Meaningful Use & Million Hearts

Improving Cardiovascular Disease & Stroke Through Quality Measurements

Introduction and Welcome:

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Center for Health Policy  
MO HIT Assistance Center

Presenter:

Penelope Solis, JD  
Health Care Quality Manager  
American Heart Association
Before we begin...

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MO HIT Assistance Center

Missouri’s Federally-designated Regional Extension Center

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  - Center for Health Policy
  - Department of Family and Community Medicine
  - Missouri School of Journalism

- Partners:
  - EHR Pathway
  - Hospital Industry Data Institute (Critical Access Hospitals)
  - Missouri Primary Care Association
  - Missouri Telehealth Network
  - Primaris
Vision

Assist Missouri's health care providers in using electronic health records to improve the access and quality of health services; to reduce inefficiencies and avoidable costs; and to optimize the health outcomes of Missourians.
What is our role?

- For providers who do not have a certified EHR system - We help you choose and implement one in your office
- For providers who already have a system - We help eligible providers meet the Medicare or Medicaid criteria for incentive payments
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The Office of Continuing Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Office of Continuing Education, School of Medicine, University of Missouri designates this live Internet educational activity for a maximum of one AMA PRA Category 1 Credit™. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

The learning objectives of this live Internet educational activity are:

- Choose an appropriate electronic health record for the practice, create a change team, redesign practice workflow and successfully implement transition to electronic records.
- Appropriately track quality measures in electronic health records and to create accurate reports of quality indicators; physicians will understand how to use indicators to improve patient outcomes.
- Identify potential privacy and security issues in individual practices that are utilizing electronic health records and provide tools for practices to use to assess their security measures to see if they are appropriate.
- Measure and track the way individual practices are reporting on the meaningful use requirements in the federal HI Tech Act; understand additional clinical reporting requirements contained in meaningful use phases two and three.
- Appropriately design and implement patient portals for patients to access their health care information and learn how to better take care of their health conditions.

The planning members and presenter for this activity have no commercial relationships to disclose.
Cerner and the University of Missouri Health System have an independent strategic alliance to provide unique support for the Tiger Institute for Health Innovation, a collaborative venture to promote innovative health care solutions to drive down cost and dramatically increase quality of care for the state of Missouri. The Missouri Health Information Technology Assistance Center at the University of Missouri, however, is vendor neutral in its support of the adoption and implementation of EMRs by health care providers in Missouri as they move toward meaningful use.

Disclosures

This regional extension center is funded through an award from the Office of the National Coordinator for Health Information Technology, Department of Health and Human Services Award Number 90RC0039/01.
Meaningful Use and Million Hearts On Improving Cardiovascular Disease & Stroke Through Quality Measurement

Penelope Solis
Healthcare Quality Manager
American Heart Association
Penelope.solis@heart.org
Burden of Heart Disease and Stroke-United States

- Cause 1 of every 3 deaths
- More than 2 million heart attacks and strokes occur every year; 800,000 die
  - Leading cause of preventable death among people <65
- Accounts for the largest single portion of racial disparities in life expectancy
- Treatment accounts for about $1 of every $6 spent on health care
<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Clinical Quality Measure Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQF 0013</td>
<td>Blood Pressure Measurement</td>
</tr>
<tr>
<td>NQF 0028 PQRS 226</td>
<td>Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention</td>
</tr>
<tr>
<td>NQF 0421 PQRS 128</td>
<td>Adult Weight Screening and Follow-up:</td>
</tr>
<tr>
<td>NQF 70 PQRS 7</td>
<td>Coronary Artery Disease: Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)</td>
</tr>
<tr>
<td>NQF 67 PQRS 6</td>
<td>Coronary Artery Disease: Oral Antiplatelet Therapy Prescribed for Patients with CAD</td>
</tr>
<tr>
<td>NQF 74 PQRS 197</td>
<td>Coronary Artery Disease: Drug Therapy for Lowering LDL-Cholesterol</td>
</tr>
<tr>
<td>NQF 81 PQRS 5</td>
<td>Heart Failure: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor</td>
</tr>
<tr>
<td>NQF 83 PQRS 8</td>
<td>Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)</td>
</tr>
<tr>
<td>NQF 84 PQRS 200</td>
<td>Heart Failure: Warfarin Therapy Patients with Atrial Fibrillation</td>
</tr>
<tr>
<td>NQF 18 PQRS 236</td>
<td>Hypertension: Controlling High Blood Pressure</td>
</tr>
</tbody>
</table>
Meaningful Use Stage 2

