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So now that quality reporting is done...

How do we make it easier next year?

May 6, 2021

Speakers





Quality Reporting Overview

How did we do quality reporting?

How do we need to do quality reporting in the future?



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Quality Reporting Overview

Foundation of Value-Based Care

Provide only the necessary care to achieve the best possible outcomes

Outcomes are measured by quality metrics



Quality Metric Submission

Accountable Care Organization (ACO) model is an exemplary Value-Based Care Arrangement

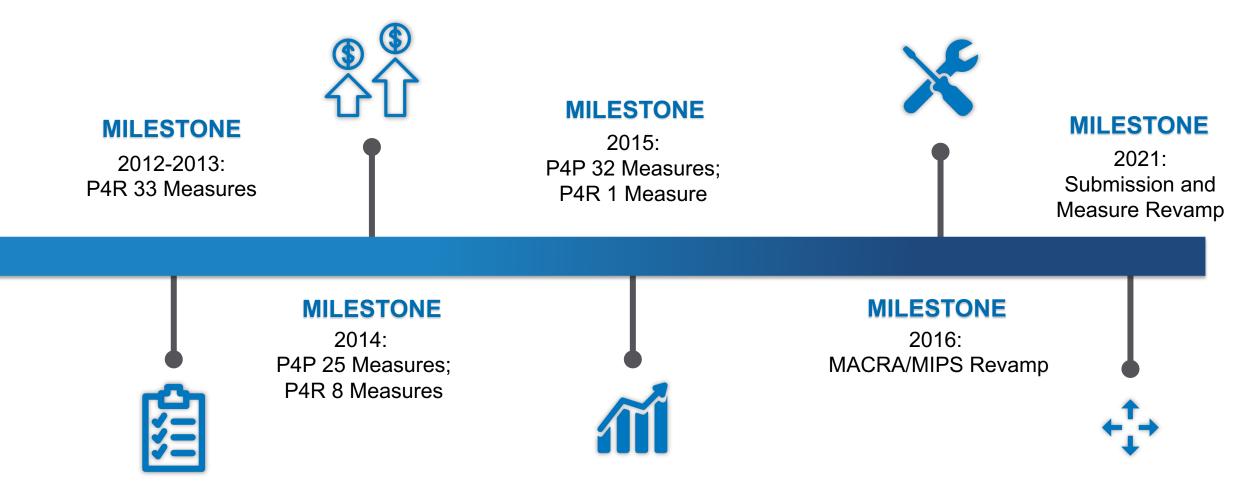
Data Challenges with Quality Reporting



Quality Metric Evolution

- Quality metrics change over time
- Alignment/mis-alignment of quality metrics across contracts
 - Primary Care Driven
 - Specialty Driven

