Quality Reporting for MSSP ACOs

Northwell Health

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Northwell Health

Physician Partners ®

Raise **Quality**   Raise **Health**

About Northwell Health®

ECONOMIC IMPACT

$15 billion annual operating budget
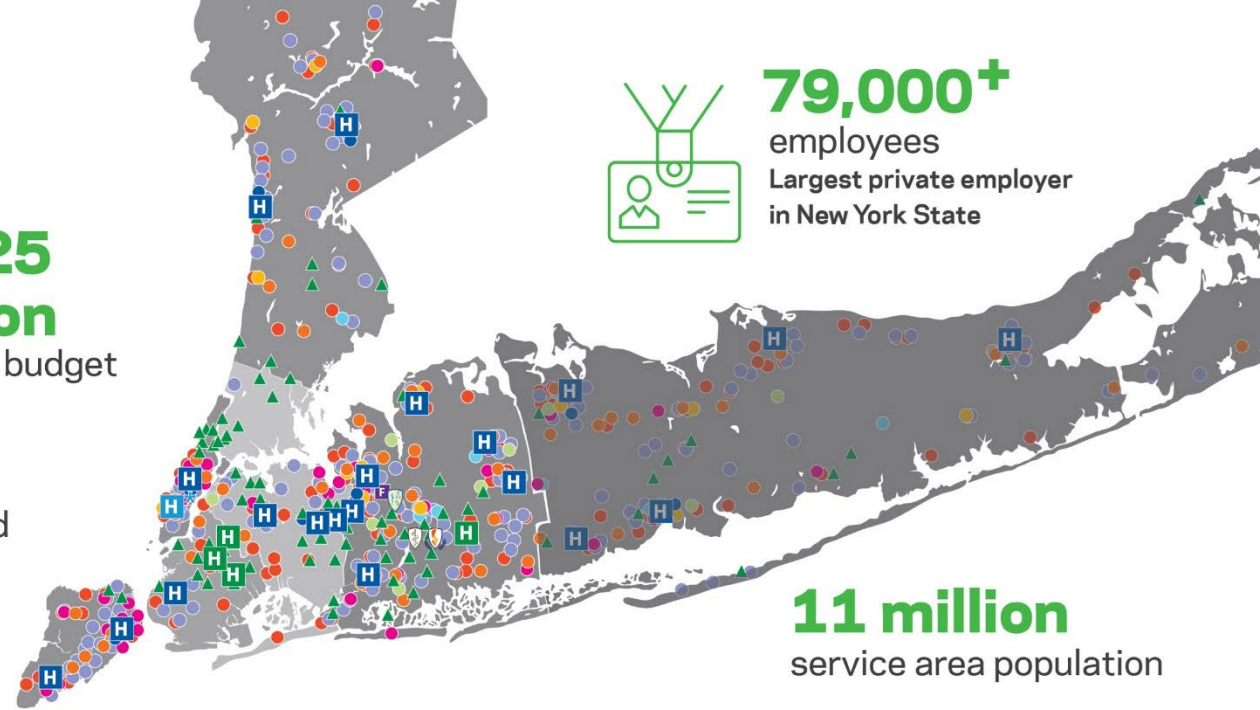
$1.25 billion capital budget

21 hospitals } **9** magnet-designated

850+ ambulatory facilities

79,000+ employees
Largest private employer in New York State

11 million service area population

CAREGIVERS

12,000+ credentialed physicians

4,900+ employed physicians

3,500+ advanced care providers

18,000+ nurses

1,900+ residents and fellows in 180 programs

5,000 volunteers

OPERATING STATISTICS

2 million patients treated annually
— 5.5 million patient encounters

37,000+ births

1 million home health visits

850,000+ emergency visits*

250,000+ ambulatory surgeries*

1,000+ active clinical research studies

250+ principal investigators

*2022 budgeted

COMMUNITY IMPACT

$485 million in education & research

$465 million in health improvement services & building

$221 million in charity care

Northwell Health ACO Statistics

82 TINs

10,136 Unique NPIs
1,732 providers (17%) with attribution

77,233 Attributed Lives across
38 TINs

60+ EHRs across the ACO

DID YOU KNOW?

