Avoidable Imaging Wave II

How MIPS, CPIA, CEDR metrics relate to E-QUAL Clinician Engagement in Avoidable Imaging Initiatives
Presenters

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Disclaimer

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Drive to Transform Clinical Practice

Target percentage of payments in ‘FFS linked to quality’ and ‘alternative payment models’ by 2016 and 2018

- Alternative payment models (Categories 3-4)
- FFS linked to quality (Categories 2-4)
- All Medicare FFS (Categories 1-4)

Historical Performance
- 2011: 0% 68%
- 2014: ~20% >80%

Goals
- 2016: 30% 85%
- 2018: 50% 90%
MACRA Timeline

Fee Schedule Updates
- 2015 and earlier: 0.5
- 2016: 0.5
- 2017: 0.5
- 2018: 0.5
- 2019: 0
- 2020: 0
- 2021: 0
- 2022: 0
- 2023: 0
- 2024: 0
- 2025: 0
- 2026 and later: 0.75 (QAPMCF*)
- 2026 and later: 0.25 (N-QAPMCF**)
<table>
<thead>
<tr>
<th>Current CMS programs</th>
<th>MIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PQRS</td>
<td>Improvement Activities</td>
</tr>
<tr>
<td>Medicare EHR Incentive Program</td>
<td>25%</td>
</tr>
<tr>
<td>Value-Based Payment Modifier</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Quality</td>
</tr>
<tr>
<td></td>
<td>Advancing Care Information</td>
</tr>
<tr>
<td></td>
<td>Resource Use: 0%</td>
</tr>
</tbody>
</table>
MIPS Credit 2017

• Emergency clinicians only to be measured on Quality and CPIA
CPIA Activity Scoring

• Participation not Performance

• Activities
  • High (20 points)
  • Medium (10 points)

• Maximum Points
  • 2017: 40 points
  • Future: 60 points
Pick Your Pace in MIPS

If you choose the MIPS path of the Quality Payment Program, you have three options.

- Don’t Participate
  - Not participating in the Quality Payment Program:
    - If you don’t send in any 2017 data, then you receive a negative 4% payment adjustment.

- Submit Something
  - Test:
    - If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you can avoid a downward payment adjustment.

- Submit a Partial Year
  - Partial:
    - If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

- Submit a Full Year
  - Full:
    - If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.
Medium Value Activities (10 points each)
Participation in EQUAL will satisfy

- IA_PSPA_19
- IA_PSPA_18
- IA_PSPA_16
- IA_PSPA_17
- IA_PSPA_20
- IA_BE_14
- IA_BE_21
- IA_BE_12
- IA_PSPA_4

Earn a total of 90 points by completing all 10-12 activities in the collaborative.
TCPi | Transforming Clinical Practice Initiative

Support more than 150,000 clinicians in their practice transformation work

Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients

Reduce unnecessary hospitalizations for 5 million patients

Generate $1 to $4 billion in savings to the federal government and commercial payers

Sustain efficient care delivery by reducing unnecessary testing and procedures

Build the evidence base on practice transformation so that effective solutions can be scaled
“engage emergency clinicians and leverage emergency departments to improve clinical outcomes, coordination of care and to reduce costs”

• Improving outcomes for patients with sepsis
• **Reducing avoidable imaging in low risk patients by implementation of ACEP’s Choosing Wisely recommendations**
• Improving the value of ED evaluation for low risk chest pain by reducing avoidable testing and admissions
5 Targets

- CT for minor head trauma
- CT for low risk suspected PE
- All imaging for low risk back pain
- CT for recurrent renal colic
- CT for syncope
Avoidable Imaging Wave II

• Over 350 EDs across the nation have joined!

• 10 month learning period (March – December)

• Build upon Wave I offerings
Which ACEP Choosing Wisely™ recommendations is your ED either engaged in or interested in?