Evolution of Quality Reporting



P4R Pay for Reporting P4P Pay for Performance

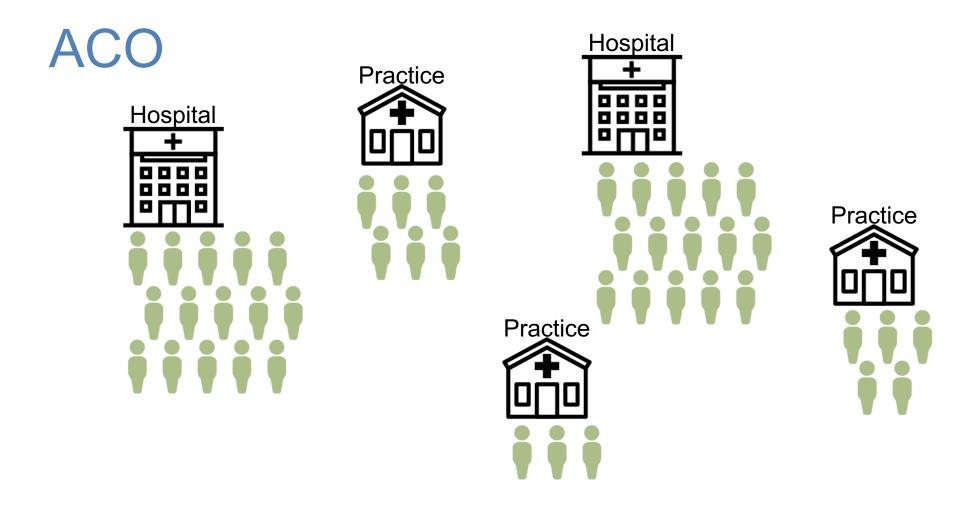


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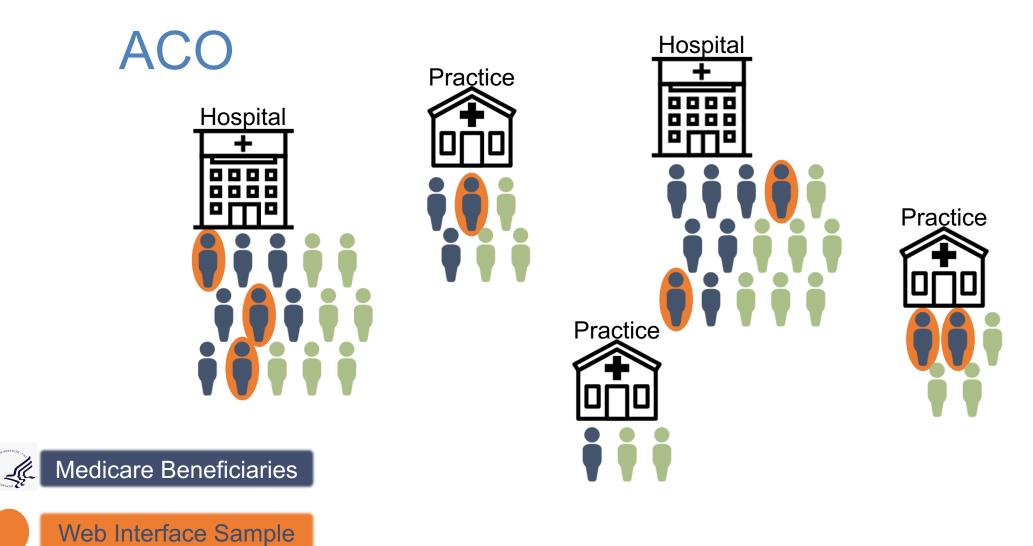


How did we do quality reporting?