- Based on the Final 2022 Public Use File, the Northwell Health ACO is the **18th** largest by *attribution* and **12th** largest by *total benchmark expenditures (N=482).*
- By clinician composition, the ACO ranks
  - **9th** by *PCP count,*
  - **3rd** by *specialist count,*
  - **2nd** by *ACP count,*
  - **4th** by *total clinician count*

* Source: ACO TIN and NPI count based on the 2023 Provider/Supplier file downloaded Aug 24, 2023; attribution file as of 2023 Q2 report

Identifying a Qualified Registry

QPP Resource Library

Qualified Registry Posting

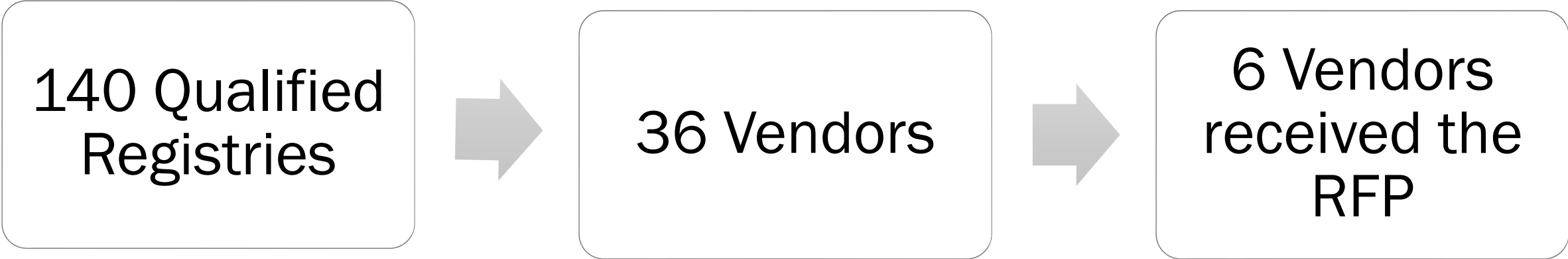Identify vendors that support both eCQMS and MIPS CQMs for added flexibility

APM Entity Reporting

Other Factors

Specialties

Remedial Action

Years of Experience

Qualified Registry Vendor Selection Process

140 Qualified Registries → 36 Vendors → 6 Vendors received the RFP

Comprehensive Scoring Rubric

RFP Questionnaire

Company Profile

Client References

Demonstrations

Estimated Total Cost

RFP Process & Key Items

Managed by Procurement Team

RFP Schedule with Target Completion Date

Questions were identified as *foundational*, *critical*, *important*, or *optional*

IT Risk and Compliance Questionnaire **crucial**

RFP Questionnaire Rating Scale

Domains	No. Question	Max Points	Weight	Rating			
				Excellent	Good	Fair	Poor
General	5	35	11%	35	28 - 34	20 - 27	0 - 19
Regulatory	9	53	17%	44 - 53	38 - 43	32 - 37	0 - 31
Enterprise Architecture	7	36	12%	33 - 36	28 - 32	20 - 27	0 - 19
Data and Analytics	6	43	14%	37 - 43	30 - 36	22 - 29	0 - 21
Core Integrations	7	41	13%	35 - 41	29 - 34	20 - 28	0 - 19
Secondary Integrations	30	100	32%	40 - 100	30 - 39	20 - 29	0 - 19
Grand Total	**64**	**308**	**100%**	**220 - 308**	**179 - 219**	**136 - 178**	**0 - 135**

Company Profile

The company profile provides insight into the vendor's footprint in healthcare. It also indicates if the proposal includes any sub- or co-contractors.

❑ Number of employees

❑ Number of employees in Healthcare

❑ Total number of clients in Healthcare

❑ Total number of ACO clients

❑ Total number of clients signed with product suite proposed

❑ Total number of clients live with product suite proposed

❑ Total number of clients with cancelled contracts with product suite proposed

❑ Total number of clients de-installed with product suite proposed

❑ Total 2020 Revenue

❑ Total 2020 Revenue in Healthcare

❑ Total 2020 Revenue for the Product Proposed

❑ Total 2020 Profit

❑ Total 2020 Research and Development (R&D) for the Product Proposed

❑ Years of Experience Submitting Data to CMS (product)

Client References

The company profile provides insight into the vendor's footprint in healthcare. It also indicates if the proposal includes any sub- or co-contractors.

