

Signals from Medicare

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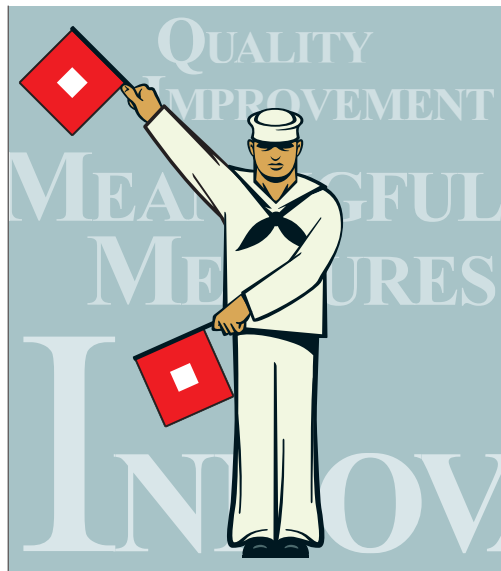
CMS OFTEN SETS THE EXAMPLE for other public and private payers. Stratis Health pays close attention to its policies, programs, and thinking about quality and safety, as a Medicare Quality Innovation Network Quality Improvement Organization (QIN-QIO), and because of Medicare's outsized influence on others. Three important signals related to quality are coming from CMS.

First, CMS is bringing together under a single contracting vehicle its portfolio of quality improvement technical assistance providers—the long standing and statutorily required QIN-QIOs and End Stage Renal Disease Networks, along with the newer Hospital Improvement and Innovation Networks and potentially the Practice Transformation Networks. Stratis Health thinks it makes sense for a more coordinated approach.

Stratis Health is developing a consortium of organizations with success in leading these CMS quality programs to bid for this future quality work in our region.

CMS has articulated possible areas of focus for the program, many of which align with needs and priorities in Minnesota, such as decrease opioid use and improve chronic disease self-management.

Second, CMS is re-framing its quality measure efforts, specifically in its new "Meaningful Measures" initiative. Launched fall 2017, this initiative is iden-



tifying the highest priorities for quality measurement and improvement. The areas prioritized for measurement serve as the link between CMS's six quality goals and individual measures/initiatives to demonstrate how high quality outcomes for patients are being achieved.

Lastly, Health and Human Services Secretary Alex Azar has suggested the CMS Innovation Center (CMMI) might test new approaches for achieving high quality and cost-effective health care. A request for information last fall asked how the center should test payment models in eight different areas.

Secretary Azar appointed Adam Boehler as the new director of the Innovation Center in April. Boehler is an entrepreneur with a wide ranging background which includes chronic disease management programs, pharmacy and laboratory ben-

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efits management, and health technology. The buzz in Washington is that, while the Congressional Budget Office is sticking with its expectations on cost savings for CMMI demonstration projects, Azar and Boehler have a more expansive view of how payment, care delivery, and quality can be tested through disruptive rather than incremental change. There is a sense that rapid cycle large scale innovation has been "oversold" through CMMI, and that it is time to re-think assumptions and how to accomplish rigorous evaluation.

What does this all mean? Medicare seems to be signaling a more purposeful focus on quality in a smaller number of high priority areas—represented by more outcomes-focused measures—and supported by a better coordinated and more comprehensive technical assistance program. ○

Engaging Physicians in Quality Improvement



Perspective from
Craig Svendsen, MD
Stratis Health Board member

Health care system leadership must create a culture of improvement as the fabric of their organization.

Craig Svendsen, MD, is a chair of the Stratis Health Board of Directors. He is retired chief medical quality officer and physician lead for HealthEast Care System's Quality Institute and Quality Program, Dr. Svendsen is board certified in family medicine.

UNLEASHING THE QUALITY IMPROVEMENT POTENTIAL locked in the clinic exam room or hospital bedside needs to be the mission of each and every leader in health care. The 25-year journey from “quality assurance” to “quality management” to “quality improvement” has been slow, arduous, and has achieved mixed success. The addition of the fourth aim (improved clinician experience) to the Triple Aim (better outcomes, lower costs, improved patient experience) brings attention to the front line of patient care. However, we continue not only with a “Quality Chasm” but a chasm between leadership’s population goals and the clinician’s goals for “Mr. Smith, the patient in exam room 12, who is experiencing vascular disease, diabetes, obesity, and depression.”

