - [ ] Post flow sheet from web portal
  - [ ] After training staff, make copies or distribute for download whenever applicable and distribute to staff for use in clinic/office/hospital

**LEGENDES**

- [ ] Clinical Care Model Category (CCMC)
- [ ] Interventions
- [ ] Resources
- [ ] Action Plan Step
Overview of PI Activity Pages

1. PRIME user (Accessing PI Activity from PRIME)
   - PRIME Registry
     - Login
   - PRIME Data
   - PI Activity Module
     - Landing Page
   - Measure Selection Page
   - Activity Description page
     - Pre PI Dashboard & select measure for improvement
     - Select Actual CCM, Intervention, Resource, Steps
     - Lock-out Period
     - Post PI dashboard
     - Submit Activity
   - Summary Sheet

2. Physician accessing PI Activity by Logging into physician portfolio
   - ABFM Physician Portfolio login
     - PI Activity link
   - Landing Page
     - Measure Selection Page
     - Activity Description page
       - Manual Data entry
     - Pre PI Dashboard & select measure for improvement
     - Select actual CCM, Intervention, Resource, Steps
     - Lock-out Period
     - Post PI dashboard
     - Submit Activity
   - Summary Sheet

3. Captcha User
   - Login Using Activity ID and Name
     - Manual Data entry
     - Pre PI Dashboard & select measure for improvement
     - Select actual CCM, Intervention, Resource, Steps
     - Lock-out Period
     - Manual Data entry
     - Post PI dashboard
     - Summary sheet

Can access the activity on or after where the Manual data physician has completed
Manual Data Entry: Physician Portfolio

We will report manually-entered data for MIPS via a Qualified Registry (different than QCDR) authority.
15% reduction in costs, 35% lower odds hospitalization

13% reduction in costs & odds of hospitalization

New measures and PIAs for more “authentic and meaningful” improvement and reporting
PRIME Registry

Working to support:

NCQA
NAMCS
Payer Reporting

www.Primenavigator.org
The Practice admin Dashboard will have one shot view of real time reports, that has details of the practice; distribution of patient population and risk level.

- The graphical reports can be exported into pdf and excel formats.
- Dashboard provides data available as downloadable format and required during CPC+ reporting.
How Registries can serve Continuous Certification: PRIME

• Quality Assessment
• Practice Improvement
• Replace Recertification Examination as Proxy for Competency
• Create new ways to assess quality
• Create new ways to risk-adjust quality

• **Align** with other reporting needs:
  1) Make Continuous Certification a means for reporting/improvement (reduce burden, reinforce meaningful activity)
  2) Use authorities and partnership to improve reporting programs
Thank you

bphillips@theabfm.org