

Striving for Excellence in Patient Care and Outcomes for Pre-Diabetes and Hypertension in a Quality Driven Society

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Disclosures

None

Objectives

1. Identify opportunities for team-based care delivery through engaging non-physician team members in the identification and treatment of hypertension and pre-diabetes.
2. Identify how to utilize the EHR to become more productive in managing hypertension and pre-diabetes.

What is Quality Health Care?

- “Safe, effective, patient-centered, timely, effective and equitable.”
 - Institute of Medicine

- “As doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results.”
 - Agency for Healthcare Research and Quality

NCQA. *The Essential Guide to Health Care Quality*. Retrieved from:

https://www.ncqa.org/Portals/0/Publications/Resource%20Library/NCQA_Primer_web.pdf

Best Practices to Influence Change

- Develop a team
- Review baseline data reports and verify accuracy of the data
- Introduce evidence-based interventions
- Adopt Plan-Do-Study-Act processes or process mapping
- Publish data reports within the practice
- Request patient feedback

Develop a Team

- Must have physician/provider buy-in
- The team should consist of licensed and non-licensed team members
 - Receptionist
 - Front desk staff
 - MA
 - LPN/RN
 - PA/APRN
 - MD/DO
 - Care coordinator
- All team members should be assigned responsibilities that have them working to the highest point of their education or licensure

Review Baseline Data Reports and Verify Accuracy

- Run baseline data for a short measurement period
- Chart audit to verify accuracy of data
- If any inconsistencies noted, work with EMR vendor and/or IT staff to identify/resolve issues

Clinical Quality Measures for Hypertension and Diabetes

- CMS 165v5 (NQF 0018, PQRS 236 GPRO HTN – 2): Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period
 - Numerator: Patients whose blood pressure at the most recent visit is adequately controlled (systolic <140 mmHg and diastolic blood pressure <90 mmHg) during the measurement period
 - Denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension within the first 6 months of the measurement period or any time prior to the measurement period

CMS. (January 2017) *Addendum to additional information regarding electronic clinical quality measures (eCQMs) for merit-based incentive payment system (MIPS) eligible clinicians.*

Retrieved online: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/eCQM_Addendum_EC_Measures_Table.pdf

Clinical Quality Measures for Hypertension and Diabetes

- CMS 131v5 (NQF 0055, PQRS 117 GPRO DM-7) Percentage of patients 18-75 years of age with diabetes who had a retinal eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period
 - Numerator: Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following: A retinal or dilated eye exam by an eye care professional in the measurement period or a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement period.
 - Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period

CMS. (January 2017) *Addendum to additional information regarding electronic clinical quality measures (eCQMs) for merit-based incentive payment system (MIPS) eligible clinicians.*

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Clinical Quality Measures for Hypertension and Diabetes

- CMS 123v5 (NQF 0056, PQRS 163) Percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with monofilament and pulse exam) during the measurement year
 - Numerator: Patients who received visual, pulse and sensory foot examinations during the measurement period
 - Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period

CMS. (January 2017) *Addendum to additional information regarding electronic clinical quality measures (eCQMs) for merit-based incentive payment system (MIPS) eligible clinicians.*

Retrieved online: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/eCQM_Addendum_EC_Measures_Table.pdf

Clinical Quality Measures for Hypertension and Diabetes

- CMS 122v5 (NQF 00059, PQRS 001 GPRO DM-2) Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period
 - Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%
 - Denominator: Patients 18-75 years of age with diabetes with a visit during the performance period

CMS. (January 2017) *Addendum to additional information regarding electronic clinical quality measures (eCQMs) for merit-based incentive payment system (MIPS) eligible clinicians.*

Retrieved online: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/eCQM_Addendum_EC_Measures_Table.pdf

Clinical Quality Measures for Hypertension and Diabetes

- CMS 134v5 (NQF 0062, PQRS 119) Percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period
 - Numerator: Patients with a screening for nephropathy or evidence of nephropathy during the measurement period
 - Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period

CMS. (January 2017) *Addendum to additional information regarding electronic clinical quality measures (eCQMs) for merit-based incentive payment system (MIPS) eligible clinicians.*

Retrieved online: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/eCQM_Addendum_EC_Measures_Table.pdf

Barriers to Accurate Data

- Is the data being entered into the EMR?
 - Check to ensure you are following the required process for your EMR to capture the data for the quality measures
 - Do uncontrolled hypertension patients have multiple blood pressures taken and entered into the EMR?
 - Are HbA1cs entered in the note or in a structured field?
- Is your EMR collecting the data you enter?
 - Check your reports and drill down the data
 - Are the workflow issues causing data not to be captured?
 - Have your visit notes been signed?
 - Does your EMR system require a specific interface to collect the data?
 - Can you manually enter data into a structured field?