It is the front line who feels under siege, emotionally drained by long work hours, inefficient work processes, work after clinic tasks, challenging electronic health records and metrics that are not stretch goals but unattainable performance levels.

Health care system leadership (boardroom to exam room or bedside) must create a culture of improvement as the fabric of their organization which enables the front line team to deliver exceptional patient care using improvement science. This culture of improvement requires commitment by management to invest in training, personnel, dedicated time, and the concept that improvement is our work—it is not added to our work.

Clinic and hospital improvement capacity must be built through the creation of multidisciplinary front line teams empowered to identify their barriers and the issues preventing delivery of optimal care. Establishing improvement goals cannot be a “top-down” or “bottom-up” process but an endeavor of mutual respect and understanding of all perspectives, from C-Suite to front line teams at the point of care.

Establishing metrics which accurately reflect clinical quality, cost and patient

experience has proven more than challenging. Health care finds itself subject to numerous demands from regulators, payers, and business and consumer groups, often driven not by what is an ideal metric but rather, what is available or can be measured. The attributes of the next generation of metrics require a small set balanced across each of the three Aims, aligned to serve the needs of all the constituents and useful to drive improvement.

Improvement is our work—it is not added to our work.

For front line care teams, measurement needs to reflect outcomes

and processes of care for which they have significant control. The goals can target attainment of top performance; however, improvement itself merits recognition when top performance is too distant. Avoiding “perfect” as the enemy of “better” is a key for retaining active physician participation by selecting appropriate improvement targets for a given clinic population.

Physicians can regain a sense of control, find a place for meaningful dialogue, and implement changes to improve patient care and workflow by active involvement in improvement teams. Ingredients that promote engagement are the involvement of a trusted physician leader with the authority to implement changes; and enlistment of front line physicians who are innovators or early adopters, who can collaborate within a multidisciplinary team to solve the processes and impediments which the team has identified as most frustrating.

This improvement activity needs to be built into the workday without compromising compensation, with any incentive payment based on goals cautiously and carefully constructed. There needs to be clarity that standardizing care and processes does not diminish the physician role, that care must still be individualized; that innovation and creativity are permitted without blind adherence to process. The science of medicine must always leave room for the art of medicine, and curing must leave room for healing. ○

Open Your Clinical Notes

It's time to empower patients with their complete health story

Susan Severson, MPH

Vice President, Health Information Technology, Stratis Health



SEEMA VERMA, CMS ADMINISTRATOR, SAID IT LOUD AND CLEAR: It's time to empower patients by giving them control of their health care data. I'm ready for Apple's disruptive idea of portable, consolidated health data that patients carry with them on their smartphones. While the tech visionaries work on that revolutionary challenge, Stratis Health is advocating for a patient empowerment tool that health care organizations can implement today: opening clinical notes to patients.

Clinical notes add a rich layer of insight not available through other features common in patient portals. The after visit summary, test results, medical history, and patient education are all valuable tools. Add the clinical notes, and patients can fill in the details of their health story. This is especially true for patients with complex conditions and those with caregivers unable to participate in clinical visits. Open notes eliminates the problems of forgetting what the doctor said or inadvertently missing details when relaying visit information.

Studies have shown that open notes make patients feel more in control of their care. They understand their care better, trust their health care team more, and follow through more frequently on care recommendations.

Open notes make care safer. Patients provide a first line of defense when they have the opportunity to correct errors in their medical records. They've flagged mistakes like a "left" that should have been a "right"—eliminating missteps toward wrong site surgery.

We are encouraging Minnesota health care organizations to open their clinical notes. I'm eager to talk about the research and clinical experience that refutes nearly every reason given to not open clinical notes. A handful of cultural myths try to stand in the way of the change needed to open notes. Let me myth bust by sharing the following experience from the field.

Patient questions between visits don't increase; patients actually become better informed and may be better prepared for their next visit. For the small percentage of patients that contact the doctor about something in their notes, nearly a third are doing it because they

believe there's an error in the record. Most physicians report not needing to change how they write their notes. Smart phrases are efficient building blocks for well-constructed notes. While behavioral health providers often claim therapy notes should remain private, those who have opened their notes find that patients who read their notes can better reflect on their therapy sessions and can clarify what might have been miscommunicated during patient dialogue.

