Quality Measure Development

& How You can help the OEIS National Registry

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Disclosures

- Technical Director for OEIS National Registry
- Chair, OEIS National Registry Committee

Editorial Disclosures

Atypical talk for me:

- Does not involve vascular technical innovation, ultrasound, tibial access or limb salvage

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Overview

- Background & current status of OEIS National Registry

- Brief synopsis/context of QMs and MIPS

- Review of OEIS proprietary QM's

- Need for QM development

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Background

- Vendor=> Syntactx, NYC

- Dr. Jeff Carr driving force for OEIS

- Early 2017- V1

- Spring of 2018 – V2

  - Changed the underlying data structure

  - Introduced new capabilities in analytics

  - Modified (I hesitate to say "improved") the web based EDC

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Background

- November 2017- Lauren Jones MS added as Registry Manager

- April 2018 – Dr. Bob Tahara joins as Technical Director (AKA Lead Masochist)

- May 2018 became apparent basic architecture of the database/EDC including its structure(s) and relations needed significant overhaul

- May-November 2018 "6 months of hell"

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Current Status

- November 2018-February 2018 technical formatting/validation/data transformation and finally the actual migration to the new V3 interface and data structure performed

- Now have all V1 and V2 data merged into the new format and EDC

- Analytics are now "in-house"

- QM query writing and analysis now "in-house"

- Actual reporting/transmittal is by Syntactx

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Gantt Chart

#	Task Name	%
1	**Create Table Structure Diagram**	100%
2	**Collect Updated V1 Subject IDs**	100%
3	Send request to individual sites	100%
4	Return to Sean Lynch	100%
5	**Create New Forms**	100%
6	Create Doc with New Table Format	100%
7	Complications Form	100%
8	ComplicationTreatments Form	100%
9	Access Site Form	100%
10	Long–Term Outcomes Form (Amputations)	100%
11	End of Study Form	100%
12	Define Minimum Entry Requirements	100%
13	**Review and Update Existing Fields**	100%
14	Update Answer Options (ex. Phillips merge)	100%
15	Review Field Delimiters	100%
16	Review definitions, add definitions where needed	100%
17	Apply all requested changes to existing structure in	100%
18	**Update QM questions**	100%
19	Add indications of new QM questions	100%
20	Add "did not complete" option to all QM questions	100%
21	**Create new Data Collection Templates**	100%
22	PAD Worksheet	100%
23	Terms and Definitions Reference	100%
24	**Perform User Acceptance Testing**	100%
30	**Update Registry Contracts**	100%
31	Include minimum entry requirements	100%
32	**Subject Deletion Form**	100%
33	Create form	100%
34	**User Training Update**	0%
35	New Training Video for V2.5	0%
36	Summary of Changes Document	0%
37	**Update FAQs**	100%
38	**Dashboard**	100%
39	**QMs**	100%
40	Write "plain text" queries	100%
41	Draft query formulas	100%
42	Create dashboard reports for each measure	100%
43	**Registry Stats**	100%
44	Define desired data to display	100%
45	Create dashboard reports	100%
46	**MIPS Reporting Window**	3%
47	MIPS election materials sent	100%
48	Deadline to accept MIPS election materials	100%
49	MIPS Submissions Complete	
50	**CMS Data Validation**	21%
51	Audit Request	100%
52	Source document review	100%
53	Preliminary results sent to sites	100%
54	Secondary review	80%
55	Data Validation Execution Report Compiled	
56	Data Validation Execution Report Submitted to CMS	

Current Status

- New enhanced dashboards now available

- Planned expansion and upgrade of the reporting visualizations

- Opportunities for clinical research and data mining from the Registry as a whole –and-