❑ Client Name and Location

❑ Products purchased

❑ Year contract signed

❑ Deployment Status (Provide metrics if live, such as # of sites/entities, # of users, relevant referral metrics, etc.)

❑ Lessons learned

❑ Types of Services provided (i.e., Dashboards, Gaps in Care management, etc.)

❑ Qualified registry functions supported (i.e., direct integration, etc.)

❑ Why/how is this client relevant to Northwell ACO (i.e., ACO, large multi-specialty practice with disparate systems)

Vendor Demonstrations

The goal of the vendor overview demonstrations is for the vendor to provide a brief background of their organization and showcase its qualified registry solution and the integration with clinical and revenue cycle EHRs or its ability to ingest clinical and claims data.

Topic	Allotted Time
Introductions & Agenda	10 minutes
Overview • Company background • Product/Solution • Total Cost Overview	30 minutes
Product Demo	20 minutes
Implementation Approach & Roadmap • Roles & Responsibilities of NW ACO • Resources • Training and Go-Live Support	25 minutes
Differentiation Factors	5 minutes
Questions from Northwell ACO Team	30 minutes

Estimated Total Cost

The estimated total cost includes the total one-time costs, regardless of when they would occur, and total annual ongoing costs, in a steady-state i.e., when all proposed applications are live in all proposed sites. It will also include all maintenance and support costs, and predictable pricing for additional ACO growth.

- ❑ Hardware
- ❑ Software Licensing
- ❑ Implementation Services
- ❑ Data Migration/Conversions
- ❑ System Integrations & Interfaces
- ❑ Training
- ❑ Annual Maintenance Costs
- ❑ Additional transactional based fees
- ❑ Ongoing reporting operational expenses (beyond capital)

Takeaways & Lessons Learned

Executive Sponsorship

Communicate Often & Frequently

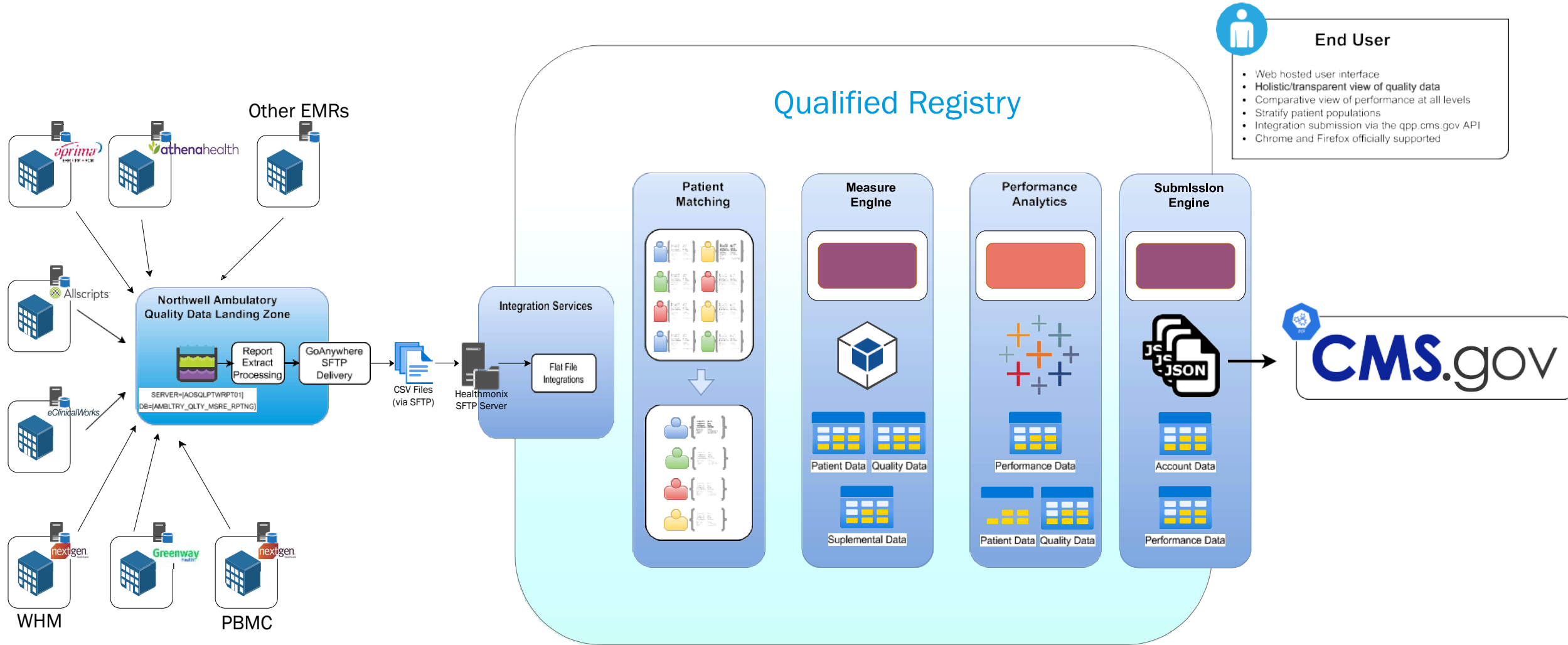**Identify Foundational Needs vs. "Nice-to-Have"**