2020 Reporting: Web Interface Reporting



2020 Reporting: Web Interface Reporting



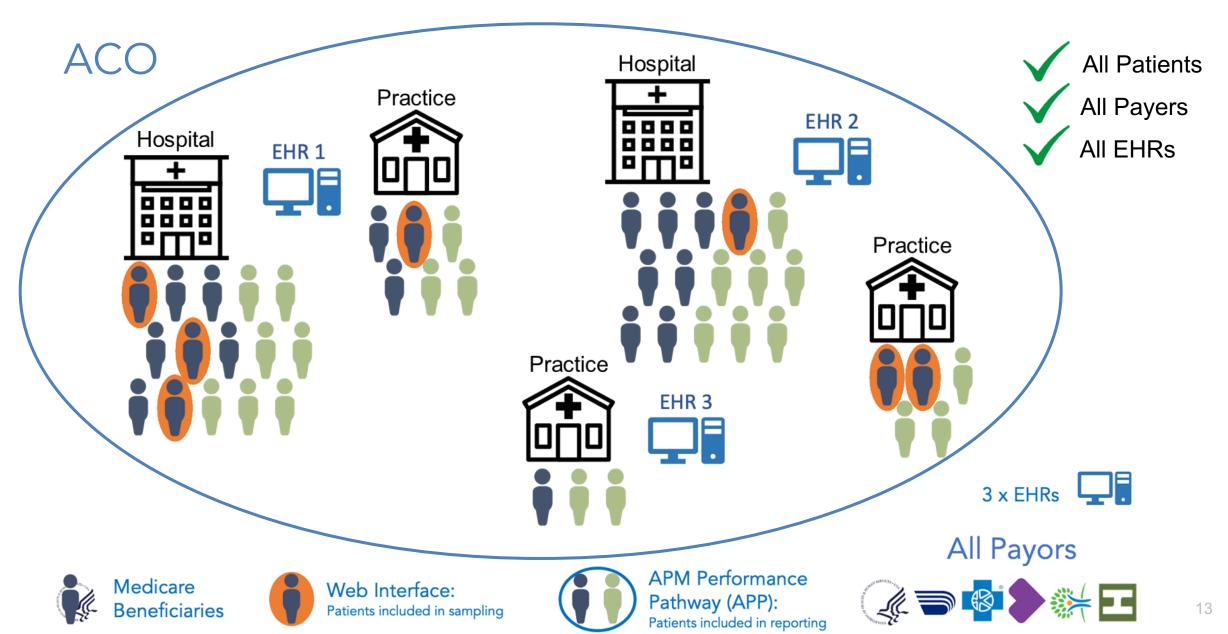


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How do we need to do quality reporting in the future?

APM Performance Pathway (APP) Reporting



Evolution of Quality Reporting: 2020, 2021 & Onward



Interface measures or 3 eCQM/MIPS CQM/Medicare Part B claims measures in APP



2023 and Beyond: ACO achieves a quality performance score that is equivalent to or higher than the 40th percentile across all MIPS Quality performance category scores

APP Quality Measure Choices 2021

Qlty ID	Measure	Web Interface	APP	Submitter Type				
#321	CAHPS for MIPS	Yes	Yes	Survey Vendor				
#479	HWR Readmission Rate	Yes	Yes	CMS Administrative Claims				
#TBD	MCC Unplanned Admissions	Yes	Yes	CMS Administrative Claims				
#001	HbA1c Poor Control	Yes	Yes	EHR, Qual Reg, QCDR				
#134	Screen for Depression and Follow up	Yes	Yes	EHR, Qual Reg, QCDR				
#236	Control of High BP	Yes	Yes	EHR, Qual Reg, QCDR				
#318	Screen for Falls Risk	Yes						
#110	Flu Immunization	Yes			Web Interface	APP		
#226	Tobacco Use Screening and Follow up	Yes						
#113	Colorectal Cancer Screening	Yes	Mea	asures	10		3	
#112	Breast Cancer Screening	Yes				-		
#438	Statin Therapy	Yes				All n	All patients All payers	
#370	Depression Remission at 12 m	Yes	Enc	ounters	248 patients	•		

Mechanism Impact on Performance

Measure Name	Measure ID	Mechanism	CMS Average Performance	Mingle Average Performance
Blood Pressure Control/Follow Up	CQM236	Registry	63%	68%
Blood Pressure Control/Follow Up	CMS165	eCQM	60%	54%
Blood Pressure Control/Follow Up	HTN-2	Web Interface	50%	76%

Clinician Documentation Challenges

Measure	Data Entered	Mapped for eCQM?	Counted for EHR Report	Counted for Registry
	Referral ordered by documenting clinician in EHR.	Mapped according to EHR referral records.	Yes	Yes 🗸
	Medication treatment for depression on medication list	Mapped to Rx Norm code	Yes	Yes 🗸
Depression Screening and Follow Up	Pre-existing psychiatrist or therapist care mentioned in note, not referred by documenting clinician or captured in a referral workflow with additional challenges.	Not mapped	No	Yes 🗸
	Treatment of post-partum depression managed by Ob/Gyn mentioned in note or other unmapped record.	Not mapped	No	Yes 🗸
	Medication treatment for depression mentioned in note or other unmapped record.	Not mapped	No	Yes 🗸

