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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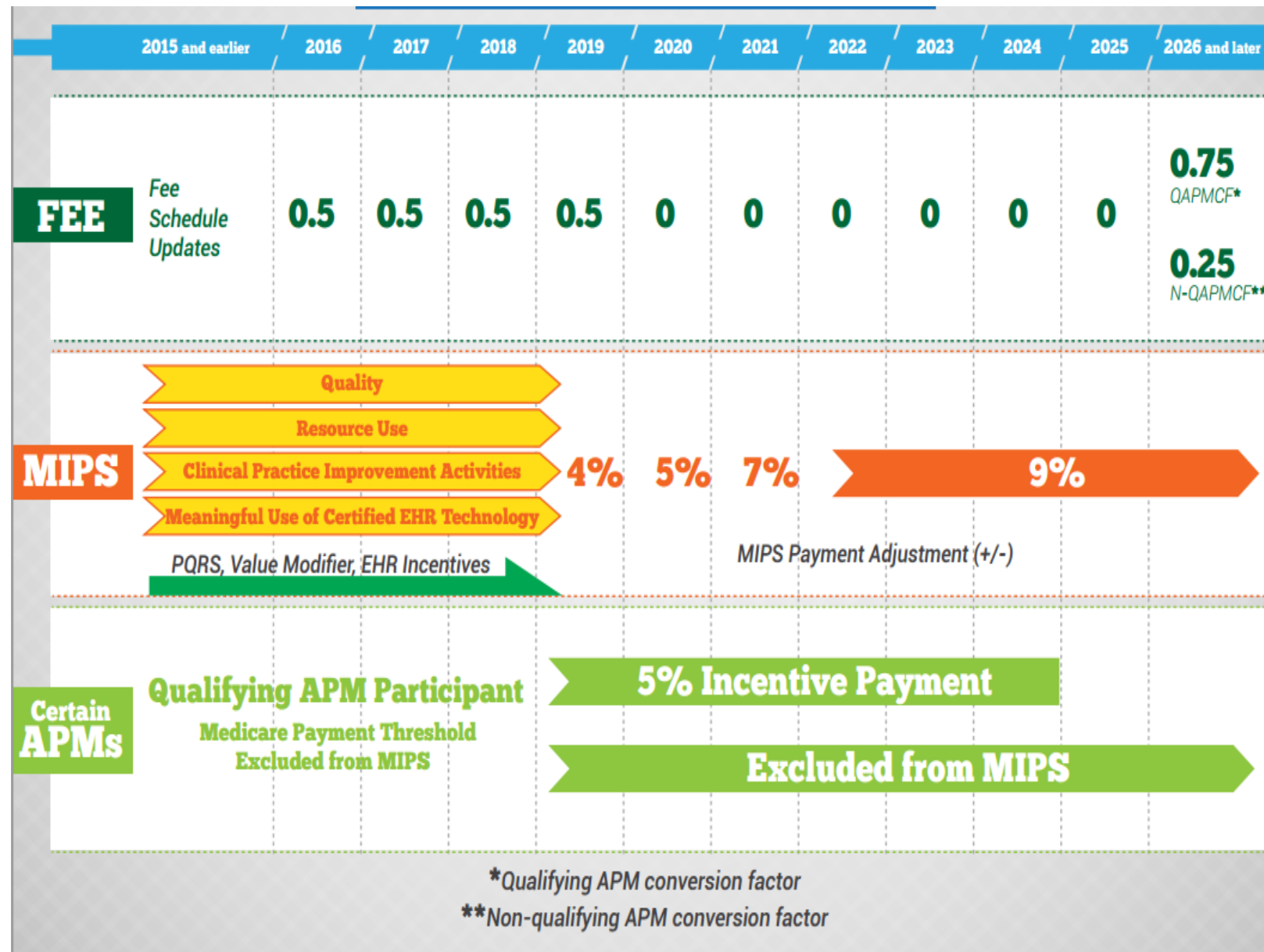
Drive to Transform Clinical Practice

