What is CQIC?

Clinical Quality Improvement Collaborative

John Janas MD
Clinical Content Consultants, LLC

What is CQIC ?

- The Clinical Quality Improvement Collaborative (CQIC) is a diverse group of medical and surgical specialty sites who have embraced the concept and principles of ongoing clinical quality improvement.

- CQIC sites share a common goal of facilitating and documenting quality healthcare delivery using the EMR.

- The Clinical Quality Improvement Collaborative (CQIC) is hosted by Clinical Content Consultants (CCC)

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What CQIC Is and Is Not

CQIC IS NOT !

- Simply new and improved clinical content and software

- A new application or add on from a third party "vendor"

- A catch phrase born out of the HITECH Act, nor a "guarantee" of "Meaningful Use"

CQIC IS

- A Process = Clinical Quality Improvement (CQI)

- Access to EMR users and developers who are the leaders in the field of clinical quality improvement

- Best Practices and Collaboration with fellow CQIC Sites

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Two Types of CQIC Member Sites

1. The site has successfully implemented EMR and now wishes to facilitate and document quality healthcare delivery using the EMR.

2. The site intends to implement the EMR and wants to go beyond the basic EMR implementation and wishes to facilitate the culture of documenting quality healthcare delivery using the EMR from day one.

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CQIC Members are Leaders in Promoting Quality

- CQIC Member Sites have representatives on a variety of national workgroups and policy making committees:
  - HIMSS, AMDIS, AMIA
  - HITECH/ARRA, PPAHC, & ONC Workgroups

- CQIC Member Sites have successfully obtained quality recognition through:
  - AHRQ: Diabetes Recognition Program, Patient Centered Medical Home (Level 3)
  - PQRI (Physician Quality Reporting Initiative)
  - Private & Public Quality Improvement Grants issued by private insurers and state and federal government programs
  - Meaningful Use: Stage 1 (multiple years) and prepared for Stage 2

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CQIC Members are Leaders in Promoting Quality

- CQIC Member Sites have received a variety of quality recognition awards

  - Bridges to Excellence

  - Delmarva Outpatient Quality

  - HIMSS Davies Award

CQIC is NOT just "Meaningful Use" –Much More !

- Most CQIC Member Sites have successfully attested for the *Medicare and Medicaid Programs; Electronic Health Record Incentive Program* commonly referred to as "Meaningful Use"

- CCC has developed enhanced clinical content and workflows to facilitate the process of becoming a "meaningful user" as just one of its many clinical quality improvement (CQI) projects

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CQIC Evolution & Future

- "Friends of CCC" – 1/2006 after GE Acquisition of IP

- CQIC Officially Formed 2009

- 14 of 15 Original Invitees Joined CQIC in 2009

- Currently 42 Sites
  - 42nd Site Accepted in 12/2013
  - 3 Sites Currently on "Waiting List"
  - In 2014 – plans to explore offering CQIC "Affiliate" Membership to any interested Centricity EHR site

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Current CQIC Member Sites: 3/2014

AP&S Clinic	Terre Haute, IN	MedStar Health	Washington, DC
Baylor Healthcare-Health Texas Providers Network	Dallas, TX	Memorial Herman Family Medicine Residency	Houston, TX
Central Maine Healthcare	Lewiston, ME	Michigan State University	East Lansing, MI
Christiana Care	Wilmington, DE	Mid Coast Hospital	Brunswick, ME
Continuum Health Alliance	Marlton, NJ	Midvalley Family Practice	Basalt, CO
Dallas Family Medicine	Dallas, OR	Neighborhood Health Care Network	St. Paul, MN
Encompass Medical Group	Lenexa, Kansas	Oregon Medical Group	Eugene, OR
Erlanger Health Systems	Chattanooga, TN	Paul Perryman	Columbia, TN
Family Care Network	Bellingham, WA	Penobscot Community Health Care	Bangor, ME
Family Physicians Group-Winter Park	Orlando, FL	QuadMed	Sussex, WI
Garrett Medical Group	Oakland, MD	Regence Health	Amarillo, Tx
Healthcare for Women	Independence, MO	Rockwood Clinic	Spokane, WA
HealthSpring	Nashville, TN	Samaritan Health Services	Corvallis, OR
Hendrick Provider Network	Abilene, TX	Spartanburg Regional Healthcare System	Spartanburg, SC
Independent Medicine	Sioux Falls, SD	St. Mark's Family Practice Residency	Salt Lake City, UT
Internal Medicine Associate-Fargo	Fargo, ND	Suburban Lung Associates	Elk Grove Village, IL
Lehigh Valley Health Network	Allentown, PA	Tallahassee Neurologic Clinic	Tallahassee, FL
Lawndale Christian Health Center	Chicago, IL	University of Arkansas Medical Sciences/AHEC	Little Rock, AR
Linn Community Care-CRFM	Cedar Rapids, IA	Valley Women for Women	Gilbert, AZ
Marana Health Center	Marana, AZ	Wasatch Internal Medicine, P.C.	Salt Lake City, UT
MASS-Northwest Specialty Clinics	Springfield, OR	Women's Healthcare Associates	Portland, OR