While most electronic health record (EHR) systems can be set up to offer clinical notes through their patient portals, a handful do not have the technical capability today to open notes to patients. Stratis Health wants to help close this digital divide regarding EHR capabilities to prevent further inequity in care.

Stratis Health recently surveyed the status of open notes across Minnesota. Eight of the 16 large health systems surveyed have implemented open notes. Seven of these currently allow patient contributed data through their portals; four of the health systems are making clinical notes available to the patients immediately after the visit. This real-time data allows for real-time patient engagement. Interestingly, the eight organizations that have not implemented open clinical notes are sharing other patient data through their portals. And, many are already accepting patient-contributed data through their portals, so much of the infrastructure and processes are in place.

Patients have always had a fundamental right to see their medical data. Opening clinical notes online takes that right and removes barriers that have stood in the way, no more delay and expense of a formal request for records to be copied and sent. Once open, the notes need to be easy to find within a patient portal and fully promoted, so patients are aware of their availability and able to review.

We are moving toward a future where patients co-produce their care in partnership with their health care team. The more that patients understand their own health story, the more engaged and empowered they can be in controlling their own health care journey. Let's open clinical notes to help inform their stories. ○

Measuring Quality for Medicare Consumers

One year into the Merit-based Incentive Payment System

“We use the (Estimator) to identify measures we need to focus on to maximize our financial incentives and improvement strategies under the MIPS program.”

- Nate Hunkins, director of population health, Bluestone Physician Services

THE TRANSFORMATION FROM VOLUME TO VALUE IS HAPPENING EVER SO SLOWLY. Health care organizations struggled to prepare for their first year of participation in Medicare’s Quality Payment Program and calls to change the Merit-based Incentive Payment System (MIPS) in its second year are strong.

The flexible design of the new CMS value-based reimbursement program makes understanding MIPS a challenge, even for many of the health care organizations and clinicians that started tracking program information as soon as was released.

First year MIPS participation success

Stratis Health MIPS experts provided technical assistance to more than 23,000 clinicians in Minnesota. We addressed

their barriers and uncertainty about the new Medicare quality incentive program to facilitate successful participation in MIPS.

Based on aggregate data from the 2,435 scenarios ran by users of our 2017 MIPS Estimator tool, the average overall MIPS score was 58.2 points—placing the majority of scores well within the range for a positive payment adjustment.

Sacred Heart Mercy Health Care Center,

in Jackson, Minnesota, is proof that even the smallest of clinics was able to participate successfully in MIPS. This family medicine clinic, with one physician and three nurses, was already undertaking best practices that are rewarded under MIPS.

“We have a very small staff, and they’re very dedicated,” said Sister Mary Raphael Paradis, administrator at Sacred Heart. “It’s part of our value system to do the best we can.”

As an independent affiliate of Sanford Health, Sacred Heart uses the system’s certified electronic health record technology (CEHRT) system to document, review, and transfer patient data. CMS aims to advance the productive use and exchange of health care information, so the MIPS’ Advancing Care Information (ACI) category favors these practices with higher scores. The clinic also is certified as Health Care Home, which gave it automatic full credit in the MIPS Improvement Activity category—a reward for strong care coordination.

When Paradis had issues uploading data for ACI and received a lower score than expected, she turned to the Stratis Health MIPS Estimator, which helped clarify her best reporting options.

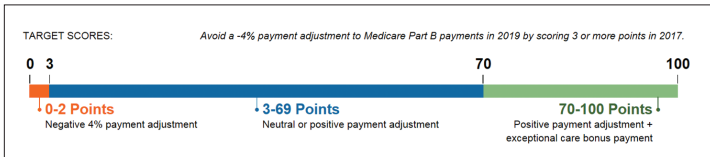
“When I got a really good score from the MIPS Estimator, I wasn’t as worried,” she noted. “After using the Estimator, I feel like I understand MIPS better and think we have a fairly good chance of getting an incentive.”

Tools and support made a difference for clinicians. Other users of the Stratis Health MIPS Estimator reported accelerated understanding of MIPS, reduced uncertainty about participating in the value-based incentive program, and reduced time required to determine the best options among the abundant choices for how to participate.