Do Your Homework – understand the EMR capabilities

Dedicated Project Resources
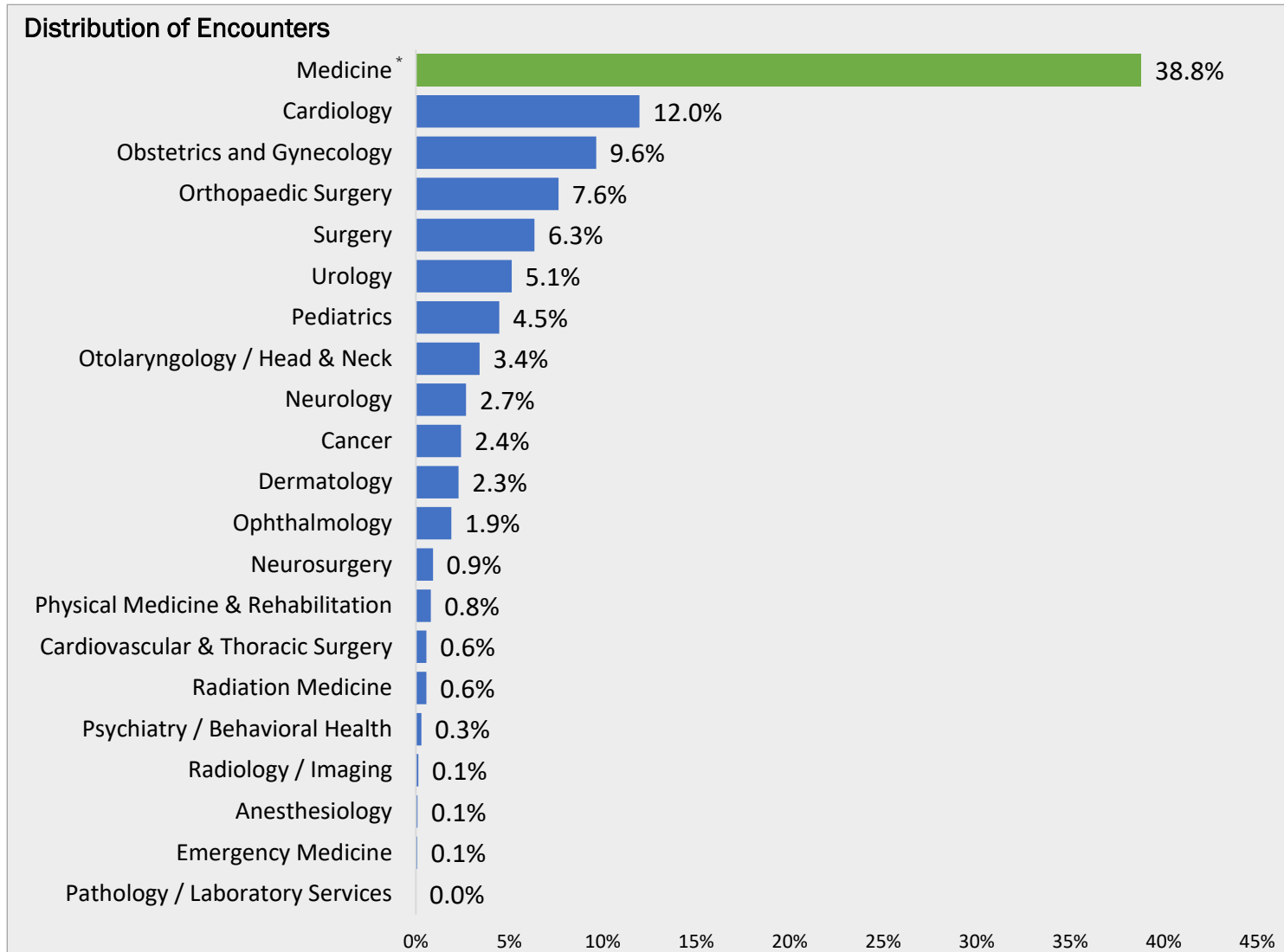
Multi-Stakeholder Group

