Streamlining Certification, QI, and Reporting to Reduce the Burden

Sarah Hajjar, MPA, PMP, American Board of Family Medicine
Elizabeth M. Bishop, PhD, MS, PMP, American Board of Family Medicine
John Johannides, PMP, American Board of Family Medicine
Disclosure

All presenters are salaried employees of their respective Board.
PRIME: Background and History

John Johannides, PMP
2012

• ABFM approves data extraction initiative

2013

• Data extraction tool evaluation begins
• TRADEMaRQ = Trial of Aggregate Data Exchange for Maintenance of certification and Raising Quality
• Agency for Healthcare Research and Quality (AHRQ) grant submittal
• Vendor contracted to help define data extraction tool requirements
• Vendor selected to perform vendor analysis for data extraction tool
TRADEMaRQ Objectives

- The objective of the TRADEMaRQ study is to make quality reporting a byproduct of care and ongoing quality improvement.
- More than 84,500 family physicians are already reporting limited quality measures to the ABFM, before and after conducting a quality improvement project.
- This study is the first stage of a larger project to improve care through more comprehensive, whole-patient panel quality measure reporting, feedback, quality improvement, and assessment—integrated into routine provision of care.
- It is expected that this will make the ABFM Certification process a more robust support for quality improvement and a partner in reducing reporting burden.
TRADEMaRQ Aims

1. To test the capacity for exchange of whole-panel, family physician quality measures from clinical networks;

2. To study whether viewing quality measures and comparison to peers will affect the types of self-assessment modules and quality improvement efforts that are chosen by family physicians (randomized);

3. To study whether viewing quality measures and comparison to peers will influence the degree of change in outcomes after quality improvement efforts (randomized)
TRADEMaRQ Structure

- We developed partnerships with four clinical systems for this study.
- All four use standardized, physician-level quality measures and were willing to test ways to securely share these.
- 19 total NQF endorsed measures were offered as options.
- We developed a secure data exchange pathway to all four entities to iteratively test the means of automating direct transmission of family physician measures, exploring both technical and legal solutions (Aim1).
2014

- AHRQ grant approval for TRADEMaRQ
- Official start of AHRQ grant for TRADEMaRQ (2 years)
- Vendor assessment delivered for data extraction tool
- FIGmd selected as vendor for our data extraction tool, a clinical data registry
• DAIQUERI = Data Abstraction and Intelligence Quality Engine for Research and Improvement
• The registry through FIGmd, our data extraction tool, is officially named PRIME
• First practice officially signed up for PRIME Registry and onboarding started
• Support and Alignment Network (SAN) project started with Centers for Medicare and Medicaid Services (CMS)
2016

- PRIME QCDR Self-Nomination submitted and approved for PQRS reporting
- TRADEMaRQ study extended 1 year
- First practice to finish PRIME onboarding and enter maintenance status
- Measures governance planning started
• PRIME QCDR Self-Nomination submitted and approved for MIPS reporting
• TRADEMaRQ study data collection completion and analysis started
• Measures Development Governance Committee starts
TRADEMaRQ Learnings

- Out of 19 total available measures ABFM was prepared to receive, only 5 measures are being sent by all 4 organizations (only 4 measures prior to 2016).
- Inconsistencies between organizations in how a measure is calculated, even with NQF endorsed measures.
- Upstream system changes to measures frequent which caused data exchange and calculation issues. These changes were not usually communicated downstream to affected stakeholders.
- One organization is dependent on a third party vendor to provide measures rather than pulled directly from their clinicians’ EHRs.
- Errors in measure calculation by data partner present from beginning and not discovered for years.
PRIME Registry: 2017 and beyond

Sarah Hajjar, MPA, PMP
PRIME Registry – what is it and what can it do?

PRIME Registry is a Qualified Clinical Data Registry (QCDR) Approved by CMS for reporting under MACRA (Medicare Access and Children’s Health Insurance Program Reauthorization Act of 2015)

Open to all Primary Care Clinicians

PRIME dashboard displays 40+ Clinical Quality Measures
  Compares you to Peers
  Supports population health
PRIME Registry – What is it and what can it do?

PRIME helps physicians meet three Merit-Based Incentive Payment System (MIPS) elements:

- Quality of Care (formerly PQRS)
- Clinical Practice Improvement Activities
- Advancing Care Information (formerly Meaningful Use)

- PRIME Registry supports Federal Demonstrations
  - CPC+ Track 1 and Track 2
  - Transforming Clinical Practice Initiative
  - Evidence NOW!
In addition to The American Board of Family Medicine, here are a few of FIGmd’s other valued partners…
Examples of the more than 85 EHRs that FIGmd supports…

- Allscripts
- Amazing Charts
- Aprima
- eMDs
- Greenway/Primesuite
- NextGen
Reducing Burden, Assuring Competence, Improving Quality, and Enhancing Professionalism: For many physicians, continuous certification is but one of a number of non-clinical activities.

PRIME Registry:
- Provides a tool for retrieving data for quality reporting from practice EHRs
- PRIME dashboards inform patient and population quality and its measures populate ABFM portfolios to tailor QI choices to the most meaningful of activities
- Reduces burden of measure/data reporting

Measure Development:
- The PRIME Registry, being a QCDR, can propose better measures to CMS
- Harmonizing measures across registries and organizations
PRIME Registry – Why did ABFM invest in PRIME Registry…
In an effort to help bring joy back to practice! Cont.

Population Health:

• Identify your patients with gaps in care
• Integrating social determinants of health data with clinical data
  – Will pull on neighborhood social determinant data to reduce work of collecting
  – The goal is to help physicians understand the impact of social determinants on individual patients and populations they serve so that interventions to improve care can be planned with these in mind
  – CMS must develop payment adjustments based on social determinants adjustments to value-based payments, so PRIME will help
PRIME Registry – What can we do with the data?