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)
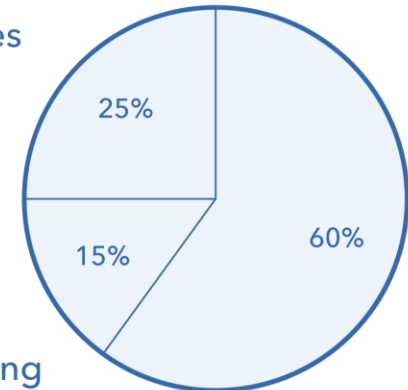- All Medicare FFS (Categories 1-4)
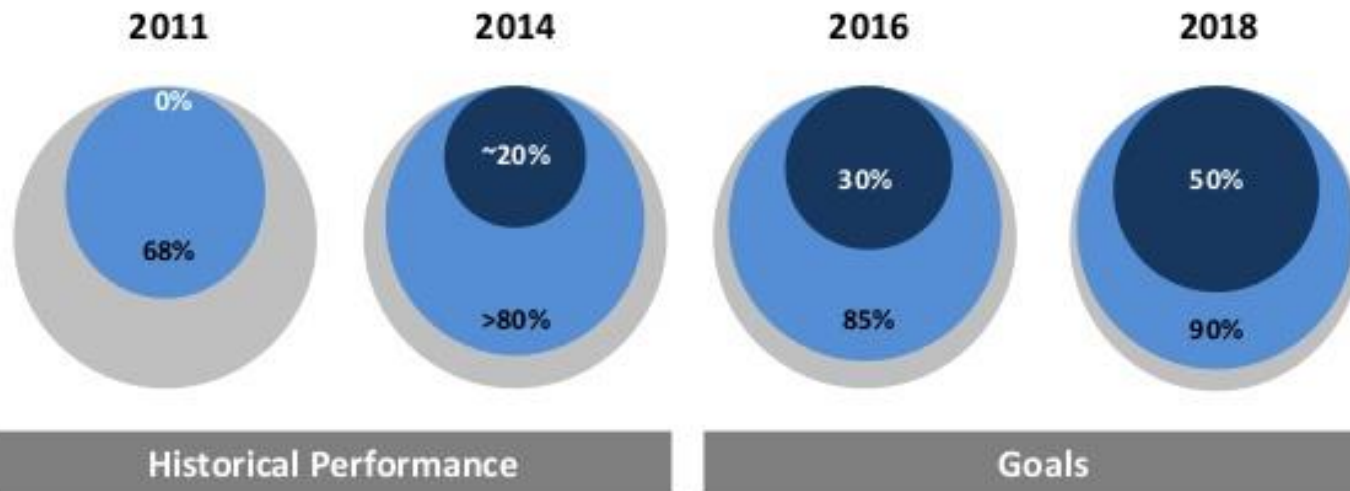
2011	2014	2016	2018
0% / 68%	~20% / >80%	30% / 85%	50% / 90%

Historical Performance | Goals

MACRA Timeline

MIPS Credit 2017

- Emergency clinicians only to be measured on Quality and CPIA

15%

85%
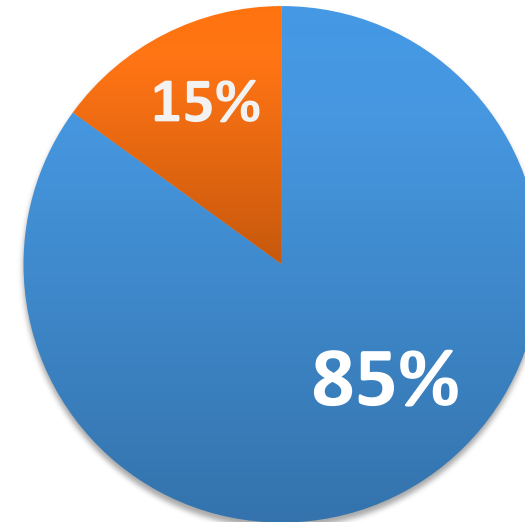
■ Quality

■ Clinical Practice Improvement Activities

■ Resource Use

■ Advancing Care Information

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	Submit Something	Submit a Partial Year	Submit a Full Year
−%	**0**	**+%**	**+%**
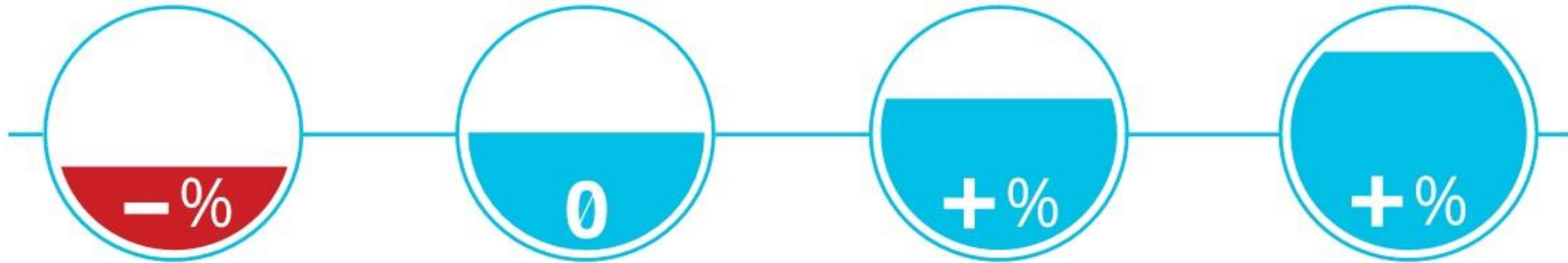
Not participating in the Quality Payment Program:
If you don't send in any 2017 data, then you receive a negative 4% payment adjustment.