- IT: Informatics, EMR vendor, Security, Risk, & Application
- Data & Business Intelligence
- Legal
- Procurement
- Operations
- Clinical Representation

Data flow from Northwell to the Qualified Registry

# Enterprise EMR: Screening for Depression & Documentation of Follow-Up Plan: Denominator Distribution by Service Line

Distribution of Encounters

Service Line	Percentage
Medicine*	38.8%
Cardiology	12.0%
Obstetrics and Gynecology	9.6%
Orthopaedic Surgery	7.6%
Surgery	6.3%
Urology	5.1%
Pediatrics	4.5%
Otolaryngology / Head & Neck	3.4%
Neurology	2.7%
Cancer	2.4%
Dermatology	2.3%
Ophthalmology	1.9%
Neurosurgery	0.9%
Physical Medicine & Rehabilitation	0.8%
Cardiovascular & Thoracic Surgery	0.6%
Radiation Medicine	0.6%
Psychiatry / Behavioral Health	0.3%
Radiology / Imaging	0.1%
Anesthesiology	0.1%
Emergency Medicine	0.1%
Pathology / Laboratory Services	0.0%

Encounters

Service Line	# Encounters
Medicine	430,556
Cardiology	132,677
Obstetrics and Gynecology	107,012
Orthopaedic Surgery	84,598
Surgery	70,307
Urology	56,900
Pediatrics	49,510
Otolaryngology / Head & Ne	37,817
Neurology	29,761
Cancer	26,743
Dermatology	25,296
Ophthalmology	21,045
Neurosurgery	10,119
Physical Medicine & Rehab	8,869
Cardiovascular & Thoracic S	6,222
Radiation Medicine	6,195
Psychiatry / Behavioral Hea	3,223
Radiology / Imaging	1,437
Anesthesiology	940
Emergency Medicine	862
Pathology / Laboratory Servi	0

Note: eCQM data from 1/1/22-10/5/22. Medicine includes sub-specialties such as gastroenterology, nephrology, pulmonary, endocrinology, and rheumatology