“We use the tool to identify measures we need to focus on to maximize our financial incentives and improvement strategies under the MIPS program,” said Nate Hunkins, director of population health, Bluestone Physician Services.



MIPS Payment Adjustment Continuum



Using the Estimator, a family practice found its MIPS score was close to achieving an exceptional care bonus payment. After reviewing its Estimator data with a Stratis Health MIPS expert, the practice determined where it could focus on achieving quality measures that also improved its MIPS performance. It set a goal to increase the number of colorectal screenings for the performance year.

Uncertainty continues in 2018 MIPS

With the April data submission deadline for performance year 2017 in the MIPS program just passed, clinicians are seeking insights on the 2018 performance year.

To reduce reporting burden on small practices, in this second year of the program, CMS is raising the Medicare patient volume threshold for clinician eligibility to participate in MIPS. More small practices will now be excluded from the program.

Already a quarter into the year, clinicians are waiting to find whether they are among the more than 500,000 clinicians CMS estimates will be excluded. As a result, nearly 50 medical associations and societies sent a joint letter to CMS requesting a reporting period of a minimum of 90 consecutive days rather than a full year, to account for lack of direction at the start of the reporting year.

In the 2018 MACRA implementation final rule, CMS estimates the burden of data collection and submission to the QPP to total 7.6 million hours with a cost of almost \$700 million this year. Others imply a much greater cost and questions about whether the measures are meaningful. Many are clamoring for the future where the real value of care is measured in outcomes—a true shift from fee-for-service to value-based reimbursement.

Future of quality measurement

A recent *New England Journal of Medicine* article reviewed validity of the 86 QPP measures relevant to ambulatory general internal medicine. They were rated using five domain criteria devised by the American College of Physicians: importance,

appropriateness, clinical evidence, specifications, and feasibility, and applicability. Less than 40 percent of the metrics were deemed valid. Insufficient evidence to support the measures and inadequately specified exclusions were cited as notable issues.

Yet, measuring the quality of health care shows how the health system is performing, helps prioritize quality initiatives, and leads to improved care. Without this measurement data, the CMS Office of Minority Health could not have revealed the significant gender, racial, and ethnic differences in care received by beneficiaries of Medicare Advantage, in its two 2017 reports.

Quality leaders are perpetually trying to determine which measures to collect. Experts are advocating for measures that are more meaningful to patients, such as mental and social wellness of patients, provision of preventative services, access, adherence to evidence-based care, patient-identified goals, and improvement in health literacy. Only 27 percent of MIPS quality measures assess patient outcomes. The remaining 200 plus are largely process measures, evidence of how rooted we still are in data derived from a fee-for-service system.

While some in health care are calling for a “time out” in the use of performance measures, others are planning the future of outcome measurement. The International Consortium for Health Outcomes Measurement (ICHOM) is looking to transform health care systems worldwide by measuring and reporting patient outcomes in a standardized way. It has developed 23 Standard Sets covering 54 percent of the global disease burden. Many of the outcome measures in its Older Person Standard Set have parallels in MIPS. Are we ready for global measures? ○

Read the full report [MIPS Estimator Facilitates Clinician Ability to Plan for Success in the Quality Payment Program](#) available online.

IN BRIEF

MIPS Estimator Drives Clinician Success in the QPP

Uncertainty about the Merit-based Incentive Payment System (MIPS) immobilized many clinicians from taking steps to participate in this new Medicare payment program effectively. Many felt overwhelmed by the abundant choices for how to participate and lacked knowledge of reliable resources to understand the complex program.

The Stratis Health 2017 MIPS Estimator helped clinicians understand how to integrate MIPS requirements with their internal quality improvement efforts. This solution enabled clinicians to determine their highest achievable MIPS final score—positioning them for maximum incentive payments.

“The Stratis Health MIPS Estimator is going to help determine the processes we need to put in place,” said Michelle Miller, EMR support specialist, Minneapolis Radiology Oncology.