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Currently engaged in QI activities</th>
<th>Interested in starting a QI activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid CT of the abdomen and pelvis in young patients with recurrent renal colic</td>
<td>32%</td>
<td>69%</td>
</tr>
<tr>
<td>Avoid lumbar imaging in patients with atraumatic low risk back pain without red flags</td>
<td>49%</td>
<td>53%</td>
</tr>
<tr>
<td>Avoid chest CT imaging for PE in low pre-test probability patients with a negative D-Dimer or PERC rule</td>
<td>45%</td>
<td>57%</td>
</tr>
<tr>
<td>Avoid CT imaging of the head in atraumatic syncope with a normal neurological exam</td>
<td>39%</td>
<td>63%</td>
</tr>
<tr>
<td>Avoid CT imaging of the head for mild traumatic head injury meeting established clinical criteria</td>
<td>57%</td>
<td>45%</td>
</tr>
</tbody>
</table>
Which of the following QI approaches have been used in your ED?

- Provider-specific feedback reports on imaging utilization or appropriateness: 64%
- Computerized decision support: 21%
- Radiologist review or consultation for imaging: 45%
Avoidable Imaging Wave II Activities

**Recruitment & Enrollment**
- Enrollment Pledge
- Quality Readiness Assessment Survey

**Learning Period (10 months)**
- Monthly Webinars, Office Hours
- Tool kit
- Publicize guidelines
- Disseminate CME
- Submit benchmarking data

**Wrap Up**
- Data Reports
- Summary Report
- Lessons Learned
- eCME, MOC, MIPS credit
• Updates on most recent imaging literature
• Webinar/Podcast series
  • Initiation & implementation of reducing avoidable imaging initiatives
  • Latest developments in imaging diagnostics and treatment
• Quality Improvement guides from leading national experts
Avoidable Imaging Wave II

Activity Tracker

Use the E-QUAL portal to track and complete activities for the Wave II Avoidable Imaging Initiative. Activities are aligned with E-QUAL webinars and educational offerings but can be completed at any time during the learning collaborative.

- **Activity 1** Kick Off
  - Submit your E-QUAL Avoidable Imaging Initiative Participation Agreement, assemble your list of local clinicians and leaders, and kick-off your E-QUAL avoidable imaging quality improvement project with a short presentation.

- **Activity 2** Benchmarking
  - Submit benchmarking data to assess current performance (October through December 2016) on avoidable imaging metrics.

- **Activity 3** Engage Leadership and Review Best Practices
  - Identify interest in best practices to reduce avoidable imaging and gain early sponsorship and support from hospital and ED leadership to ensure the success of your Avoidable Imaging QI work. Report on your avoidable imaging quality improvement plan.

- **Activity 4** Download and Review Data
  - Get your Benchmarking results from Activity 2. Download your personalized, confidential benchmarking report and review results with both ED and hospital leaders as well as front-line clinicians to develop common goals.

- **Activity 5** Commit to Data-Driven Best Practices
  - Coming Soon

Resources

- E-QUAL Avoidable Imaging Tool Kit
- Choosing Wisely Recommendations
- Patient Engagement Materials (CDC Resources)
- Patient Engagement Materials (ACEP Resources)
Activity 6  Front-line engagement
Practice change requires the engagement and enthusiasm of front-line clinicians. Help us understand which E-QUAL products your clinicians have found most useful and how you integrated evidence-based tools in your ED to reduce avoidable imaging.

Activity 7  Develop a QPP Plan
Requirements of the new CMS Quality Payment Program (QPP) can be met through participation in E-QUAL and by your avoidable imaging quality improvement efforts. Your quality improvement activities in 2017 can determine up to 4% of your payments in 2019. Develop your 2017 QPP plan before June 1, 2016 to ensure you meet all deadlines.

Activity 8  Assess performance
Take stock of your avoidable imaging quality improvement initiative by assessing clinician engagement and performance. Report on best practices developed and utilized to earn Clinical Practice Improvement Activity credit.