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.

Partial:
If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.
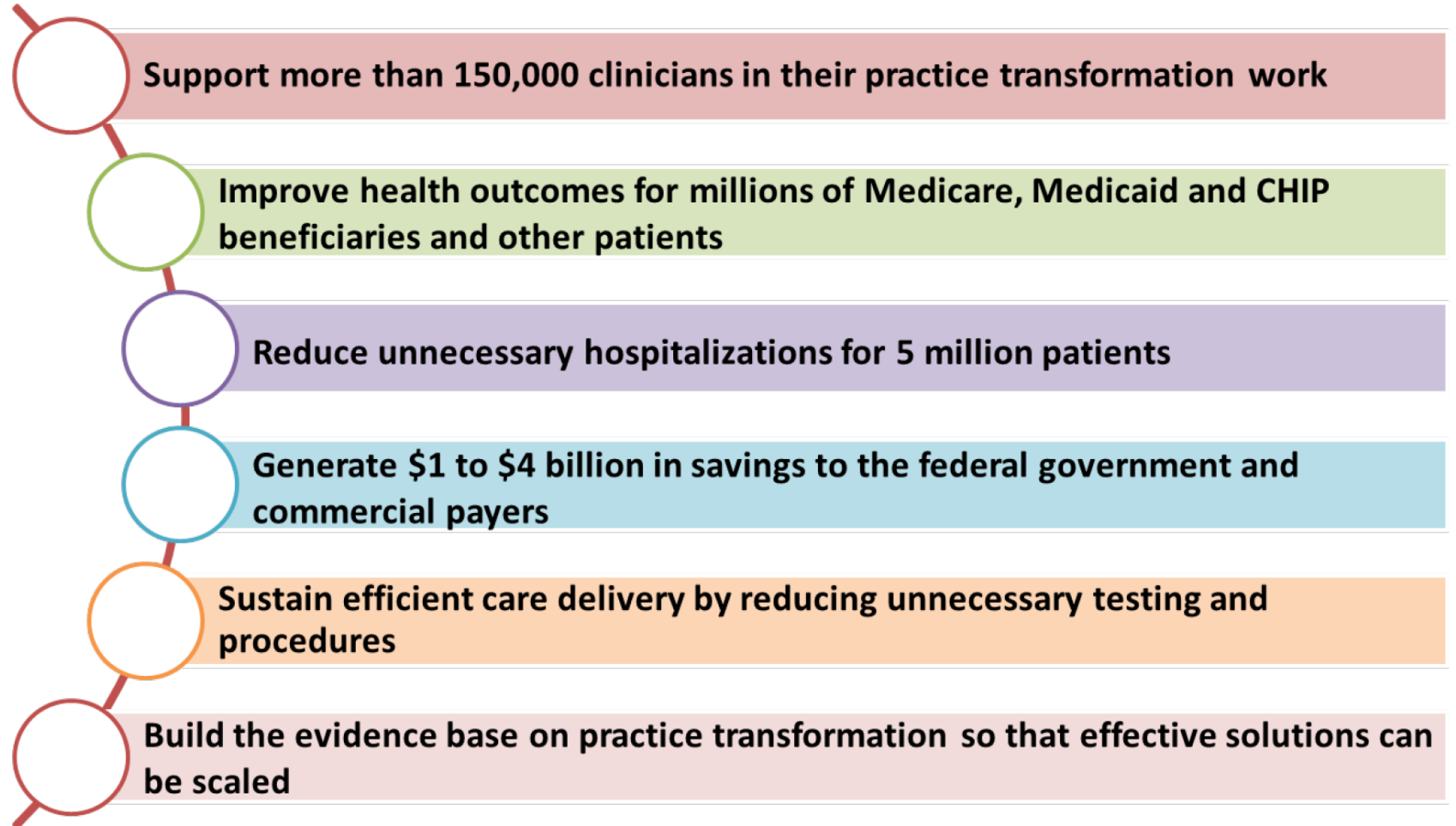
Full:
If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

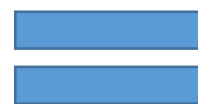# Medium Value Activities (10 points each) Participation in EQUAL will satisfy

- 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

E•QUAL | EMERGENCY QUALITY NETWORK

TCPi | Transforming Clinical Practices Initiative

American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

"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?