- Intended to expand on MU Stage 1
- Original Timeline: MU Stage 2 met by October 1 2012
- Revised Timeline: 2014
- Why Delay? EHR developers need time to design, develop, test new functionality and deploy it
- Would have gone into effect only a few months after Stage 2 rule released
- Allow more time for providers to meet the requirement
- Proposed MU Stage 2 rule: Anticipated Release February
Key Drivers for Meaningful Use Stage 2--Reasons for Delay

• Align Meaningful Use (MU) objectives with National Quality Strategy priorities
  (http://www.healthcare.gov/law/resources/reports/quality03212011a.html)
  – Example: Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
    ➢ Registries/generate patient lists for specific conditions
    ➢ Patient-specific education resources
    ➢ Record and chart vital signs
    ➢ Record smoking status
    ➢ Stage 3: Self-management tools; family history
    ➢ Record demographics (use IOM categories)
Existing Barriers to Clinical Quality Measure

Measuring quality and performance is a good thing, but current CQMs and process of extracting them requires considerable effort (e.g., up to 75% of cost of meeting MU) and time

• Unclear owner/maintainer of retooled measures
• Need standard case definitions (e.g., diabetes)
• Errors in CQM definitions (when retooled); measures not field tested
• Exclusions often require chart review
• Requirement to use vendor-supplied, certified method redesign workflow to implement vendor's view on how data elements should be captured and where stored
• Alternatives to vendor method requires certification of local reporting methods
• Concern over volume of CQMs (growing with stages) vs. parsimonious exemplars
Attributes of “ideal” Clinical Quality Measures

Strategic attributes of CQM Meaningful measures (to patients and providers)

- Aligned with future payment models
- Outcomes-oriented
- Include flexibility for local relevance
- EHRs capable of reporting both QI and reporting QMs
- Minimize data capture burden (assess ‘value’ of QM)
- Simplicity is much preferred over complex QMs; e.g., fewer exclusions
Recommendation 1: Certification of CQM Reports

Problem 1

- Many healthcare organizations use reporting systems (vs. EHRs) to generate quality reports for public reporting and quality improvement
- MU certification rules state that the healthcare organizations must use the certified EHR to report the CQM measures to CMS
- EHR vendors hardwire CQM calculations without knowing local clinical workflows, causing workflow workarounds
- Not all CQMs are relevant to all certified HIT systems

Proposed Solution 1

- HIT vendor products should be certified for all CQMs relevant to the scope of the product
- Providers should be permitted to use non-certified systems to generate CQM reports, as long as all the data used in the calculation of the measure are derived from certified HIT systems
- All submitted CQMs are subject to audit
- CQM reporting systems should be tested (subject to audit) based on a standardized test data set
Recommendation 2: CQM Platform

Problem 2

- Clinical Quality Measures (CQMs) are being “hard wired” into EHRs, which require upgrades in order to implement or revise
- EHR vendors are pre-defining data elements used in calculating CQMs, which impact clinical workflows of clinicians
- Healthcare organizations do not have an easy way to report on quality-improvement measures (vs. just CQMs)

Proposed Solution 2

- By stage 3, EHR vendors should develop a “CQM platform" onto which new and evolving CQMs can be added to an EHR without requiring an upgrade to the EHR system.
- Longer term, such platforms should be capable of incorporating CQM "plug-ins" that can be shared, and that allow organizations to localize data fields that fit local work flow.
- We recommend that HITSC develop certification criteria to encourage/require this CQM platform as part of MU
Recommendation 3: Patient-Reported Data and CQMs

Problem 3

- Most CQMs are written for clinicians, pertinent to diseases
- Most CQMs do not incorporate information meaningful for consumers

Proposed Solution 3

- Some CQMs should incorporate patient-reported data and outcomes
- HIT vendors should develop secure, patient-friendly systems that allow direct entry of patient-reported data that can be incorporated into CQM reports
- Patients should be able to access CQM reports
Million Hearts Overview
Million Hearts Initiative

- **Launched:** September 2011
- **Link:** [http://millionhearts.hhs.gov/](http://millionhearts.hhs.gov/)
- **Goal:** to prevent 1M heart attacks and strokes in 5 years
- **How?**
  - Empowering Americans to make healthy choices such as preventing tobacco use and reducing sodium and trans fat consumption.
  - Improving care for people who do need treatment by encouraging a targeted focus on the “ABCS”
**ABCS of Cardiovascular Disease and Million Hearts**