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What comes with membership in the CQIC ?

- Access to:
  - Weekly on-line Education & Training Presentations on a variety of clinical quality improvement topics and process
    - All sessions recorded & available to CQIC members for viewing on the CQIC client portal and for download to CQIC sites administrators
    - See Current & Past Schedule Slides

  - On-line Education & Training Video Modules for CCC Core Forms and Applications (CDSS)

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Current CQIC Presentations Schedule

CQIC Meeting Schedule for December 2013-March 2014

Day	Date	Eastern	Topic(s)	Who Should Attend
Thursday	12/5/2013	4:00-6:00 PM	Cardiovascular Management: New ACC/AHA 2013 Lipid Guidelines	Any provider or team member interested in learning more on the New ACC/AHA 2013 Lipid Guidelines and their clinical impact
Thursday	12/12/2013	4:00-6:00 PM	Conditional Action Metrics: Part 1	Any provider or team member interested in learning more on Conditional Action Metrics (CAMs); when and where to use with clinical workflow examples
Thursday	12/19/2013	4:00-6:00 PM	Conditional Action Metrics: Part 2	Any provider or team member interested in learning more on Conditional Action Metrics (CAMs); when and where to use with clinical workflow examples
NO MEETING Week of 12/23/13 - Happy RamaHanuKwanzMas				
Thursday	1/9/2014	4:00-6:00 PM	CQIC 2013 Year in Review and Plans for CQIC 2014	Any provider or team member interested in learning more on the CQIC 2013 Year in Review and Plans for CQIC 2014
NO MEETING Week of 1/13/14				
Thursday	1/23/2014	4:00-6:00 PM	Immunization Management Update	Any provider or team member interested in learning more on Immunization Management including Immunization Registry transfer of information
Thursday	1/30/2014	4:00-6:00 PM	CEMR9.8/CPS12 Update: What it means for CQIC Sites	Any provider or team member interested in learning more on the CEMR9.8/CPS12 Release: What it means for CQIC Sites
Thursday	2/6/2014	4:00-6:00 PM	Q1-2014 CQIC Release Update	Any provider or team member interested in learning more on the Q1-2014 CQIC Release Update
Thursday	2/13/2014	4:00-6:00 PM	Q1-2014 CQIC CDSS Update	Any provider or team member interested in learning more on the Q1-2014 CQIC CDSS Update
Thursday	2/20/2014	4:00-6:00 PM	Preventive Care Management Update	Any provider or team member interested in learning more on documenting and tracking Preventive Care Management
NO MEETING Week of 2/24/14				
Tuesday	3/4/2014	4:00-6:00 PM	Clinical Workflows and Application of Frequently Requested Functions	Any provider or team member interested in learning more on Clinical Workflows and Application of Frequently Requested Functions
Thursday	3/13/2014	4:00-6:00 PM	Diabetes & Prediabetes Management Update	Any provider or team member interested in learning more on Diabetes & Prediabetes Management
Thursday	3/20/2014	4:00-6:00 PM	CEMR9.8/CPS12 Update: Current Status & Recommendations	Any provider or team member interested in learning more on the current status of CEMR9.8/CPS12 and recommendations
Thursday	3/27/2014	4:00-6:00 PM	Stage 2 Meaningful Use Update: 90 Day Reporting Checklist	Any provider or team member interested in learning more on Stage 2 Meaningful Use Update: 90 Day Reporting Checklist-what you should be doing
Thursday	4/3/2014	4:00-6:00 PM	Frequently Asked Questions & Open Forum	Any provider or team member can submit questions or topics to cover in advance to be presented and discussed during this session.

