# Implementing Jefferson Health's Electronic Clinical Quality Metric Reporting

Jefferson Health is a large health enterprise in the Philadelphia Metropolitan area, composed of 14 hospitals, that employs hundreds of primary care clinicians in over 100 primary care practices. In 2016, Jefferson embarked on an exciting journey to transform its outpatient practices by taking part in the Comprehensive Primary Care Plus (CPC+) program. CPC+ is a 5-year grant sponsored by the Centers for Medicare & Medicaid Innovation (CMMI) to test the hypothesis that outpatient quality outcomes could be improved with an improvement in infrastructure and payment reform in primary care practices. Nationwide, approximately 3,000 primary care practices (13,000 clinicians) in 14 regions were chosen to take part in CPC+ in the fall of 2016. Sixty-one owned Jefferson Health primary care practices and 3 affiliated sites were chosen to participate as part of this group.

While the program is sponsored by the Centers for Medicare and Medicaid Services (CMS), the structural reforms provided have to be utilized to improve the care provided for all patients in a practice, including those who are commercially insured. The domains of clinical quality, healthcare costs, and patient experience are measured to assess improvements. The enterprise used CPC+ as an opportunity to standardize processes and workflows across a large integrated network. Since improving quality outcomes was an important tenet of the program, a quality committee was formed to oversee clinical quality initiatives and to fulfill one of the mandates of the CPC+ program (reporting these quality metrics to CMS).

Electronic clinical quality metrics (eCQMs) are formulated to utilize structured data from the outpatient electronic medical record (EMR) to tabulate performance on quality metrics. These metrics use evidenced-based criteria established by national organizations (such as the National Quality Forum (NQF) and the National Committee on Quality Assurance (NCQA). The eCQMs also follow the framework established by previous Medicare quality programs, with all of the measures defined by one of the CMS Quality Strategy Domains that have been established and refined over the past few years:

• Effective Clinical Care

• Communication and Care Coordination

• Patient and Caregiver Engagement

• Community/Population Health

• Patient Safety

• Affordable Care

There were two related but distinct areas that required the attention of the enterprise in order for the program to succeed. First, the enterprise needed to ensure that the performance on the eCQMS reflected the actual clinical quality being delivered in the enterprise's primary care practices. One of the large challenges was that each of the campuses that make up Jefferson Health has a different electronic medical record (EMR) with similar but distinct capabilities. This meant that the Informatics Systems and Technology (IS&T) departments of each of the major campuses had to work with separate vendors to ensure that the data was being collected in line with the specifications set forth by the respective EMRs. This work had to be accomplished

in very short order, given the compressed timeline between the grant award and the deadline to start collecting data. The IS&T departments had to be educated about appropriate documenting and data collection for optimal reporting. Additionally, clinicians, medical assistants, and office mangers required education on recording clinical quality metrics in each of the pre-determined structured fields in the EMRs.

The next step was to make sure that the information that had been collected could be successfully submitted to CMS. This meant that the respective population health and IS&T departments on each campus had to make sure that the structured data fields in the EMRs were linked appropriately to capture the quality metrics. In 2017, CMS required that all participating CPC+ practice have a mechanism for collecting and reporting on pre-approved quality metrics from a menu of 14. While CMS only

## Table 1: Ambulatory Quality Scorecard Metrics

- Diabetes Control HbA1c <=9%

- Diabetes Retinal Screening

- Colorectal Cancer Screening

- Breast Cancer Screening

- Cervical Cancer Screening

- Tobacco Use Screening and Cessation

- Controlling High Blood Pressure

- Falls Screening

required reporting on 9 of the 14 total quality metrics, they encouraged the CPC+ practices to develop strategies for monitor and implementing improvement strategies on the entire menu of quality metrics. This process enlisted multiple stakeholders and it took several months to get to the point where the metric collection and reporting was ready to be implemented. This occurred about halfway through the first year of the program with results ready to be shared with Jefferson Health administration and office staffs.

Each campus was able to utilize an eCQM dashboard that listed the numerators, denominators and percentage completion for all of the quality metrics with year-to-date performance. The dashboards were accessible by all clinicians and practices, with the ability to utilize the data to develop clinical quality improvement projects based on Plan-Do-Study-Act (PDSA) cycles. The vast majority of the practices were able to dramatically improve their quality metric performance with most able to reach or exceed eCQM benchmarks set by CMS. In addition, the CPC+ quality committee created an enterprise-wide scorecard that included the results for multiple metrics that the committee decided would be common focus for 2017 (Table 1). This information was socialized to top-level administrators working in the areas of safety, clinical quality, and finance. This sharing led to the creation of best practices and the determination of appropriate asset allocation for improving clinical quality performance. In February of 2018, each enterprise CPC+ practice was able to successfully submit their eCQMS to CMS, fulfilling its commitment to the first year of the CPC+ grant. 2017 year-end results revealed the enterprise was able to vastly improve in all metrics with breast cancer screening, colorectal screening, and fall risk being a few of the standouts.

Calendar year 2018 brought a few changes to the eCQMs including the addition and removal of previously reported quality metrics. The Jefferson Health CPC+ Quality Committee once again agreed upon multiple metric that would be a common focus for each of the campuses. With the changes in the program, the IS & T departments and vendors on each campus have had to work through the configuration of new metrics and reconfiguration of metrics that have changes to the specifications. The 2018 eCQM dashboards have been activated on all the campuses with performance socialized to every CPC+ practice. Jefferson Health is confident that the quality improvements that commenced in 2017 will continue in 2018 driving improvements in the health, patient experience, and safety of the patients seen in the ambulatory practices.

**Steven Spencer, MD, MPH**
*Medical Director of Population Health*
*Jefferson Community Physicians*
*Steven.Spencer@Jefferson.edu*

## REFERENCES

1. Centers for Medicare and Medicaid Services. Center for Clinical Standards and Quality. CMS Measure Development Plan 2018 Annual Report. May 3, 2018. https://www.cms.gov/Medicare/Quality-Payment-Program/Measure-Development/2018-MDP-annual-report.PDF. Accessed Oct. 5, 2018.

2. Centers for Medicare and Medicaid Services. Center for Medicare and Medicaid Innovation. 2017 CPC+ Implementation Guide: Guiding Principles and Reporting. May 10, 2017.

3. Centers for Medicare and Medicaid Services. Center for Medicare and Medicaid Innovation. 2018 CPC+ Implementation Guide: Guiding Principles and Reporting. January 30, 2018