<table>
<thead>
<tr>
<th>Letter</th>
<th>Description</th>
<th>Percentage/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Aspirin use for secondary prevention</td>
<td>Occurs in 47% of patients who could benefit</td>
</tr>
<tr>
<td>B</td>
<td>Blood pressure control</td>
<td>46% of people with high blood pressure have it controlled</td>
</tr>
<tr>
<td>C</td>
<td>Cholesterol control</td>
<td>33% of people with high cholesterol have it controlled</td>
</tr>
<tr>
<td>S</td>
<td>Smoking cessation</td>
<td>23% of people who try to quit get help</td>
</tr>
</tbody>
</table>
Specific Goals of Million Hearts-ABCS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>2017 goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin use for people at high risk</td>
<td>47%</td>
<td>65%</td>
</tr>
<tr>
<td>Blood pressure control</td>
<td>46%</td>
<td>65%</td>
</tr>
<tr>
<td>Effective treatment of high cholesterol (LDL-C)</td>
<td>33%</td>
<td>65%</td>
</tr>
<tr>
<td>Smoking prevalence</td>
<td>19%</td>
<td>17%</td>
</tr>
<tr>
<td>Sodium intake (average)</td>
<td>3.5g/day</td>
<td>20% reduction</td>
</tr>
<tr>
<td>Artificial trans fat consumption (average)</td>
<td>1% of calories/day</td>
<td>50% reduction</td>
</tr>
</tbody>
</table>
Million Hearts – Public Partners

- Centers for Disease Control and Prevention (co-lead)
- Centers for Medicare & Medicaid Services (co-lead)
- Administration on Aging
- Agency for Healthcare Research and Quality
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Institutes of Health, National Heart Lung and Blood Institute
- National Prevention Strategy, National Quality Strategy
- Office of the National Coordinator for HIT
- Substance Abuse and Mental Health Services Administration
Private Partners

- The Academy of Nutrition and Dietetics
- American Heart Association
- America’s Health Insurance Plans
- American Medical Association
- American Nurses Association
- American Pharmacists’ Association and the American Pharmacists’ Association Foundation
- Alliance for Patient Medication Safety
- Georgetown University School of Medicine
- Association of Black Cardiologists
- American College of Cardiology
- National Committee for Quality Assurance
- The National Alliance of State Pharmacy Associations (NASPA) and the Alliance for Patient Medication Safety (APMS)
- The National Community Pharmacists Association
- Kaiser Permanente
- United Healthcare
- Walgreens
- The Y
- National Consumer League
- American Association of Colleges of
How Meaningful Use and Million Hearts Can Intersect
# Clinical Quality Measures

<table>
<thead>
<tr>
<th>ABCS</th>
<th>Number</th>
<th>Measure</th>
<th>MU Status</th>
<th>PQRS Core Measure</th>
<th>ACO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>NQF 0068</td>
<td><strong>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</strong> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic.</td>
<td>Stage 1 - menu set</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>B</td>
<td>PQRS 317</td>
<td><strong>Preventive Care and Screening: Screening for High Blood Pressure:</strong> Percentage of patients aged 18 and older who are screened for high blood pressure.</td>
<td>TBD</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>B</td>
<td>NQF 0018</td>
<td><strong>Hypertension: Controlling High Blood Pressure:</strong> Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (&lt;140/90) during the measurement year.</td>
<td>Stage 1 - menu set</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Clinical Quality Measures

<table>
<thead>
<tr>
<th>ABCS</th>
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<th>PQRS Core Set</th>
<th>ACO</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>NQF 64</td>
<td><strong>Diabetes: Low Density Lipoprotein (LDL) Management and Control:</strong></td>
<td>Stage 1 - menu</td>
<td>Yes</td>
<td>Yes*</td>
</tr>
<tr>
<td></td>
<td>PQRS 2</td>
<td>Percentage of patients aged 18 through 75 years with diabetes mellitus who</td>
<td>set</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>had most recent LDL-C level in control (less than 100 mg/dL).</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* This measure is included in the composite all or nothing diabetes measure that is included in the ACO final rule
## Clinical Quality Measures

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</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>NQF 75</td>
<td><strong>Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control:</strong> Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months and whose most recent LDL-C level in control (less than 100 mg/dL).</td>
<td>Stage 1 - menu set</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C</td>
<td>PQRS 316</td>
<td><strong>Preventive Care and Screening: Cholesterol –</strong> (a) Fasting Low Density Lipoprotein (LDL) Test Performed, b. Risk-Stratified Fasting LDL (a) Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL test has been performed (b) Percentage of patients aged 20 through 79 years who had a fasting LDL test performed and whose risk-stratified fasting LDL is at or below the recommended LDL goal.</td>
<td>TBD</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
## Clinical Quality Measures