Activity 9  Tell your Success Story
Tell us your avoidable imaging quality improvement success story (in 100 words) that will be disseminated across the E-QUAL Network.

Activity 10  Benchmarking II
Avoidable Imaging quality improvement requires the use of iterative Plan-Do-Study-Act Cycles. Submit recent data (July to September 2016) for benchmarking on avoidable imaging performance.

Activity 11  Post Wave II Quality Readiness Assessment
Transforming clinical practice in the ED requires sustained focus and re-assessment. Submit your post-Wave II Quality Readiness Assessment to benchmark quality improvement activities and identify future opportunities for practice improvement.
E-QUAL and MOC Part IV Credit

• E-QUAL will be listed on the ABEM drop down list of opportunities
  ▪ ED Director will need to be listed attesting that the individual participated in E-QUAL
  ▪ E-QUAL hopes to develop “automatic” credit soon

E-QUAL and CME Credit

• All E-QUAL webinars/podcasts will be associated with eCME credit
• To obtain credit visit the E-QUAL homepage
Welcome to ACEP’s New Clinical Emergency Data Registry

As part of its ongoing commitment to providing the highest quality of emergency care, ACEP has developed the CEDR registry. This is the first Emergency Medicine specialty-wide registry at a national level, designed to measure and report healthcare quality and outcomes. It will also provide data to identify practice patterns, trends and outcomes in emergency care. CEDR is an evolving registry, which will support emergency physicians’ efforts to improve quality and practice in all types of EDs even as practice and payment policies change over the coming years. ACEP has applied to CMS for CEDR to become a “qualified clinical data registry” or QCDR, so to help emergency physicians and clinicians meet both the Centers for Medicare and Medicaid Services’ Physician Quality Reporting System (PQRS) reporting and potentially regional and national certification requirements.

Why Should You Participate?

Instead of being mired in an alphabet soup of reporting requirements, CEDR allows for a single data capture to fulfill the requirements of multiple programs, making your quality measure reporting more efficient. The healthcare environment is transitioning from volume-based to value-based payment for care. The CEDR registry will ensure that emergency physicians, rather than other parties, are identifying what practices work best and for whom.
CEDR Goals

CEDR seeks to accept patient data from practicing emergency clinicians in a registry seeking to:

1. Provide a unified method for ACEP members to collect and submit Physician Quality Reporting System (PQRS), MOC, OCC, Ongoing Professional Practice Evaluation (OPPE) data to meet quality improvement and regulatory requirements.

2. Promote the highest quality of emergency care for patients.

3. Demonstrate the value of emergency care.

4. Facilitate appropriate emergency care research.
CEDR: Qualified Clinical Data Registries (QCDRs)

- Data aggregator platform
  - Utilize data from all sources (billing, EHR) for all patients
- Allows ACEP to develop clinically meaningful and feasible quality measures
- QCDR allows for
  - Benchmarking reports in real-time
  - CMS payment incentives
  - TJC OPPE/FPPE Compliance
  - MOC Part IV activities (in conjunction with ABEM)
### Flavors of Data Registries

<table>
<thead>
<tr>
<th>Clinical Data Registries</th>
<th>PQRS Registries</th>
<th>Qualified Clinical Data Registries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manually Abstracted Data</td>
<td>Claims-data</td>
<td>EHR data</td>
</tr>
<tr>
<td>Research Focus</td>
<td>Billing supported</td>
<td>Quality focused</td>
</tr>
<tr>
<td>Hospital reporting</td>
<td>EP reporting</td>
<td>EP and Group and Hospital reporting</td>
</tr>
<tr>
<td>Minimal payment incentive</td>
<td>PQRS focus</td>
<td>MIPS focus</td>
</tr>
</tbody>
</table>

**Research Focus**: Minimal payment incentive

**Hospital reporting**: PQRS focus

**Qualification**: EHR data

**Billing supported**: Quality focused

**EP reporting**: EP and Group and Hospital reporting

**PQRS focus**: MIPS focus
Why use a QCDR (CEDR)?

- More measure options
  - PQRS & Non-PQRS Measures
  - ACEP developed measures in CEDR
  - Electronic clinical quality measures
- All payer (not just Medicare beneficiaries)
- Pick measures before reporting
- Also meet TJC OPPE and ABEM MOC Part IV
How Do We Measure Quality?