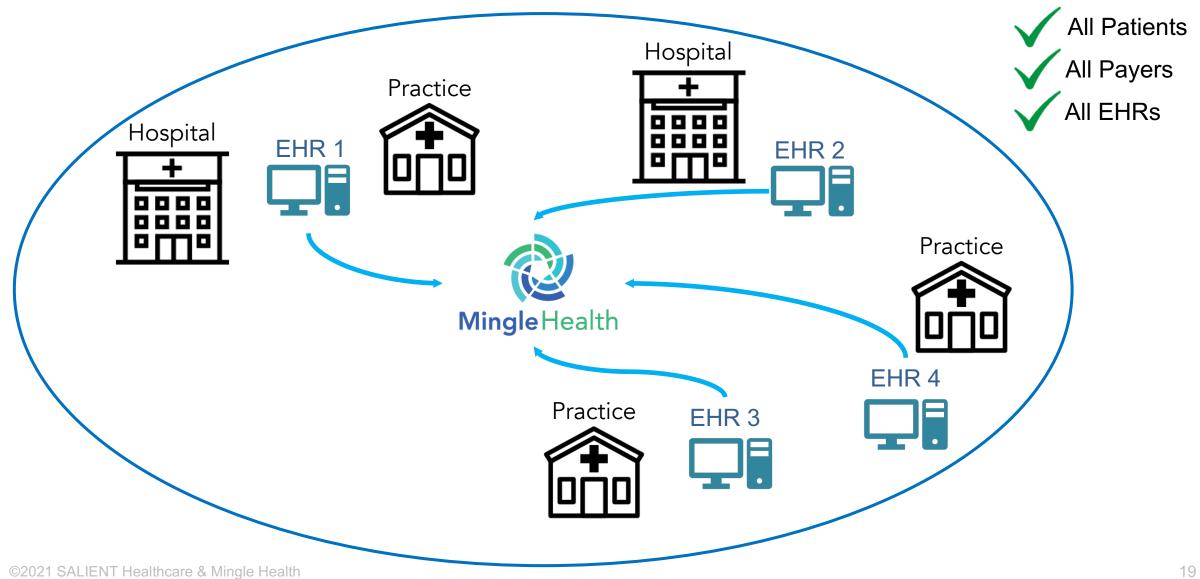


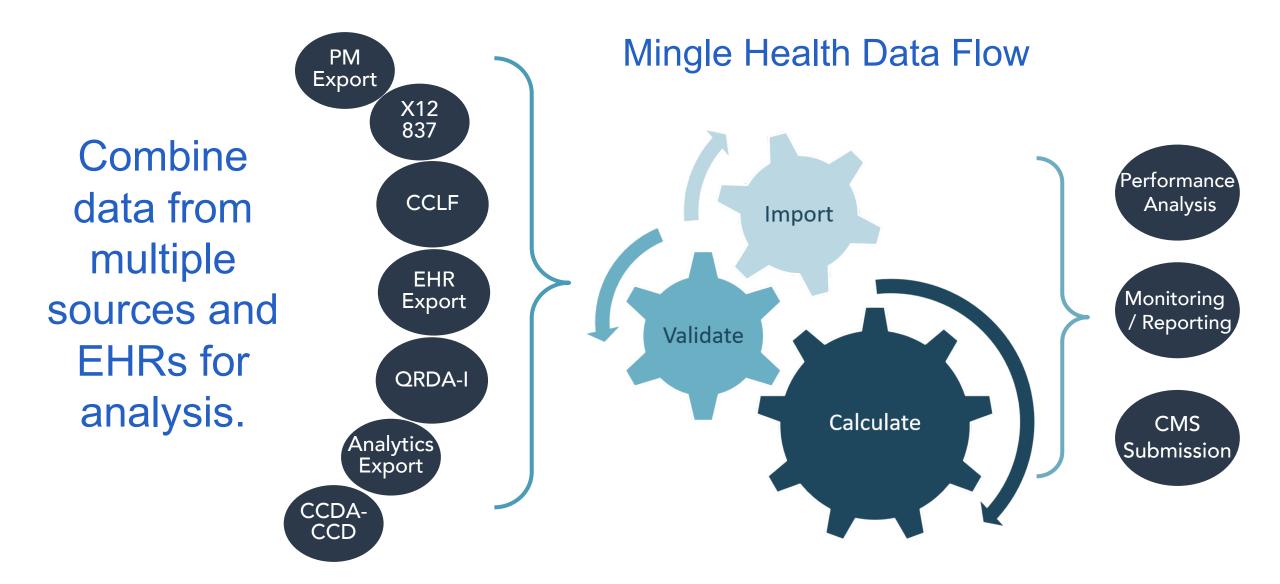
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What will you need to succeed?