Strategies for Improving Performance: Prioritize Focus with Specialists

Multi-pronged approach
- Optimization of treatment
- E-Consults (MSL piloting)
- Education on the measure
- Training to integrate data
- Quality Committee engagement for population health strategy
- Access improvement
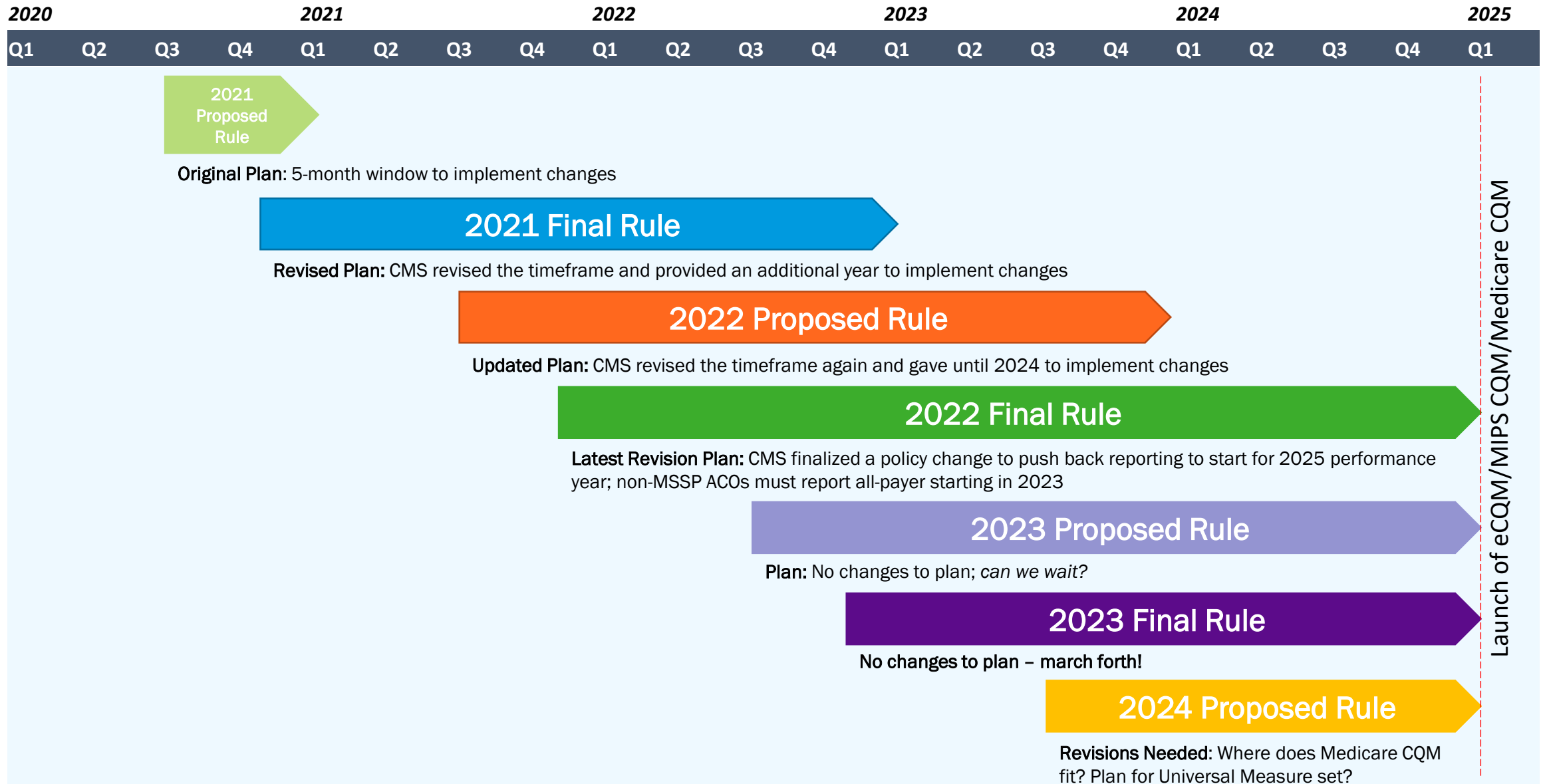- *Specialists Engaged*: Cardiology, Endocrinology, Urology,

DM

HTN

Depression
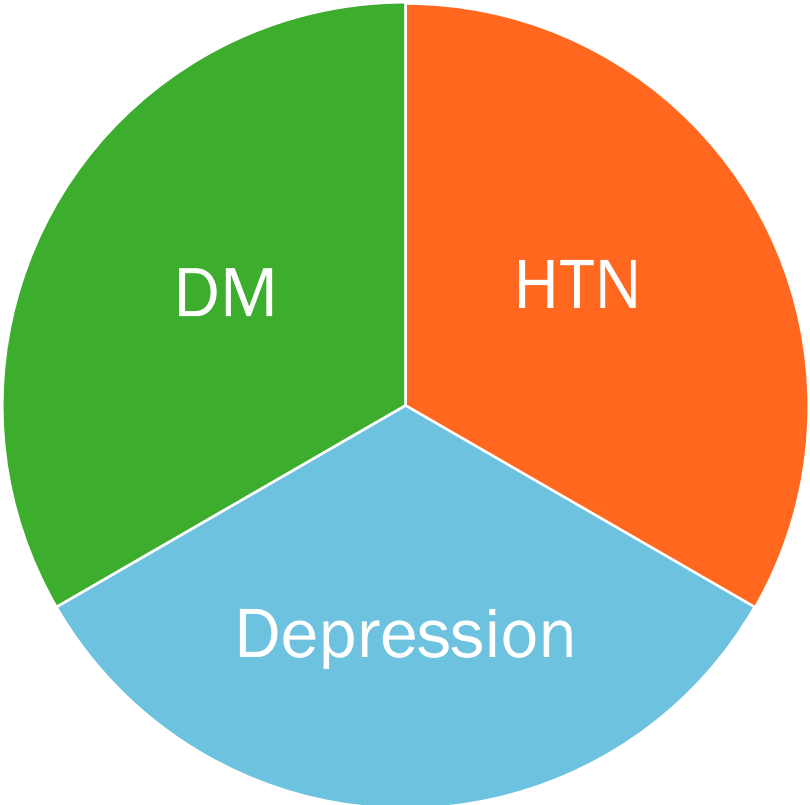
Multi-pronged approach
- Optimal Guidelines for HTN management
- Quality Committee engagement on population health strategy
- Training on best practices to optimize BP control
- Streamlining referrals
- *Specialists Engaged*: Cardiology, Nephrology, and GYN