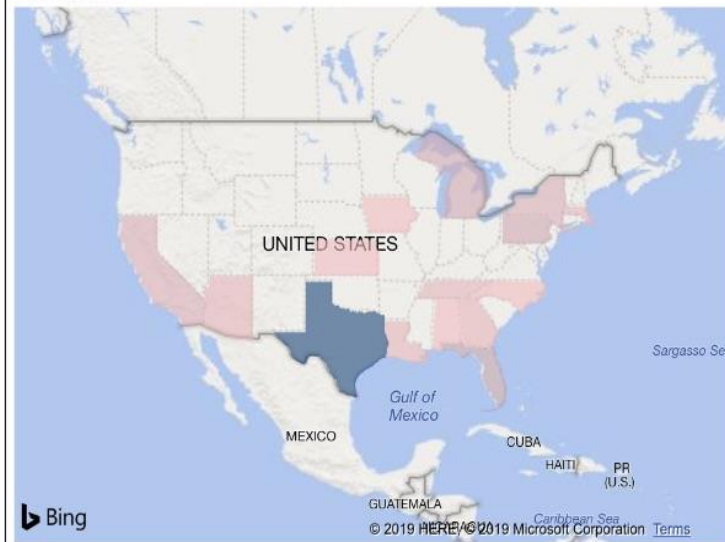- Ability to do custom analytics for individual or aggregated sites on a per/hour added fee basis

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Clinical Summary

9397
Total Subjects
View Subject Details →

98.2% (?)
Procedure Success

1.518%
Overall Complication Rate
View Complication Details →

19555
Total Lesions
View Lesion Details →
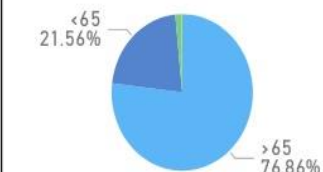
39423
Total Interventions
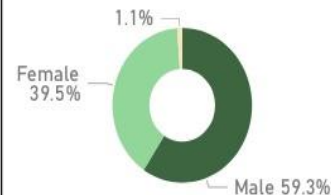View Intervention Details →
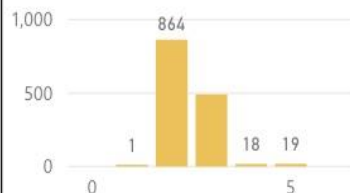
13239
Total Procedures

Site of Service
- Ambulatory ...
- Office (Free ...
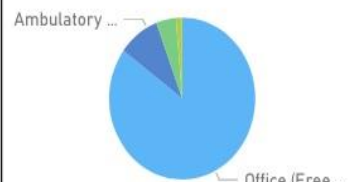
Age
- <65 21.56%
- >65 76.86%

Sex at Birth
- Female 39.5%
- 1.1%
- Male 59.3%

ASA Class
- 1
- 864
- 500
- 18
- 19
- 0
- 5

Procedure Indication
- Maintena... 2.92%
- Acute Ischemia 3.16%
- Minor Tissu... 14.06%
- Dist... 0.0...
- CLI 12.51...
- Claudication 61.86%