More than 400 health care organizations across the country from 45 states and the District of Columbia, representing nearly 37,000 clinicians who serve Medicare patients (i.e., bill to Medicare Part B) created accounts in the Stratis Health 2017 MIPS Estimator to explore how to plan for success in the first year of the QPP. Of the 432 registered health care accounts, 63.7 percent indicated they had 15 or fewer clinicians who bill to Medicare Part B.

Tools like the Stratis Health MIPS Estimator provide a straight-forward means to help clinicians meet the complex requirements of MIPS and strategically use their current performance data to leverage quality, use of EHR, and clinical activities to pursue the advanced models of care that will work best for their organization.

Access the [2018 Stratis Health MIPS Estimator](#).

Looking at the numbers: Better Care for Medicare Consumers

LAKE SUPERIOR QUALITY INNOVATION NETWORK works with nearly 2,500 health care delivery organizations to improve care delivery for the four million Medicare consumers in Michigan, Minnesota, and Wisconsin. Stratis Health leads Lake Superior QIN, which serves as a local change agent to help the Centers for Medicare & Medicaid Services (CMS) achieve national health care quality goals. As one of 14 Quality Innovation Network - Quality Improvement Organizations (QIN-QIOs) across the country, we mobilize providers, partners, patients, and families to drive quality improvement at the community level.

The collaborative work of health care providers across the region is showing strong results across key national initiatives. This large-scale, five-year program runs August 2014 through July 2019.



Better Care for Individuals

7,371 Fewer nursing home residents took antipsychotic medications
Medicare consumers have a better quality of life. Use of antipsychotics for long stay nursing home residents has declined to 13.1%, below the national average of 15.4%.

7,168 Fewer unnecessary hospital readmissions for Medicare patients
924 organizations across 27 communities are improving care coordination, resulting in fewer 30-day hospital readmissions compared to the previous year.

2,986 Fewer infections for nursing home residents
As participating nursing homes learn to better identify and prevent urinary tract infections (UTIs), fewer residents suffer from these infections.

1,571 Medicare beneficiaries have earned how to better manage their diabetes
Graduates of self-management education classes had a 139% increase in reporting that they know healthy ways to handle stress related to diabetes.

52% Of patients screened annually for depression at participating practices
Medicare consumers are being screened for depression at a rate significantly higher than the average of 19.6% for all 24 participating states.

Better Care Delivery

43% Of participating organizations have implemented high-quality antibiotic stewardship programs
291 clinics, emergency departments, and community pharmacies are receiving assistance to implement the Centers for Disease Control and Prevention core elements of outpatient antibiotic stewardship.

99% Of participating Michigan health care professionals reporting adult immunizations
223 clinicians are participating in our initiative to voluntarily report immunizations to the Michigan Care Improvement Registry.

7,118 Clinicians making progress toward alternative payment models, for quality care and smart spending
Clinicians at 963 practices in eight Practice Transformation Networks were assessed for how well they're adopting methods that improve quality of care while reducing unnecessary costs.

8,227 Fewer hours per year needed by health care organizations for quality reporting—which means reduced provider burden
Our support has made quality reporting more efficient for participating hospitals, inpatient psychiatric facilities, and ambulatory surgery centers.

98% Of health care professionals would work with us again—engaged and satisfied customers
A health care professional who responded to our 2017 satisfaction survey said, "The depth and breadth of their educational documents and their expertise are incredibly helpful."

Building Healthier Communities Awards

Promoting a culture of health care quality and patient safety in Minnesota

Stratis Health awarded three grants to Minnesota nonprofits through its 2018 Building Healthier Communities program, during National Patient Safety Awareness Week this March. The grant program, now in its eleventh year, supports initiatives that promote a culture of health care quality and patient safety in the state.

This year's awards will have both regional reach and localized impact.

- ♦ **East Metro Coordination of Care Post-Acute Care Mental Health Workgroup** will produce a Post-Acute Care Behavioral Health Video Training with its funding. Targeted to staff in long-term care, residential care, and assisted living, the video training modules will boost their understanding of older adult behavioral health and equip them with tools and techniques to de-escalate behaviors. The goals are to improve behavioral outcomes for older adults and to reduce behavioral crises that may lead to unnecessary hospitalization. Stratis Health's funds will support video production and complementary training materials, which will be made widely available. CareProviders of Minnesota serves as the fiscal agent.