Adopt Plan-Do-Study-Act Processes/Process mapping

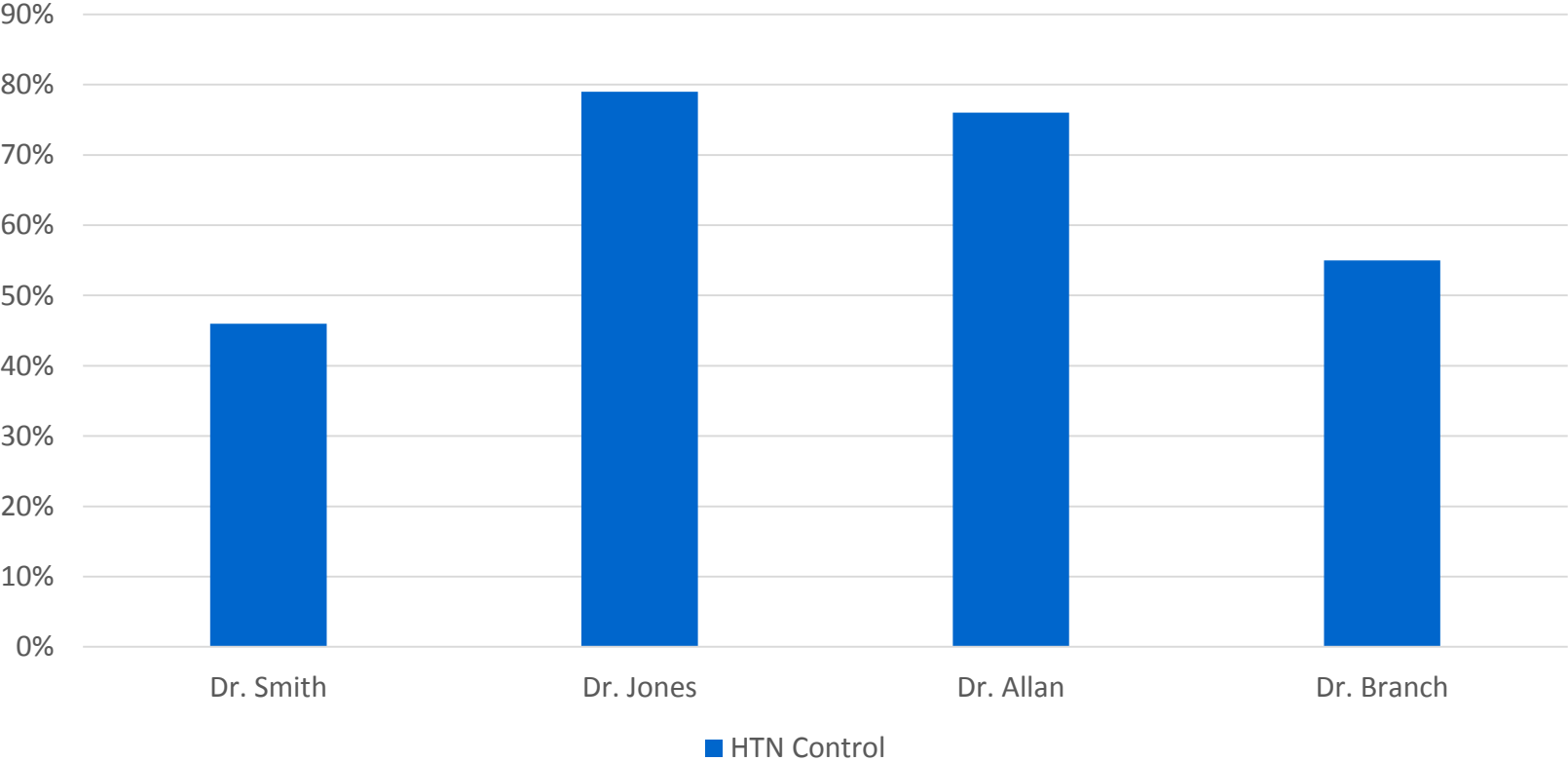


Introduce Evidence-based Interventions

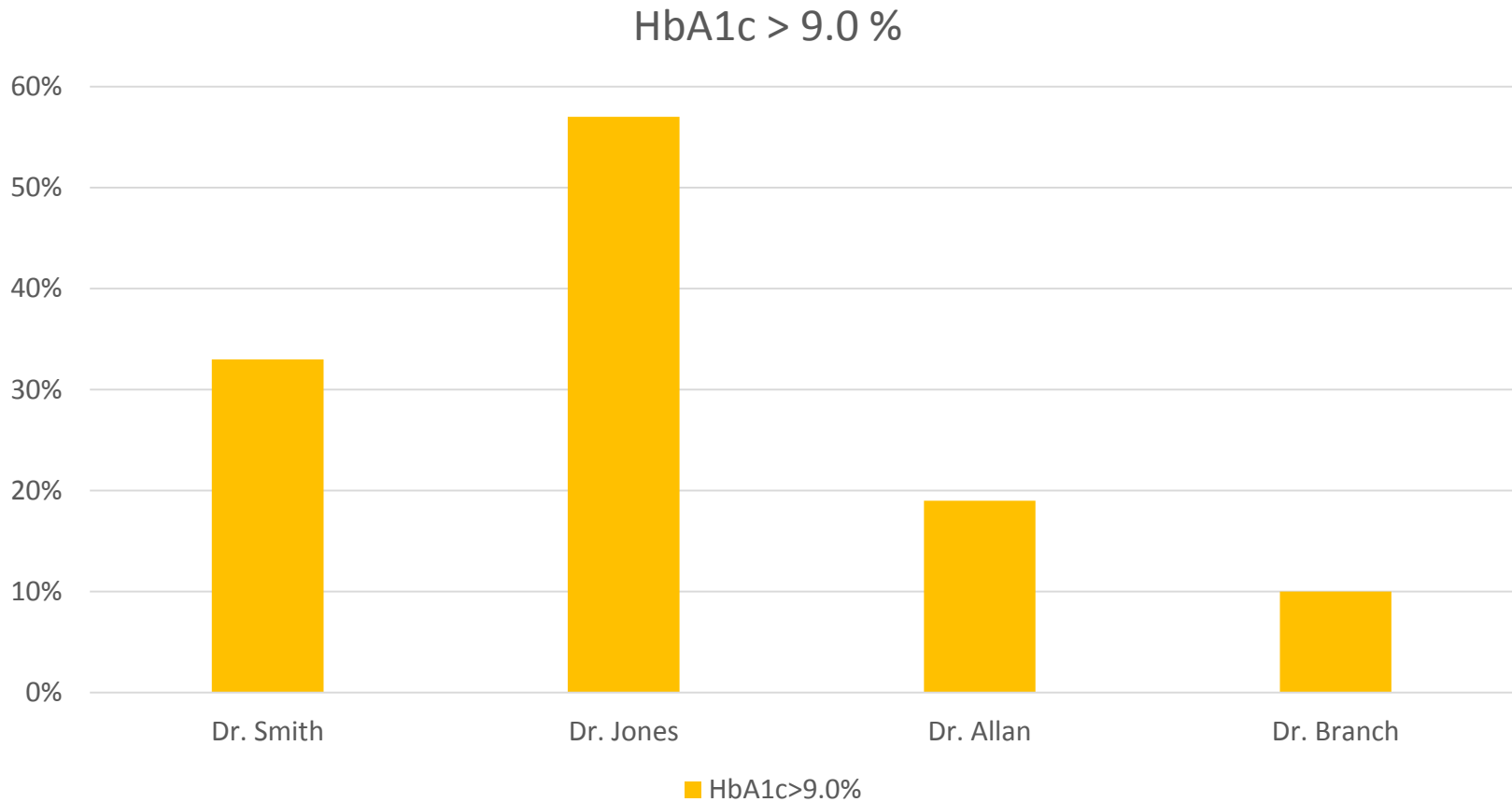
- Print/social media
- Patient reminders
- Clinical alerts/provider reminders

Publish Data Reports Within the Practice

HTN Control Jan. 1 – March 31, 2017



Publish Data Reports Within the Practice



Questions