Donabedian Framework of Quality Measurement

- Structure
- PCI Capability
- Process
- Door to Balloon Time
- Outcome
- 30 day AMI Mortality
Clinician Engagement in Avoidable Imaging Initiatives

John Sverha, MD, FACEP
ED Director of Clinical Operations, Virginia Hospital Center
Chief Value Officer, Emergency Medicine Associates
Definition of ENGAGEMENT

1. a: an arrangement to meet or be present at a specified time and place • a dinner engagement
   b: a job or period of employment especially as a performer

2. : something that engages • PLEDGE

3. a: the act of engaging: the state of being engaged
   b: emotional involvement or commitment
      • seesaws between obsessive engagement and ambiguous detachment — Gary Taylor
   c: BETROTHAL

4. : the state of being in gear

5. : a hostile encounter between military forces
Engagement is a core competency for healthcare

By Debbie Ritchie | October 7, 2016

We each got into healthcare to make a difference in the lives of others. As healthcare providers, the most fulfilling days are realized when patients are engaged with their own health and with their caregivers. The more we focus on helping others engage, the more we engage ourselves.

Defining a physician engagement strategy

A shortsighted approach to engagement

Engagement initiatives often underperform because organizations leave the development of an optimal engagement strategy to a survey. Efforts to enfranchise physicians in performance improvement should be driven in part by survey findings—but also by attributes such as employment relationship, leadership capacity, and executive commitment.

Bridging the divide: How the level of physician engagement can make or break your hospital

Written by Tamara Rosin (Twitter | Google+) | April 14, 2015 | Print | Email

The importance of strong physician engagement is far from new, but hospital and health system CEOs recently elevated it to the most promising means of improving performance, according to The Advisory Board Company’s Annual Health Care CEO survey.

This year, hospital and health system CEOs were twice as likely to rate physician engagement as their best opportunity to improve performance compared with other options — such as redesigning service portfolios for population health, strengthening primary care physician alignment and controlling avoidable utilization, among others — with 90 percent of respondents reporting an interest in physician engagement. Last year, survey respondents ranked physician engagement as the third-best opportunity to improve performance.

Engaged physicians approach their work with energy and enthusiasm, are dedicated to their patients and truly committed to the improvement of their organizations. In contrast, disengagement among physicians can pose a serious impediment to achieving an organization’s goals.
How do you get clinicians engaged in your avoidable imaging initiative?

• Opportunities to encourage engagement can be described in relation to the phases below:

1) Initiative Development
2) Initiative Implementation
3) Initiative Sustainment
Engagement Strategies - Development

- Obtain feedback from your clinicians to determine which topics related to avoidable imaging to prioritize.
- Clinicians often have a good sense as to where variability in practice patterns exist and where the greatest gaps exist between current practice and best practice.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Comments</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cellulitis and admit</td>
<td>Very dependent on care coordination; some recent guidance from IDSA; recent literature suggests frequently misdiagnosed</td>
<td>X</td>
</tr>
<tr>
<td>Asthma and admit</td>
<td>Consider adopting an asthma severity scoring system</td>
<td>XXX</td>
</tr>
<tr>
<td>COPD and admit</td>
<td>Common condition with significant variability but no decision rule that is widely adopted; not in choosing wisely</td>
<td>XXXXXX</td>
</tr>
<tr>
<td>Syncope and admit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EUP and admit</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>PE and admit</td>
<td></td>
<td>xx</td>
</tr>
<tr>
<td>Pneumonia and admit</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>All and RR and admit</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>C-spine Trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flank pain/stone and CT</td>
<td>Choosing Wisely topic; EQUAL Initiative 2017; might be able to limit to those with previous stones</td>
<td>XXXXX</td>
</tr>
<tr>
<td>Syncope and Head CT</td>
<td>Choosing Wisely topic; relatively simple topic; that may not require full pathway; might look at EMA data first to see if this is an issue</td>
<td>XXX</td>
</tr>
<tr>
<td>Headache and CT</td>
<td>Common issue; failed CMS quality measure (OP-15)</td>
<td>XXX</td>
</tr>
</tbody>
</table>
Engagement Strategies - Development