Good nutrition is foundational to good health. And, Stratis Health funded two projects in St. Paul that support lifestyle changes through culinary literacy—food skill development—and food access.

- ♦ **East Side Table Program Evaluation Partnership** will evaluate the East Side Table's 10-week Make-at-Home Meal-Kit program. The program helps families access and prepare affordable, healthy food while developing lifelong food skills that contribute to improved dietary, health, and equity outcomes. Led by the University of Minnesota School of Nursing, this University-community research partnership will evaluate the program using community-based participatory research methods.
- ♦ **Fruit and Veggie Rx Program**, led by the HealthEast Foundation, is the other culinary literacy award. Funds will support a second round pilot of a project in which primary care teams identify low-income, food insecure refugee and immigrant patients with chronic diet-related disease. They work to empower patients and families to make better food choices by providing nutrition education and increasing affordable access to healthy produce through community supported agriculture (CSA) participation. Success is measured through improved body mass index (BMI), A1c measure of blood sugars, and other biometrics.



Highlight 2016 Grantee: ACT on Alzheimer's

Through its Stratis Health grant in 2016, ACT on Alzheimer's was able to sponsor a rural Minnesota community to become dementia friendly. The town of Arlington, population 2,232 in eastern Sibley County, used the Dementia Friendly Communities Toolkit to undertake a community engagement process to address issues related to dementia. Arlington decided it needed to focus on awareness and education to reduce the stigma of dementia. Specifically, the community:

- ♦ Created a dementia-friendly garden in collaboration with the Arlington Garden Club
- ♦ Started a monthly support group at Fairview Assisted Living
- ♦ Collaborated with Lutheran Social Services on community events to raise awareness of dementia

"We are pleased to support these new and ongoing initiatives through our community benefit program," said Jennifer Lundblad, PhD, MBA, president and CEO, Stratis Health. "Each year I am inspired by the variety of ways people are working to foster a culture of health and quality throughout Minnesota."

Stratis Health is committed to being a responsible and engaged community member. These annual grant awards are part of our commitment to foster a culture of improvement in health care. Board and staff members submit nominations that align with Stratis Health's mission and vision, advance our work and relationships, focus on Minnesota, and benefit the community by making lives better. ○

STRATIS HEALTH NEWS

Health Plan Performance Improvement

Projects. Minnesota health plans that offer state public programs must implement performance improvement projects (PIP) to help improve the health of public program members and reduce disparities for low-income Minnesotans. Stratis Health facilitates health plan collaboration and consults to develop, implement, and evaluate each of the improvement initiatives.

In 2018, seven health plans kicked off an initiative to reduce the rate of chronic opioid use. Seven also are collaborating on an effort to increase dental access for low-income members with disabilities, and five are working on a project focused on depression and antidepressant medication management.

Honoring Choices Project Seeks to Enhance Advanced Care Planning in Minnesota Communities.

To support the project, Stratis Health is inventorying how electronic health record systems manage advanced care plans and document best practices; as well as leading measurement strategy and analysis. The communities participating in the project include the Duluth area, Native Americans, African Americans, and rural Minnesota.

Silos to Circles Rural Aging Services Pilot.

Stratis Health is evaluating Silos to Circles' work of developing local resource hubs and navigation assistance for aging services in Crosby, Moorhead, Perham, and South Chisago County in Minnesota.



Patti Cullen, CAE, and Laurie Drill-Mellum, MD, join Stratis Health board.



Cullen is president/CEO, Care Providers of Minnesota, a nonprofit membership association for organizations providing services along the full spectrum of post-acute care and long-term services and support. Drill-Mellum is chief medical officer at both MMIC, the largest policyholder-owned medical professional liability insurance company in the Midwest,



and Constellation, a partnership of mutual liability insurers and health services organizations. Both are crossover board members for the Minnesota Alliance for Patient Safety (MAPS), a subsidiary of Stratis Health.

Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Innovation Network - Quality Improvement Organization.

Stratis Health works with the health care community as a quality improvement expert and clearinghouse, educator and trainer, consultant and supporter, convenor and facilitator, and data resource.

Contact us to see how we can assist you with your quality improvement needs. Call 952-854-3306 or 1-877-787-2847 (toll-free) or email us at info@stratishealth.org.

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