Which PI modules change quality?
- Quality over time
- Create and test measures
- Identify outliers
- Turn physician data into information
- Help improve, demonstrate value
- Improve R&D
- Measure impact of payment policy
Once PRIME Sign-up is complete, and both FIGmd and PRIME agreements are signed, FIGmd will send a welcome email within 48 hours.

Our goal is that from the time the Registry Practice Connector is installed, the practice should be in maintenance in approximately 8 weeks. However, the timeline for the entire process is dependent on practice responsiveness.
PRIME Registry – What tools are currently available for Practices/Clinicians

1. PRIME Registry Sign-Up Portal
2. PRIME Dashboard
3. MIPS Module within PRIME Dashboard
4. PI Activity Module within PRIME Dashboard
PRIME Registry – what does the dashboard look like?
PRIME Registry – what does the dashboard look like?
PRIME Registry – what does the dashboard look like?
PRIME Registry has seen growth & process improvement.

<table>
<thead>
<tr>
<th></th>
<th>Count – September 13, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total active PRIME Practices (signed agreement)</td>
<td>1200+ practices</td>
</tr>
<tr>
<td>Total active PRIME Practices sharing patient data</td>
<td>850+ practices</td>
</tr>
<tr>
<td>Total active PRIME Clinicians</td>
<td>3000+ clinicians</td>
</tr>
<tr>
<td>PQRS and Meaningful Use 2016</td>
<td>1173 Clinicians</td>
</tr>
</tbody>
</table>
PRIME SAN/TCPI

TCPI is the $685 million initiative designed by CMS to provide technical assistance to help practices transition to value-based payment (aka pay for performance or pay for quality) and survive now that MACRA has been passed into law and officially implemented through the Quality Payment Program (and it’s two pathways, MIPS and Advanced Alternative Payment Programs)

Transforming Clinical Practice Initiative (TCPI)
Collaboration between two CMS Centers:
Center for Clinical Standards and Quality
Center for Medicare and Medicaid Innovation
PRIME Support and Alignment Network (SAN)  
Transforming Clinical Practice Initiative (TCPI)  

Elizabeth M. Bishop, PhD, MS, PMP
TCPI Ecosystem

Centers for Medicare and Medicaid Services (CMS)
CCSQ and CMMI

10 Support and Alignment Networks (SANs)

19 TCPI National Faculty

29 Practice Transformation Networks (PTNs)

2 Support and Alignment Networks 2.0 (SAN 2.0)

3 CMS Support Contracts

14 Quality Improvement Networks-Quality Improvement Organizations (QIN-QIOs)
10 Support and Alignment Networks (SANs)

The American Board of Family Medicine, Inc.
American College of Emergency Physicians
American College of Physicians, Inc.
American College of Radiology
American Medical Association
American Psychiatric Association
HCD International, Inc.
National Nurse-Led Care Consortium
Network for Regional Healthcare Improvement
Patient Centered Primary Care Foundation
29 Practice Transformation Networks (PTNs)

- Arizona Health-e Connection
- Baptist Health System, Inc.
- Children's Hospital of Orange County
- Colorado Department of Health Care Policy & Financing,
- Community Care of North Carolina, Inc.
- Community Health Center Association of Connecticut, Inc.
- Consortium for Southeastern Hypertension Control
- Health Partners Delmarva, LLC
- HQI
- Iowa Healthcare Collaborative
- Local Initiative Health Authority of Los Angeles County
- Maine Quality Counts
- Mayo Clinic
- National Council for Behavioral Health
- National Rural Accountable Care Consortium
- New Jersey Innovation Institute
- New Jersey Medical & Health Associates dba CarePoint Health
- New York eHealth Collaborative
- New York University School of Medicine
- Pacific Business Group on Health
- PeaceHealth Ketchikan Medical Center
- Rhode Island Quality Institute
- The Trustees of Indiana University
- VHA/UHC Alliance Newco, Inc.
- University of Massachusetts Medical School
- University of Washington
- Vanderbilt University Medical Center
- VHS Valley Health Systems, LLC
- Washington State Department of Health
Practice Transformation Network (PTN)
How does this align with the ABFM mission?

Transforming physician certification to support physician self-motivation and capacity to improve quality and safety

Robert Phillips, James Kennedy, Carlos Jaén, Keith Stelter & James Puffer

To cite this article: Robert Phillips, James Kennedy, Carlos Jaén, Keith Stelter & James Puffer (2016) Transforming physician certification to support physician self-motivation and capacity to improve quality and safety, Journal of Enterprise Transformation, 6:3-4, 162-169

To link to this article: http://dx.doi.org/10.1080/19488289.2016.1216020
Encourage diplomates to join the PRIME Registry by offering free subscription for 3 years to the first 6,000 family physicians who sign up and are enrolled in a PTN as part of TCPI.

Enrollment in a PTN provides free assistance to practices, to prepare for value-based reimbursement by engaging with their clinical quality measures through tools like the PRIME Registry.
Family Medicine Continuous Certification

PERFORMANCE IMPROVEMENT ACTIVITY CREDIT FOR PTN ENROLLMENT

Available upon attestation for enrolling and engaging with the PTN performance improvement activities

Diplomates may attest for this credit for each year they are enrolled and engaged with their PTN
Additional Value as TCPI awardee

Cooperative Agreement vs Grant mechanism with CMS “substantial involvement” between CMS and the awardee

- Increased visibility for Family Medicine and Primary Care
- “Seat at the table” of payment reform with public and private payers, especially regarding quality measurement and pay for quality aka Value-Based Reimbursement