Procedure Type
- Interventional
- Planned Diag...
- 1989
- 11789
- 10,000
- 5,000
- 0
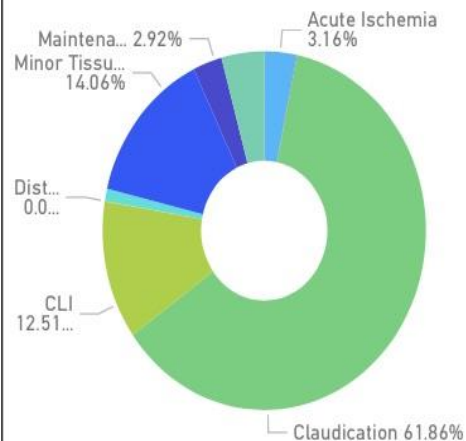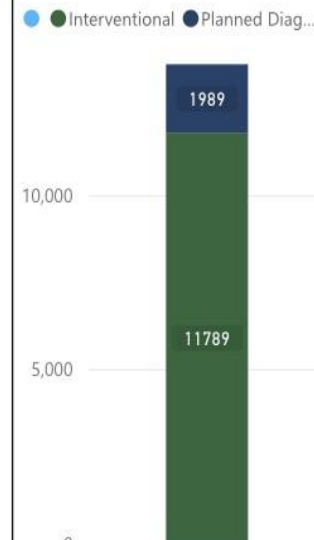
Rutherford Classification (Chronic)
- Left
- Right
- 5K
- 4K
- 3K
- 2K
- 1K
- 0K
- Left and Right
- 0:
- 2: 631 / 527
- 3: 2654 / 1984
- 4: 1699 / 1237
- 5: 1054 / 637
- 6:
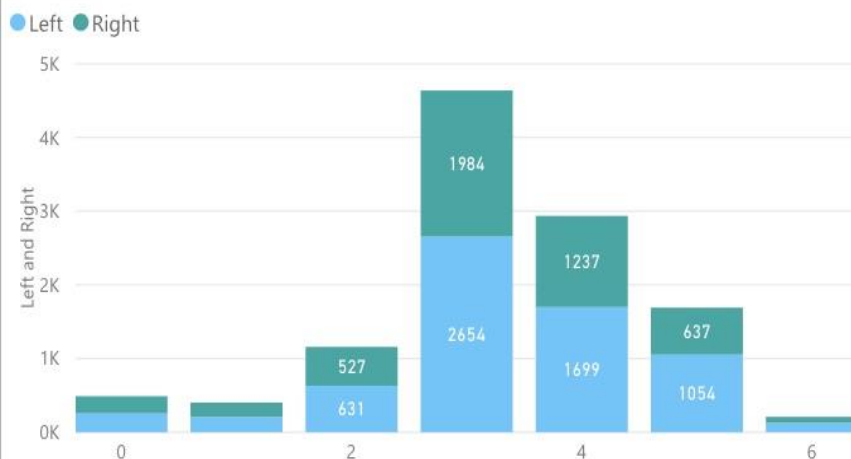
Date
Last | 1 | Select
📅 No filters applied

Discharge Disposition
- Home: 14K
- Hospital ...: 0K
- : 0K
- 0K
- 10K
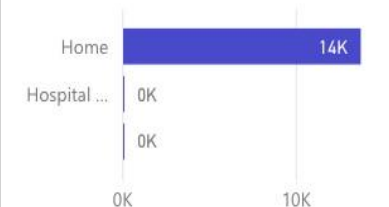
Hospital Transfer Rate
- **59** Total
- **0.45%** Rate

Hospital Transfers
- Urgent: 27
- Elective: 17
- Emergent: 15
- 20
- 10
- 0
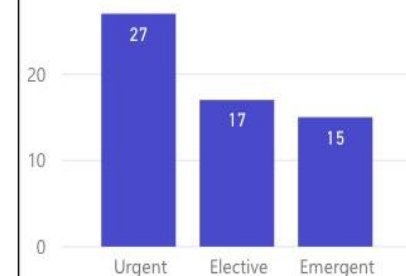
3/25/2019 12:58:04 PM
Refresh Timestamp (UTC)

OEIS
OUTPATIENT ENDOVASCULAR
AND INTERVENTIONAL SOCIETY

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THE DIRECTORS CUT
(THE GOOD, THE BAD AND THE UGLY)

Donald Watson

Mark Watt

Findlay Ross

MIPS/MACRA

MIPS has 4 components for 2019:

Quality Measure (QM) Reporting

Cost (black box!!)

Promoting Interoperability (was Advancing Care)

Improvement Activities

Each of the 4 components is individually scored and then assigned a number of "points"

MIPS/MACRA

- OEIS NR is a QCDR- Qualifed Clinical Data Registry which allows us to support:

  - Reporting Quality Measures (QMs) for participating physicians/sites (based on NPI/TIN combination)

  - Reporting Improvement Activities (IAs) for participating physicians/sites (based on NPI/TIN combination)

  - 2019 MIPS score: QMs 45% + IAs 15% = 60%

    If you re-weight this may be up to 85%

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MIPS/MACRA

- *L O G I C* is a five letter word. Does not apply to the rules as promulgated by CMS- they make sense to someone- just not anyone that practices medicine for a living!

