

Data Quality Improvement Plan

Goal

This interactive document is for Clinical Health Information Technology Advisors (CHITAs) to work with a practice to institute sustainable quality improvement. The Data Quality Improvement Plan (DQIP):

- ◆ Allows your practice's CHITA to understand results from your Practice Survey.
- ◆ Focuses on the data elements and clinical quality measure (CQM) reports that support care for patients with cardiovascular disease or those who are at high risk.
- ◆ Will help your CHITA to work with your practice team to identify opportunities and barriers for implementing the EvidenceNOW Southwest project.
- ◆ Helps your CHITA to understand the practice dynamic.
- ◆ Will enhance practice knowledge, and instill autonomy and confidence in data development, data use, and data submission.

By the time you complete this plan, both your practice and your Clinical HIT Advisor will have a clear picture of your current data quality, measure validity, and reporting procedures, as well as identify priorities, barriers and opportunities for improvement. Your CHITA will work with you to develop processes using your electronic health record (EHR).

We hope this DQIP will help your practice use data to improve care for patients, a core activity of all advanced primary care practices.

Submit Online

Once you have completed this plan, go here: <http://bit.ly/ENSWCODQIP>

Practice Name: SAMPLE PRACTICE

Practice ID: 7777 STANDARD

Survey Date: 05/16/2016



DATA QUALITY PROCESS: TENET ONE

IDENTIFY & DOCUMENT DATA USES

- Build a working relationship with the practice's improvement team in cooperation with the practice facilitator.
- Data Uses: Identify and document programs, applications, and measurement activities where data are utilized, both at summary and individual patient levels.
- Systems and Inputs: Document systems and inputs that capture data related to uses.
- Impact: Determine use of data will impact the practice.
- Prioritize and stratify data uses.

EHR System **ELECTRONIC**

Name | VERSION | YEAR **Greenway Medical | 17.10.9 | 2010**

Our practice **WILL NOT** change our EHR/EMR system within the next 18 months.

Our practice's data resides in **DATA RESIDES IN THE *CLOUD* WITH VENDOR**

Our practice's EHR vendor **CAN WITHOUT RESTRICTIONS** help extract data and clinical quality measures.

Our practice's current EHR/EMR system **IS** certified to meet Meaningful Use as defined by Health and Human Services / Office of the National Coordinator for Health Information Technology (ONC).

Our practice's EHR currently **DO NOT KNOW** generate Continuity of Care Documents (CCDs).

Our practice **CANNOT** share any patient health information (e.g., lab results, imaging reports, problem lists, medication lists) electronically (not fax) with any other providers, including hospitals, ambulatory providers, or labs.

Our practice **CAN** incorporate clinical lab-test results into EHR/EMR as structured data (i.e., data recorded in discrete fields and not in text fields).

During meetings, our practice **INFREQUENTLY** discusses data or reports about clinical quality from health plans or other external entities.

Data on the clinical quality of care provided by our practice or its clinicians **ARE** publicly reported by health plans or other external entities.

Our practice measures practice patient satisfaction **NEVER**.

Our practice **IS NOT** recognized or accredited as a patient-centered medical home (PCMH).

Our practice's clinicians **DO** have their own panel of patients for whom they are responsible.

Our practice **DO NOT KNOW** attest successfully for Meaningful Use Stage 1.

Our practice **DID NOT ANSWER** apply for Meaningful Use Stage 2 incentive payments.

Our practice has an ongoing, reliable system for empanelment and panel management within our data systems and practice processes. **NOT AT ALL**

A system has been implemented for including patient and family input in ongoing improvement activities (such as patient advisory groups or patients or family members on QI teams). **NOT AT ALL**

A patient experience survey is used regularly (at least quarterly) to monitor practice performance. **NOT AT ALL**

Patients with care or outcomes falling outside of guidelines are identified for more intensive care. **NOT AT ALL**

Our practice uses clinical guidelines for cardiovascular disease prevention:

PRACTICE DOES NOT FOLLOW SPECIFIC GUIDELINES | | |

Our practice uses clinical guidelines for management of patients at risk for cardiovascular disease (e.g., statin use among those at risk):

PRACTICE DOES NOT FOLLOW SPECIFIC GUIDELINES | | |

Within the past 12 months, our practice has participated in any of the following payment or quality demonstration programs :