<table>
<thead>
<tr>
<th>ABCS</th>
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<th>Measure</th>
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<th>PQRS Core Set</th>
<th>ACO</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>NQF 28 PQRS 226</td>
<td><strong>Preventive Care and Screening:</strong> Tobacco Use: Screening and Cessation Intervention: Percentage of patients aged 18 years or older who were screened about tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.</td>
<td>Stage 1 -core</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
How the AHA can help with Million Hearts and Meaningful Use
My Life Check™ for Million Hearts

What is My Life Check™?
My Life Check empowers consumers to take a simple step towards a better life. In just a few minutes, users receive a personal heart score and a custom plan with the steps they need to start living their best life.

AHA created a custom version of My Life Check™ for Million Hearts:

• Million Hearts logo placed on several key areas of the tool
• Separate data dashboard is available which collects numerous de-identified, aggregated metrics from the Million Hearts users.
Heart Attack Risk Calculator for Million Hearts

What is Heart Attack Risk Calculator?
By entering a few key pieces of health data, consumers will discover their 10-year risk of having a heart attack, and also gain insights into coronary heart disease and metabolic syndrome. Users can print a risk summary report and action plan to help them take action.

AHA created a custom version of Heart Attack Risk Calculator for Million Hearts:
• Million Hearts logo placed on several key areas of the tool
• Separate data dashboard is available which collects numerous de-identified, aggregated metrics from the Million Hearts users.
Vision

To improve the health of all patients through widespread application of primary and secondary prevention guidelines in the United States through data collection, analysis, feedback and quality improvement in the ambulatory setting.

Goal

To improve the long-term compliance with the ACS, ADA and AHA/ACC guidelines, which in turn supports our shared organizational mission to prevent chronic diseases and to improve the lives of those living with the nation’s most prevalent chronic diseases.
Program Model

1. Providers can use several different technology platforms

2. Technology vendors submit collective clinical data to DCRI for The Guideline Advantage

3. Data are processed, analyzed and sent back to the providers or medical practices

4. Performance is measured, Professionals can set measureable goals and chart improvements in performance
The Guideline Advantage’s Ideal Measures

Diabetes Mellitus
- Foot Exam*
- Dilated Eye Exam*
- HbA1c Good Control*
- Nephropathy Screening*

Preventive Care & Screening
- Alcohol Screening*
- Body Mass Index*
- Influenza Vaccination*
- Pneumococcal Vaccination*
- Tobacco Use and Counseling*

Cancer
- Colorectal Cancer Screening*
- Mammography Screening*
- Cervical Cancer Screening*

Cardiovascular
- Atrial Fibrillation
- Coronary Artery Disease
- Hypertension
- Heart Failure
- Primary Prevention
- Peripheral Artery Disease
- Ischemic Vascular Disease
- Cardiac Rehabilitation Referral*

*ACS/ADA/AHA “additional measures” included in module update
Expansion into Cancer and Diabetes

Cancer:
- Colorectal cancer screening
- Mammography screening
- Cervical cancer screening
- Family history

Diabetes:
- Annual foot exam
- Annual eye exam
- Annual nephropathy screening (urine albumin)
- Depression screening
- Dental examination
- Diabetes education
- Family planning
- Track episodes of severe hypoglycemia (ICD-9 codes)
- Referral for dietary nutrition therapy
Learning and Action Network (LANS)

- Based on a proven model to foster change and rapid improvement in healthcare
- Providers with shared goals convene in learning sessions to share best practices
- Action periods between sessions allow providers to test small changes and make improvements
- Webinars promote team development and professional expertise
Effectively use your EHR to:

- Apply Meaningful Use objectives and CQMs to improve practice performance and patient care
- Promote reporting and metrics, especially preventive and cardiac care
- Achieve care management, care coordination and assist in care transitions
- Promote patient engagement and self-management

Contact Abhi Ray aray@primaris.org
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Upcoming Advanced Webinar:

March 7
ICD-10 & Meaningful Use Challenges & Opportunities

Marsha Dolan
Professor
Missouri Western State University
February 16th
To Be Electronic
or Not to Be

A Webinar series for New & Non-EHR Users

Presenter:
Margalit Gur-Arie
EHR Pathway
For More Information:

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