Tremendous Push-Back Resulted in Small Pilot Tests
Cardiology/OBGYN exploring digital depression screening and ENT piloting revised office workflow at 10 locations

All-Payer Quality Reporting Policy Changes for MSSP ACOs

2020				2021				2022				2023				2024				2025
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1

2021 Proposed Rule

Original Plan: 5-month window to implement changes

2021 Final Rule

Revised Plan: CMS revised the timeframe and provided an additional year to implement changes

2022 Proposed Rule

Updated Plan: CMS revised the timeframe again and gave until 2024 to implement changes

2022 Final Rule

Latest Revision Plan: CMS finalized a policy change to push back reporting to start for 2025 performance year; non-MSSP ACOs must report all-payer starting in 2023

2023 Proposed Rule

Plan: No changes to plan; *can we wait?*

2023 Final Rule

No changes to plan – march forth!

2024 Proposed Rule

Revisions Needed: Where does Medicare CQM fit? Plan for Universal Measure set?

Launch of eCQM/MIPS CQM/Medicare CQM

CMS Universal Foundation: Proposed for 2025

Domain	Adult Measures
Wellness & prevention	• Colorectal cancer screening • Breast cancer screening • 26: Adult immunization status
Chronic conditions	• Controlling high blood pressure • Hemoglobin A1c poor control (>9%)
Behavioral health	• Screening for depression and follow-up plan • **Initiation and engagement of substance use disorder treatment**
Person-centered care	• CAHPS overall rating measures
Seamless care coordination	• Plan all-cause readmissions or all-cause hospital readmissions
Equity	• **Screening for social drivers of health**

Aligning Quality Measures across CMS — The Universal Foundation

Douglas B. Jacobs, M.D., M.P.H., Michelle Schreiber, M.D., Meena Seshamani, M.D., Ph.D., Daniel Tsai, B.A., Elizabeth Fowler, Ph.D., J.D., and Lee A. Fleisher, M.D.

The quality-measurement movement began more than 20 years ago and has resulted in transparent quality-performance information, accountability, and improvements. At the same time, proliferation of quality measures has caused confusion, increased reporting burden, and misalignment of approaches for common clinical scenarios. The Centers for Medicare and Medicaid Services (CMS) and public–private partnerships have therefore moved toward creating more parsimonious sets of measures. Although some progress has been made, lack of alignment across CMS's quality programs has contributed to challenges for clinicians, facilities, and health insurers when it comes to prioritizing outcomes that are meaningful for patients.

We — the leaders of many CMS centers — aim to promote high-quality, safe, and equitable care. We believe aligning measures to focus provider attention and drive quality improvement and care transformation will catalyze efforts in this area. Since there is tension between measuring all important aspects of quality and reducing measure proliferation, we are proposing a move toward a building-block approach: a "uni-

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N ENGL J MED 388;9   NEJM.ORG   MARCH 2, 2023

Source: Jacobs, Douglas B., et al. "Aligning Quality Measures across CMS the Universal Foundation." New England Journal of Medicine , vol. 388, no. 9, 2023, pp. 776 779., 3 March 2023, https://www.nejm.org/doi/full/10.1056/NEJMp2215539

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Planning for the Universal Measure Set: New Measures for MSSP ACOs

Study and Analyze the Measure Requirements

Identify the EMR workflow – Do they exist? Are revisions needed?

Review Performance Data

File Format Available

Roadmap for 2023 and 2024

1
Continue integrating additional data sources into the landing zone

2
Identify gaps in data collection and performance

3
Plan for Medicare CQMs & Additional Measures in Universal Measure Set

4
Identify opportunities to engage specialists