STATE INNOVATION MODELS INITIATIVE (SIM)	COMMUNITY HEALTH WORKER TRAINING PROGRAM
MILLION HEARTS: CARDIOVASCULAR DISEASE RISK REDUCTION MODEL	ASTHOS MILLION HEARTS STATE LEARNING COLLABORATIVE
TRANSFORMING CLINICAL PRACTICE (TCPi) -- INITIATIVE SUPPORT AND ALIGNMENT NETWORK (SAM)	COMPREHENSIVE PRIMARY CARE INITIATIVE (CPCI)

There have been the following major changes in our practice in the last 12 months:

IMPLEMENTED A NEW OR DIFFERENT EHR	MOVED TO A NEW LOCATION
LOST ONE OR MORE CLINICIANS	LOST ONE OR MORE OFFICE MANAGERS OR HEAD NURSES
PURCHASED BY OR AFFILIATED WITH A LARGER ORGANIZATION	NEW BILLING SYSTEM
OTHER:	

Our practice works with the following organizations/networks to support capture of EHR/Electronic Medical Record (EMR) data used to report clinical quality

CLINICAL DATA WAREHOUSE	HEALTH SYSTEM PRACTICE NETWORK
REGIONAL EXTENSION CENTER	HEALTH INFORMATION EXCHANGE
PRIMARY CARE ASSOCIATION	HOSPITAL NETWORK
EXTERNAL CONSULTING GROUP	PRACTICE-BASED RESEARCH NETWORK

Our practice has produced quality reports on the following clinical quality measures in the last 6 months:

PERCENTAGE OF PATIENTS AGED 18 YEARS AND OLDER WITH ISCHEMIC VASCULAR DISEASE (IVD) WITH DOCUMENTED USE OF ASPIRIN OR OTHER ANTITHROMBOTIC (NQF 0068).
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 (<140/90) DURING THE MEASUREMENT YEAR (NQF 0018).
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 (NQF 0028).

Our practice **CAN** report the above quality measures at the practice level.

Our practice **CAN** report the above quality measures by clinician (MD, DO, NP, PA).

DATA QUALITY PROCESS: TENET TWO

ESTABLISH QUALITY OF DATA

- Determine ENSW measures, or specific data elements within a measure to address.
- Retrieve relevant data.
- Complete an assessment of all 4 CQM reports.
- Validate data quality issues associated with workflow, systems uses, systems design, etc.
- Work with DARTNet to establish baseline.

Our practice **DOES NOT** have someone who can configure or write quality reports from the EHR/EMR.

Data on the clinical quality of care provided by our practice or its clinicians **ARE** publicly reported by health plans or other external entities.

Our practice is **SOMEWHAT SATISFIED** with our EHR/EMR system.

Our practice has a registry for the following conditions:

WE DO NOT USE REGISTRIES OR RECEIVE SUCH REPORTS

ISCHEMIC VASCULAR DISEASE (IVD)	HYPERTENSION
HIGH CHOLESTEROL	DIABETES
PREVENTION SERVICES	HIGH RISK (HIGH UTILIZATION) PATIENTS
Our registry CANNOT be configured to add new conditions.	

Please indicate the status of each data element (on next page):

ENSW Data Elements			
Patient Linking number	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Billing – Accounts Receivable	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Year of Birth	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Ethnicity	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Race	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Date of all visits in last 12 months	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Diagnostic codes linked to each visit	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
CPT codes linked to each visit	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Medications	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Diagnoses/problems	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Height	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Weight	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Blood pressure - diastolic	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Blood pressure - systolic	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Smoking status	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Smoking cessation referrals	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
Total cholesterol	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
LDL-C	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
HDL	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
A1C	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED

Green
Yellow
Red

Data captured in discrete fields accurately and consistently on all patients in practice

Data captured in discrete fields with concern for accuracy and/or consistency

Data elements not captured in discrete fields

Please indicate the status of NSW Measure:



A: ASPIRIN (NQF 0068)

Numerator

Patients who have documentation of use of aspirin or other antithrombotic during the measurement period.

Denominator

Patients 18 y/o and older with a visit during measurement period, and an active diagnosis of ischemic vascular disease (IVD) or who were discharged with myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12-months prior to the measurement period.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GREEN	YELLOW	RED	BLACK

B: BLOOD PRESSURE MANAGEMENT (NQF 0018)

Numerator

Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.