What comes with membership in the CQIC ?

- Access to:
  - Best Practices & Clinical Workflows designed and successfully implemented by CCC and CQIC member sites

  - On-line individual site meetings with your sites clinical quality team to facilitate planning, implementation, education, training, and reporting needs specific to your site

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What comes with membership in the CQIC ?

- Access to:
  - The CQIC release of clinical content and CCC Core forms, applications, and clinical decision support system (CDSS)

  - Support (technical, clinical, and implementation) of the CQIC release of clinical content and CCC Core forms, applications, and clinical decision support system (CDSS)

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What comes with membership in the CQIC ?

- Access to:

  - The CCC consulting team for supplemental planning, implementation, education, training, and reporting needs specific to your site

  - For a variety of practical reasons, CCC has chosen to only offer access to its consulting services to members of the CQIC

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We Know that Quality Improvement is Closely Correlated with Skilled EHR Use

- Score 1 point for each quality measure > 50%ile

- CDSS Use Definitions
  - Heavy Use = 75% +
  - Moderate Use = ~ 50%
  - Sometime Use = ~ 25%
  - Rare Use = < 25%

Correlation Between Use of Protocols and Quality Metrics

Quality Score	4	3	2	1	0
Heavy – Consistent Use of Protocols	71%	29%	0%	0%	0%
Moderate Use of Protocols	57%	14%	29%	0%	0%
Occasional Use of Protocols	14%	14%	29%	43%	0%
Zero – Rare Use of Protocols	6%	9%	15%	15%	55%

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Correlation Between Use of CDSS Protocols and Quality Metrics

Quality Score	4	3	2	1	0
Heavy – Consistent Use of Protocols	71%	29%	0%	0%	0%
Moderate Use of Protocols	57%	14%	29%	0%	0%
Occasional Use of Protocols	14%	14%	29%	43%	0%
Zero – Rare Use of Protocols	6%	9%	15%	15%	55%

Not Cause & Effect, BUT, Definite Correlation Between Use of CDSS Prompts & Quality Measures

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CQIC Projects: Past, Present, & Future (partial list)

Anticoagulation Management: based on ACCP 8 Guidelines

Asthma Management: based on NHLBI/NAEP Guidelines

Bariatric Medicine & Surgery with BOLD Reporting Integration

Cancer Staging & Management: based on AJCC/FIGO Guidelines

Cardiovascular Management Risk Reduction and Evidence-Based Guidelines: based on ACC/AHA/USPSTF/JNC8/Million Hearts Initiative

Cervical Cancer Screening & Management: based on ACOG/American Society for Colposcopy and Cervical Pathology (ASCCP) Evidence-Based Bethesda Guidelines

CHF Management: based on AHA/ACC Guidelines

CKD Management: based on NKF KODQI Guidelines

COPD Management: based on ACP/ATS/GOLD Guidelines

Diabetes Management: based on ADA Standards of Medical Care in Diabetes

Stage 1 & 2 Meaningful Use: Evidence-Based Clinical Quality Measures Improvement Initiatives

Women's Healthcare: High Risk OB Identification and Management Using Actionable Point of Care Evidence-Based Clinical Decision Support
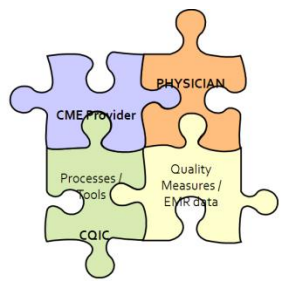
Women's Healthcare: Urinary Incontinence-Risk Factor Reduction, Early Identification, and Management

Performance Improvement CME

- Clinical Content Consultants has partnered with Memorial Hermann's Department of Continuing Medical Education