Data Collection







01 Evaluate all payer data

02 Aggregate across claims and EHRs

04

Measuring performance throughout the year

- Deliver actionable reporting to providers and practices (at least monthly)
- Prioritize improvement (data, workflow, clinical care)

03 Consider CAHPS

05 Weigh your best participation and reporting options



- Year-round actionable reports
- Submission to CMS

Sample Quality Dashboard for Year-Round Reporting

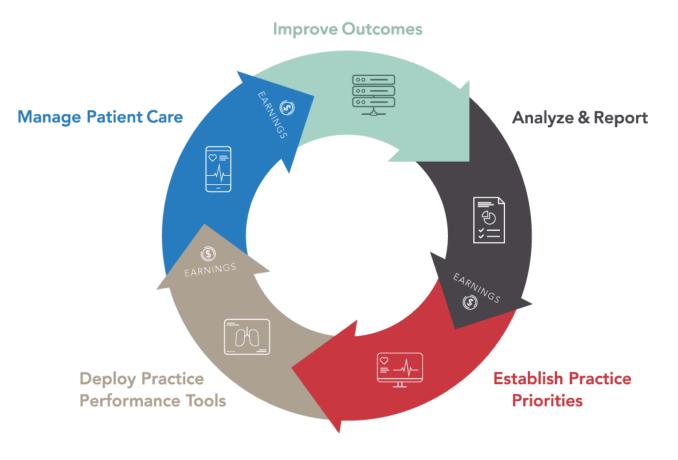
Value Based Performance Management Humana UHC ACO 25.3 The AWV completion rate is used as 26.2 • The AWV completion rate is used as a 25.7 • The AWV completion rate is used as a proxy for quality compliance. It is recommended to a proxy for quality compliance. It is recommended proxy for quality compliance. It is recommended to Overview to have a goal of 70% completion. have a goal of 70% completion. have a goal of 70% completion. Spend and Utilization Attributed Assignable Ouality ි Readmission Analysis HbA1C Mammograms **Flu Shots** \bigcirc TCM Effectiveness Ya CCM Analysis F Facility Scorecard Goal 70% Goal 70% Goal 70% Current 58.3% Network Management Current 40.7% Provider Scorecard Beneficiary Scorecard Current 10.6% 8= Attribution Overview 88 Retention 41% of total / 58% of goal 11% of total / 15% of goal 58% of total / 83% of goal A Risk **Colorectal Screenings Annual Wellness Visits Tobacco Screening** Goal 70% Goal 70% Goal 70% Current 58.7% Resources Current 23.7% Current 20.6% About the Data Attribution Logic