	Currently engaged in QI activities	Interested in starting a QI activity
Avoid CT of the abdomen and pelvis in young patients with recurrent renal colic	32%	69%
Avoid lumbar imaging in patients with atraumatic low risk back pain without red flags	49%	53%
Avoid chest CT imaging for PE in low pre-test probability patients with a negative D-Dimer or PERC rule	45%	57%
Avoid CT imaging of the head in atraumatic syncope with a normal neurological exam	39%	63%
Avoid CT imaging of the head for mild traumatic head injury meeting established clinical criteria	57%	45%

Which of the following QI approaches have been used in your ED?

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

E-QUAL: Avoidable Imaging Toolkit

- 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

Monthly Activity Tracker

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**	Coming Soon ⊙

Submit benchmarking data to assess current performance (October through December 2016) on avoidable imaging metrics.

Activity 3	**Engage Leadership and Review Best Practices**	Coming Soon ⊙

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**	Coming Soon ⊙

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)

Monthly Activity Tracker

Activity 6 — Front-line engagement — Coming Soon

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 — Coming Soon

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 — Coming Soon

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 — Coming Soon

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 — Coming Soon

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 — Coming Soon

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

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CEDR — CLINICAL EMERGENCY DATA REGISTRY

CEDR - Clinical Emergency Data Registry

| Overview | Advantages | FAQs | Resources | Measures | News | Participate |

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)

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

Example Dashboard

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

Advisory Board

Modern Healthcare
The leader in healthcare business news, research & data

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

Save in Library

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.

BECKER'S Hospital Review

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

121
in Share
Tweet
21
Share
2
G+1

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 <u>Development</u>
  2) Initiative <u>Implementation</u>
  3) Initiative <u>Sustainment</u>
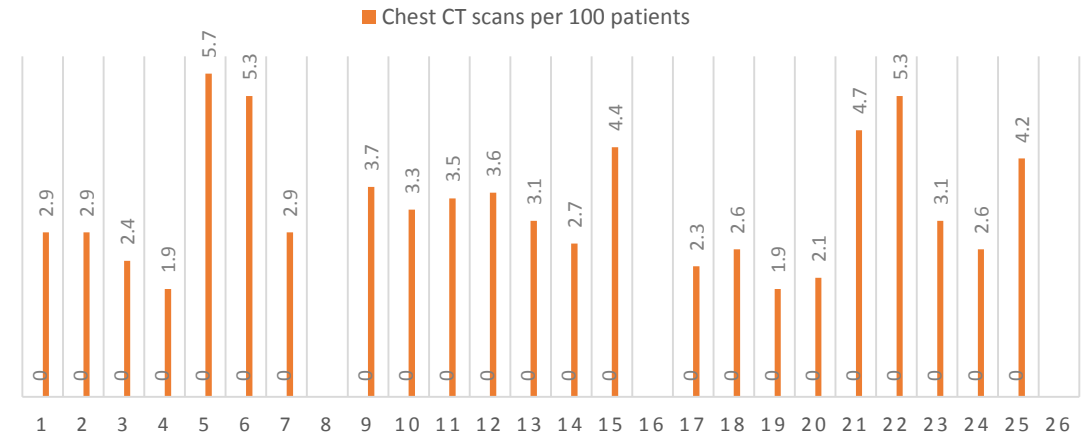
Engagement Strategies - Development

- 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

Topic	Comments	Votes
Cellulis and admit	Very dependent on care coordination; some recent guidance from IDSA; recent literature suggests frequently misdiagnosed	X
Asthma and admit	Consider adopting an asthma severity scoring system	xXx
COPD and admit		
Syncope and admit	Common condition with significant variability but no decision rule that is widely adopted; not in choosing wisely	XxxXxxxxx
CHF and admit		x
PE and admit	Lots of pressure to discharge at EMA sites currently; could possibly use PESI score	xx
Pneumonia and admit	Could use Pneumonia Severity Index	x
Afib/RVR and admit	Common although heavily dependent on arranging close cardiology follow up; variability may be due to this issue	x
C-spine Trauma	Not sure about evidence for CT vs plain films; controversial issue	
Flank pain/stone and CT	Choosing Wisely topic; EQUAL initiative 2017; might be able to limit to those with previous stones	XXxxx
Syncope and Head CT	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	xxxx
Headache and CT	Common issue; failed CMS quality measure (OP-15)	xXxx