  - Performance Improvement CME Modules

  - Earn up to 20 Category 1 AMA Credits

  - 20 Prescribed Credits with AAFP

CQIC Performance Improvement CME Modules
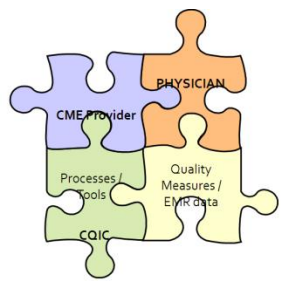
- Asthma PI CME
  - 6/2010

- Meaningful Use PI CME
  - 9/2010

- Cardiovascular Management PI CME
  - 1/2011

- Diabetes Management PI CME
  - 2/2011

- Female Urinary Incontinence PI CME
  - 2/2011

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What is the cost and benefit of membership in the CQIC ?

- Currently the cost for CQIC membership is $2,100/month independent of the size of the group or the organization *** "Scholarships"

- All CQIC members receive the same benefits and access to clinical content and CCC hours independent of the size of the group or organization

- Sites are invoiced monthly and membership can be cancelled at anytime with 30 days notice

- *** "Scholarships" for small groups available
  - (see upcoming slide)

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What is the cost and benefit of membership in the CQIC ?

- Why $2,100/month?
  - Actual monthly overhead and expense costs to CCC to enroll and support a CQIC member site

  - For larger organizations, typically falls under the required dollar amount to receive special budget approval

  - For smaller sites, the cost annualizes to a fraction of the amount most insurance companies or state and federal agencies allocate for various quality improvement projects - ROI

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What is the cost and benefit of membership in the CQIC ?

- Smaller Groups typically fund their membership in CQIC from a variety of available (potential) resources:
  - Quality Incentive Bonuses from Insurers
  - PQRI
  - Potential HITECH/ARRA Incentives
  - Quality Research Grants (Insurers, State/Federal)

- CCC and CQIC Member Sites act as resources for current and future quality projects

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Smaller Groups "Scholarship" Program

- For Smaller Groups who exhibit the qualities and enthusiasm to be a good CQIC member, but due to financial constraints cannot budget for full membership, CCC does offer a "Scholarship" Program

- "Scholarship" = discounted CQIC monthly membership of $1,050/month (50% reduction)

- Agreement by "Scholarship" Sites to:
  - Participate in current CQI projects & Share/Present CQI Outcomes
  - Submit improved outcomes for Quality Incentives
  - When Quality Incentives become available, become non-Scholarship (or reduced scholarship) members so that additional "Scholarships" can be made available to others

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Return on Investment (ROI):

- Most sites ask about specific ROI for CQIC membership.

- Until recently, it was extremely difficult to quantify financial ROI for quality.

- However, with PQRI, HITECH/ARRA, and various Incentive Bonuses and/or Grants already issued or expected to current CQIC members, the cost of CQIC membership is a fraction of current & future quality incentives.

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What is the benefit of membership in the CQIC ?

- The CQIC is not simply about certification as a "meaningful user", PCMH, or PQRI.

- It is a culture of continuing clinical quality improvement processes that goes far beyond the current or future incentive programs that may or may not be available.

- CQIC members define and direct the future of quality healthcare and outcomes not simply try and adhere to various policies and measures.

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CQIC is <u>NOT</u> for Everyone !

- Not every site is ready for CQIC !

- If you are simply interested in the latest release of clinical content
- are looking for a quick and easy implementation, OR
- just want clinical content for a particular specialty that isn't generally available
- then the CQIC is <u>NOT</u> for you.

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What if our site is interested in becoming a CQIC Member Site?

- Currently membership in CQIC is restricted to users of the Centricity EMR

- Must have a current software license to use:
  - Centricity EHR
  - <u>and</u> the CCCQE™ forms (CCC clinical content)

- "Affiliate" CQIC Membership starting in 2nd quarter of 2014 for ANY Centricity EHR site

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What is the CQIC "Affiliate" Member?

- "Affiliate" CQIC Membership starting in 2nd quarter of 2014 for <u>ANY</u> Centricity EHR site
  - DO NOT have to be using CCC Forms or content

- "Affiliate" Members will have access to the CQIC Users Website for current and past WebEx presentations as well access to the CQIC CDSS (Clinical Decision Support System)

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What is the CQIC CDSS?