Denominator

Patients 18-85 y/o who had a diagnosis of essential hypertension with the first six months of the measurement period or any time prior to the measurement period.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GREEN	YELLOW	RED	BLACK

C: CHOLESTEROL MANAGEMENT

Numerator

Patients meeting denominator criteria who were prescribed or are already on statin medication therapy during the measurement year.

Denominator

Select the one measure that is the most available, trusted, and usable for this project from the following list:

- (original harmonized denominator) Number of high-risk patients aged >= 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); or with a fasting or direct Low-Density Lipoprotein Cholesterol (LDL-C) level >= 190 mg/dL; or patients aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL. NOTE: Each patient should only be counted once.
- Number of patients diagnosed with ASCVD
- Number of patients with a fasting or direct LDL > 190 mg/dL;
- Number of patients with a diagnosis of diabetes

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GREEN	YELLOW	RED	BLACK

S: SMOKING CESSATION SUPPORT (NQF 0028)

Numerator

Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.

Denominator

All patients aged 18 y/o and older seen for at least two visits or at least one preventive visit during the measurement period.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GREEN	YELLOW	RED	BLACK

Green
Yellow
Red
Black

Already have the report, same as NSW definitions
 Have the report, but does not fully match NSW definitions
 Do not have the report, but can get it/build it
 No chance of getting report from system/vendor

Which method will the Practice use to submit data to DARTNet?

(DEPENDENT ON PRACTICE DETERMINATION FOUND IN PRACTICE SURVEY/DQIP) DATA SOURCE	FROM CQM REPORT			
	ASPIRIN (NQF 0068)	BLOOD PRESSURE MANAGEMENT (NQF 0018)	CHOLESTEROL MANAGEMENT (YOUR SELECTED MEASURE)	SMOKING CESSATION SUPPORT (NQF 0028)
<u>Patient-level data</u> : Direct practice connection to DARTNet OR another organization who will capture data elements and calculate measures (e.g., HIE, NM PCA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Practice-level data*</u> : Numerators/Denominators from a non-EHR registry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Practice-level data*</u> : Numerators/Denominators from EHR certified by ONC in 2014 or after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Practice-level data*</u> : Numerators/Denominators from EHR certified by ONC prior to 2014	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Patient-level data</u> : Chart audit - using EHR data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Patient-level data</u> : Chart audit - paper health record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Practices that can only generate provider-level reports MUST:**

- 1) Create unique numerators and denominators
- 2) Ensure that the same patient does not report for multiple providers in the practice

DATA QUALITY PROCESS: TENET THREE

DATA QUALITY IMPROVEMENT GOALS

- Institute improvement team and feedback and regular check-ins.
- Include those who are involved in creating and using the data.
- Identify goals for data quality improvement related to identified uses and issues.
- Establish measures of success.

Please list your three goals for improving data quality in your practice:

- Make the goals SMART (specific, measurable, attainable, realistic, timely).
- Think of your data elements.
- Consider how to consistently pull reports and validate information relevant to each clinical quality measure (CQM).
- With each goal, be sure to include measures of success.

GOAL 1:

GOAL 2:

GOAL 3:

Who will lead the Practice's HIT efforts?

Name

Email

Phone Number

What will you make happen in the next 10 working days to begin your progress?

DATA QUALITY PROCESS: TENET FOUR

MONITOR PROGRESS AND ADJUST GOALS

- Are there processes or technology that can help improve and monitor data quality?
- Compare progress to benchmarks.
- Alter plan as needed to accommodate issues, emergent needs, and other changes.

Not at All (0) to
Completely (4)

Our practice has a QI team that meets regularly.

NOT AT ALL

The QI team has a sustainable, reflective QI process that deals effectively with challenges and conflict.

NOT AT ALL

DATA QUALITY PROCESS: TENET FIVE

DEVELOP DATA SUSTAINABILITY PLAN

- Create plan that provides ongoing feedback and monitoring of continuous data quality improvement.
- Consider who else can be brought to the table with an investment in patient/provider/practice data.
- Implement data quality processes that can bring about additional transformation opportunities.

9-MONTH PRACTICE GOAL for EvidenceNow Southwest

FUTURE GOALS for after EvidenceNow Southwest ends

Once you have completed this plan, go here: <http://bit.ly/ENSWCODQIP>