Data Dictionary

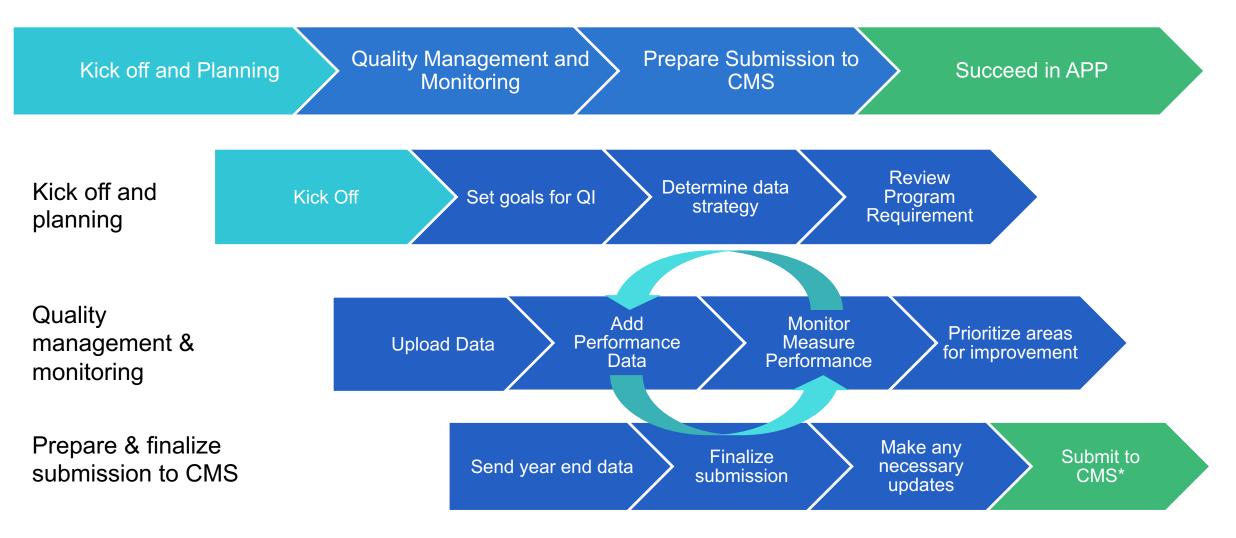
Weigh your best methods for reporting

- ACO and at-risk contracts increasingly require quality measurement and analytics maturity:
- Is compliance and reporting aligned with quality improvement initiatives?
- Do you have data and reports to engage stakeholders (practice, clinicians, care teams) across the ACO?
- Are you able to aggregate data across EHRs, systems, and payers?

Get started now to understand your quality metrics and succeed with the APP.



Project Plan



Consultative Approach

Improving Performance

- AWVs
- Cost
- Network leakage

Engage Practices and Providers

- Actionable reports and data
- Align initiatives around time of year
- Leveraging Telehealth
- Partnerships
- RCM, EHR vendors



Questions?



Amy Kotch, MHA
Principal Business Consultant
Phone: 914.275.6531
E-Mail: <u>akotch@salient.com</u>



Alysen Casaccio, BHA, RN-BC
VP, Client Services
Phone: 207.613.0867
E-Mail: alysen.casaccio@minglehealth.com



Maria Nikol, MJ Sr. Business Consultant • Phone: 410.812.7156

• E-Mail: <u>mnikol@salient.com</u>



Jeff lasilli VP, Operations • Phone: 207.404.2467 • E-Mail: jeff.iasilli@minglehealth.com

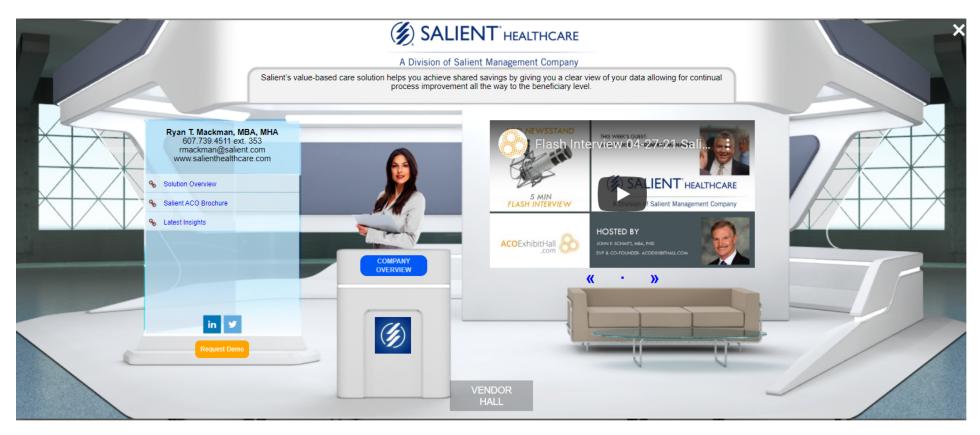


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Stop by our ACO Exhibit Hall Virtual Booth



https://www.acoexhibithall.com/vendor-booth/salient-healthcare/population-health-ii-software-tools-data-analytics/117/





Thank You!



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