- CQIC CDSS (Clinical Decision Support System) is an evidence-based actionable point of care decision support system with over 250 current CDSS prompts

- CQIC CDSS prompts can be used independent of the CQIC core forms (any Centricity EHR site) and allow implementation of a variety of Clinical Quality Improvement projects!

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Examples of the CQIC CDSS?

- ## **Meaningful Use Clinical Quality Measures**
  - Asthma Control Assessment DUE
  - Asthma Management-CQIC
  - Asthma Severity Assessment DUE
  - Beers Criteria: ALERT! (Drugs in the Elderly)
  - Chlamydia Screening for Women 15-24 Years and High Risk-MAY be Due
  - Depression Screening Guidelines
  - Depression Screening Guidelines with CPT-II Codes

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Examples of the CQIC CDSS?

- **<u>Meaningful Use Clinical Quality Measures</u>**
  - Flu Vaccine May Be Due or Needs Documentation
  - Flu Vaccine May Be Due or Needs Documentation-6 months to 8 years
  - Flu Vaccine May Be Due or Needs Documentation-6 months to 8 years-Latex Allergy
  - Flu Vaccine May Be Due or Needs Documentation-Latex Allergy
  - Flu Vaccine Reminder and CQI Reporting

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Examples of the CQIC CDSS?

- **<u>Meaningful Use Clinical Quality Measures</u>**
  - Hypertension Screening and Follow-up
  - Hypertension Screening and Follow-up JNC8 Panel
  - Hypertension: Blood Pressure Measurement Due
  - Ischemic Vascular Disease (IVD): No Documented Aspirin or Antiplatelet Therapy
  - Pharyngitis Appropriate Testing for Children Documented
  - URI Appropriate Treatment: Antibiotics NOT Indicated

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Examples of the CQIC CDSS?

- **<u>Meaningful Use Clinical Quality Measures</u>**
  - Pneumovax Over Age 65 Years-May be Due
  - Pneumovax Over Age 65 Years-Repeat May be Due
  - Pneumovax at HIGH RISK-May be DUE
  - Pneumovax at HIGH RISK-May be DUE age 2-18 yrs
  - Pneumovax recommended for Current Smokers age 19 to 64 years

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Examples of the CQIC CDSS?

- **<u>Meaningful Use Clinical Quality Measures</u>**
  - Smoking Cessation Counseling-Current Smoker
  - Smoking Cessation Counseling-Current Smoker: Always Advise to Quit
  - Smoking Cessation Counseling-Current Smoker: Always Advise to Quit: BecomeAnEx
  - Smoking Status CMS Verbiage ALERT!
  - Smoking Status-Current Smoker
  - Smoking Status-Former Smoker
  - Smoking Status-Never Smoked
  - Smoking Status-Undocumented
  - Smoking Status/Counseling-Current Smoker
  - Smoking Status/Counseling-Current Smoker with PQRI Codes
  - Smoking Status/Counseling-Current Smoker: BecomeAnEx
  - Smoking Status/Counseling-Former Smoker
  - Smoking Status/Counseling-Former Smoker with PQRI Codes
  - Smoking Status/Counseling-Never Smoked
  - Smoking Status/Counseling-Never Smoked with PQRI Codes
  - Smoking Status/Counseling-Undocumented
  - Smoking Status/Counseling-Undocumented with PQRI Codes
  - Smoking Status/Counseling-Undocumented: BecomeAnEx
  - Smoking Status: Current Smoker-Add Diagnosis to Problem List

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Examples of the CQIC CDSS?

- **<u>Meaningful Use Clinical Quality Measures</u>**
  - Weight Management Counseling and Care Plan Age 18-65 Years
  - Weight Management Counseling and Care Plan Age 18-65 Years with PQRI Codes
  - Weight Management Counseling and Care Plan Age 2-18 Years
  - Weight Management Counseling and Care Plan Age 2-18 Years with PQRI Codes
  - Weight Management Counseling and Care Plan Age > 65 Years
  - Weight Management Counseling and Care Plan Age > 65 Years with PQRI Codes

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Examples of the CQIC CDSS?