• Provide data on variability in resource utilization
• Consider also conducting survey to detect variability in response to standardized questions or scenarios
Engagement Strategies - Development

- Identify a champion or project lead – preferably other than site director
- Allow all clinicians to provide feedback in imaging guideline development
- Clinician feedback allows confidence that their peers have “vetted” the guidance for their practice environment

Clinical Pathway Development Process

1. Identify high priority topic appropriate for pathway development
2. Assign project lead(s) to review evidence and draft pathway
3. Presentation of draft pathway to:
   - Clinical Operations Council
   - Site Chairs
   - All providers
4. Revise draft pathway based on feedback
Engagement Strategies - Implementation

• Consider targeted education at the time of “go live”

• Make sure the “why” is addressed when reducing avoidable imaging
  • Radiation harm
  • IV contrast harm
  • Costs to patient/system
  • Quality measure
  • Length of stay

• Reassure clinicians that well-reasoned and documented variations from guideline acceptable

• Consider education to other ED stakeholders – RN’s and scribes
Engagement Strategies - Implementation

• Feedback to clinicians after implementation is encouraged
  ➢ Utilization of imaging resource
  ➢ Adherence to imaging guideline

• Imaging guideline adherence typically requires chart abstraction
  ➢ Data registry feedback option
  ➢ Manual chart audit option
    ➢ Clinicians can perform limited audits
    ➢ Audit burden limits sample size

• Performance results should be transparent
Engagement Strategies - Sustainment

• Periodic performance feedback allows continued engagement despite other competing initiatives and departmental priorities
• Incorporate imaging guidelines into orientation and onboarding of new clinicians
• Periodically review and revise your group’s imaging guidelines to insure they continue to represent best practice
• Consider incorporating imaging guideline adherence into performance evaluations
### Measuring Engagement

**Q13 Which of the descriptions best matches your sentiment toward the clinical pathways**

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>They make my job a lot easier by providing up-to-date and evidenced base</td>
<td>78.22%</td>
</tr>
<tr>
<td>recommendations that have been vetted by my peers.</td>
<td></td>
</tr>
<tr>
<td>I use them although I would prefer more flexibility in how I treat my</td>
<td>14.85%</td>
</tr>
<tr>
<td>patients</td>
<td></td>
</tr>
<tr>
<td>They don’t really help as I’m already comfortable in how I’m treating my</td>
<td>6.93%</td>
</tr>
<tr>
<td>patients.</td>
<td></td>
</tr>
</tbody>
</table>
Summary

• Clinician engagement is necessary for successful implementation of your initiative to reduce avoidable imaging

• During guideline development, consider allowing providers to prioritize potential initiatives and allow them to have input in developing the imaging guideline

• During implementation, consider targeted education emphasizing the "why" behind the pathway and provide transparent feedback related to imaging resource utilization and guideline adherence

• Include periodic clinician feedback after implementation, orient new clinicians to imaging guidelines, and periodically revise imaging guidelines to sustain clinician engagement
What's Next?

• Activate your E-QUAL portal
  Portal invites will be sent out by Friday

• Register for the April Webinar
  www.acep.org/equal

• Questions? Contact the E-QUAL team at
  equal@acep.org