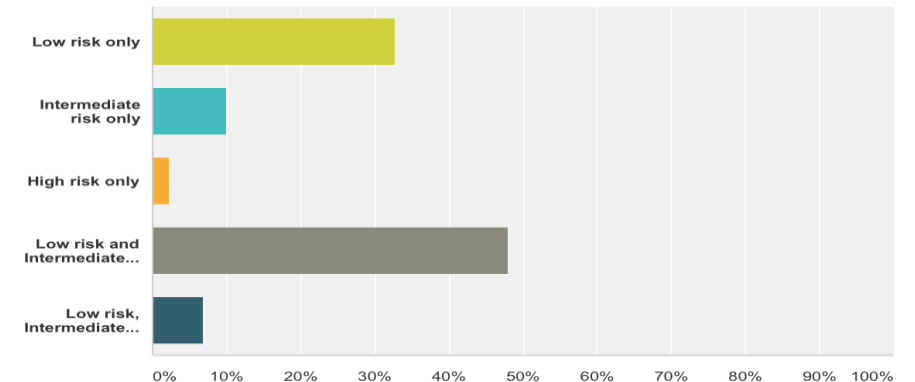# Engagement Strategies - Development

- Provide data on variability in resource utilization

- Consider also conducting survey to detect variability in response to standardized questions or scenarios

CHEST CT UTILIZATION

Chest CT scans per 100 patients

In which of the following patient groups do you order a d-dimer?

Answered: 131   Skipped: 0

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

Adult Head Injury Pathway Development

Project Lead

Fatisha Gayton, MD

Clinical Operations Council Members

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
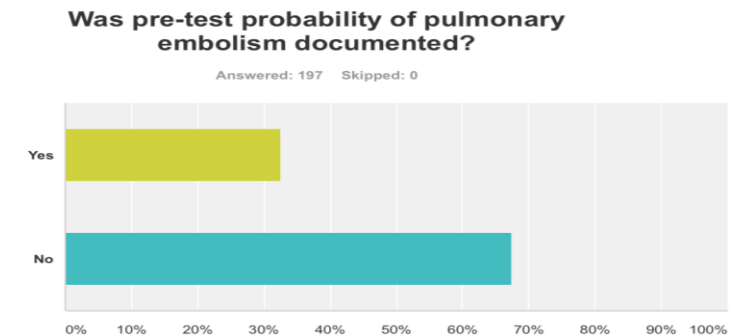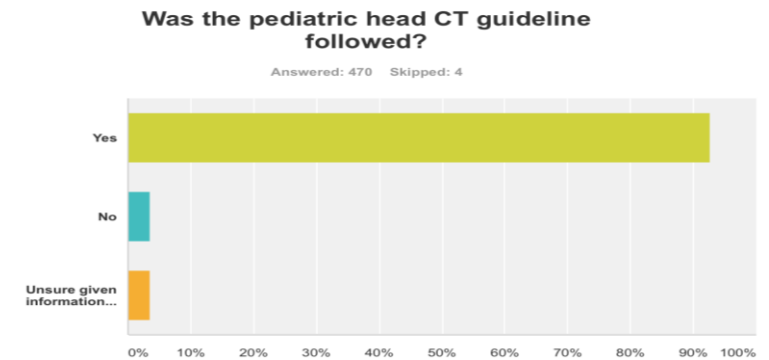4. Revise draft pathway based on feedback

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
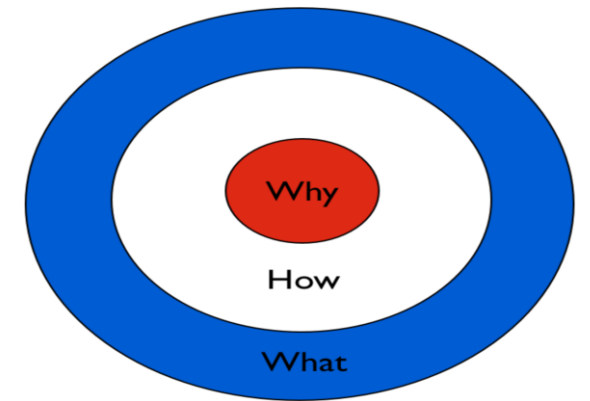
Engagement Strategies - Implementation

- 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

Was the pediatric head CT guideline followed?
Answered: 470   Skipped: 4

Was pre-test probability of pulmonary embolism documented?
Answered: 197   Skipped: 0

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

▼	They make my job a lot easier by providing up-to-date and evidenced base recommendations that have been vetted by my peers.	78.22%
▼	I use them although I would prefer more flexibility in how I treat my patients	14.85%
▼	They don't really help as I'm already comfortable in how I'm treating my patients.	6.93%

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