- **<u>Meaningful Use Core Measure "Fail Safes"</u>**
  - Allergies UNDOCUMENTED
  - Demographics Due-Document Now
  - Medication Reconciliation NOT Documented this visit
  - Problem-Medications or Allergies UNDOCUMENTED
  - Vital Signs Due-Document Now
  - Vital Signs Due-Document Now age 65 years and older
  - Vital Signs Due-Document Now ages 2 to 21 years
  - Vital Signs Due-Document Now ages 21 to 65 years
  - Vital Signs Exemptions-Check to Document

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Examples of the CQIC CDSS?

- **<u>Preventive Care (Pediatrics)</u>**
  - Cardiovascular Risk Assessment: ages 2 years to 20 years
  - Chlamydia Screening for Women 15-24 Years and High Risk-MAY be Due
  - Elevated Blood Pressure in Pediatric Female: Action Required
  - Elevated Blood Pressure in Pediatric Male: Action Required

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Examples of the CQIC CDSS?

- **<u>Preventive Care (Pediatrics)</u>**
  - Flu Vaccine May Be Due or Needs Documentation-6 months to 8 years
  - Flu Vaccine May Be Due or Needs Documentation-6 months to 8 years-Latex Allergy
  - Lead Risk Assessment and Screening 1-2 Years
  - Lead Risk Assessment and Screening 2-3 Years
  - Lead Risk Assessment: 2 years to 6 years
  - Lead Risk Assessment: 6 Months to 2 years
  - Lead Screening NOT Documented 3-6 Years

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Examples of the CQIC CDSS?

- **<u>Preventive Care</u>**
  - Cervical Cancer Screening 21-29 yrs
  - Cervical Cancer Screening 30-65 yrs
  - Cervical Cancer Screening 21-30 yrs-May be PAST DUE for Pap Smear
  - Cervical Cancer Screening over 30 yrs-May be PAST DUE for Pap Smear
  - Chlamydia Screening for Women 15-24 Years and High Risk-MAY be Due

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Examples of the CQIC CDSS?

- **<u>Preventive Care</u>**
  - Breast Cancer Risk Assessment and Management of Increased Risk
  - Breast Cancer Screening
  - Breast Cancer Screening-May Be Past Due For Mammogram
  - Colorectal Cancer Screening
  - Colorectal Cancer Screening-May be PAST DUE for Rescreening

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Examples of the CQIC CDSS?

- **<u>Million Hearts Initiative</u>**
  - Million Hearts: Aspirin for Primary Prevention of CHD in Men
  - Million Hearts: Aspirin for Primary Prevention of CHD/Stroke in Women
  - Million Hearts: Aspirin for Secondary Prevention in CHD
  - Million Hearts: Blood Pressure Management and Treatment to Goal
  - Million Hearts: Cardiovascular Risk Assessment and Management+
  - Million Hearts: Cardiovascular Risk Reduction Goals NOT Met+
  - Million Hearts: Family History of CHD
  - Million Hearts: Lipid Management and Treatment to Goal
  - Million Hearts: Lipid Screening Due

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Examples of the CQIC CDSS?

- **<u>Preventive Care: Prediabetes Screening</u>**
  - Pre-diabetes Screening and Management-ADA Guidelines
  - Pre-diabetes Screening and Management-USPSTF Guidelines
  - Prediabetes Care Plan and Tracking
  - Prediabetes Management
  - Prediabetes Management-Undiagnosed

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Examples of the CQIC CDSS?

- **<u>Visit the Clinical Content Consultants Website</u>**

  - clinicalcontent.com

- **<u>Visitors Tab</u>**

  - Sample CQIC WebEx PowerPoints & Videos

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What if our site is interested in becoming a CQIC Member Site?

- Membership into CQIC is by <u>invitation only</u> and requires referral and sponsorship by at least one current CQIC Member Site.

- The number of CQIC Sites is intentionally <u>limited</u> to allow the CCC team the required hours of personal guidance and leadership required to make your site successful.

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What if our site is interested in becoming a CQIC Member Site?

- If you feel your group is ready to embrace the principles of clinical quality improvement (CQI) and your group is truly interested in becoming a member of the Clinical Quality Improvement Collaborative (CQIC), then contact:

- John Janas MD at:
  - jjanas@clinicalcontent.com

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