- The entire program is structured to create "winners" and "losers"- it really has little if anything to do with true quality in the office whether interventional or otherwise

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QM OEIS2
Emergent transfer from an Outpatient, ASC, or Office

1.0%
0.0%   10.0%
0.2%
View Data →

QM OEIS3
Antiplatelet Medications for Patients with PAD

85.0%
0.0%   100.0%
90.7%
View Data →

QM OEIS4
Lipid Lowering Medications for Patients with PAD

85.0%
0.0%   100.0%
82.2%
View Data →

QM OEIS6
Appropriate Noninvasive Testing for Patients w/ Intermittent Claudication

85.0%
0.0%   100.0%
95.7%
View Data →

Date

Last ∨   1   Years (Calendar) ∨

🗓 1/1/2018 - 12/31/2018

QM 047
Care Plan

97.7%
0.0%   100.0%
22.0%
View Data →

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2018 MIPS Quality Summary

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Refresh Timestamp (UTC)

View CMS Benchmarks →

Click here

QM 110
Preventive Care and Screening for Influenza Immunization

73.1%
0.0%   100.0%
38.5%
View Data →

QM 111
Pneumococcal Vaccination Status for Older Adults

77.0%
0.0%   100.0%
36.8%
View Data →

QM 130
Documentation of Current Medications in Medical Record
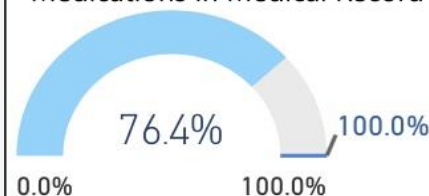
100.0%
0.0%   100.0%
76.4%
View Data →

QM 145
Radiation Dose Indices

98.7%
0.0%   100.0%
93.8%
View Data →

QM 226
Tobacco Use: Screening and Cessation

88.8%
0.0%   100.0%
93.5%
View Data →

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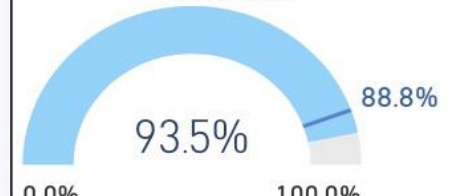
OEIS QMs

LOGIC would dictate that if all participants had high QM scores →this would be desirable AND rewarded

Instead –if- CMS can't:

- show a "performance gap" (ie create winners/losers)
- Or everyone does so well there is no gap ("Topped out")

-then-

CMS eliminates the QM!!!

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OEIS QMs

- As you could see from the QM Dashboard:

  - Overall our sites are doing excellent quality work!!

  - Which unfortunately is going to lead to essentially an expiration date or limited shelf life for all of our proprietary QMs (no gap, topped out!!)

  - No you really can't make this sh*t up

  - So we gotta figure something out…….

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OEIS QMs

- **LOGIC** would dictate that if we **KNOW** our measures are going to be disallowed then we ought to have some backup plan

- *Purge of Babylon* series by Sam Sisavath

  - Only literature I could find that appeared compatible with the CMS thought process on this issue

  - Dystopian post-apocalyptic flesh eating zombie series

"Plan Z"

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"Plan Z"

Goal to develop 3-5 new OEIS QMs <u>annually</u> and have them "submission ready". (QM Bullpen or Corral)

- ✓ 1-2 volunteers to work on each new QM

- ✓ Developed by those actually doing the work!!

- ✓ Clinically relevant QMs supportable by peer reviewed literature and/or societal consensus statements/care guidance

- ✓ AND that are not onerous to either perform or document

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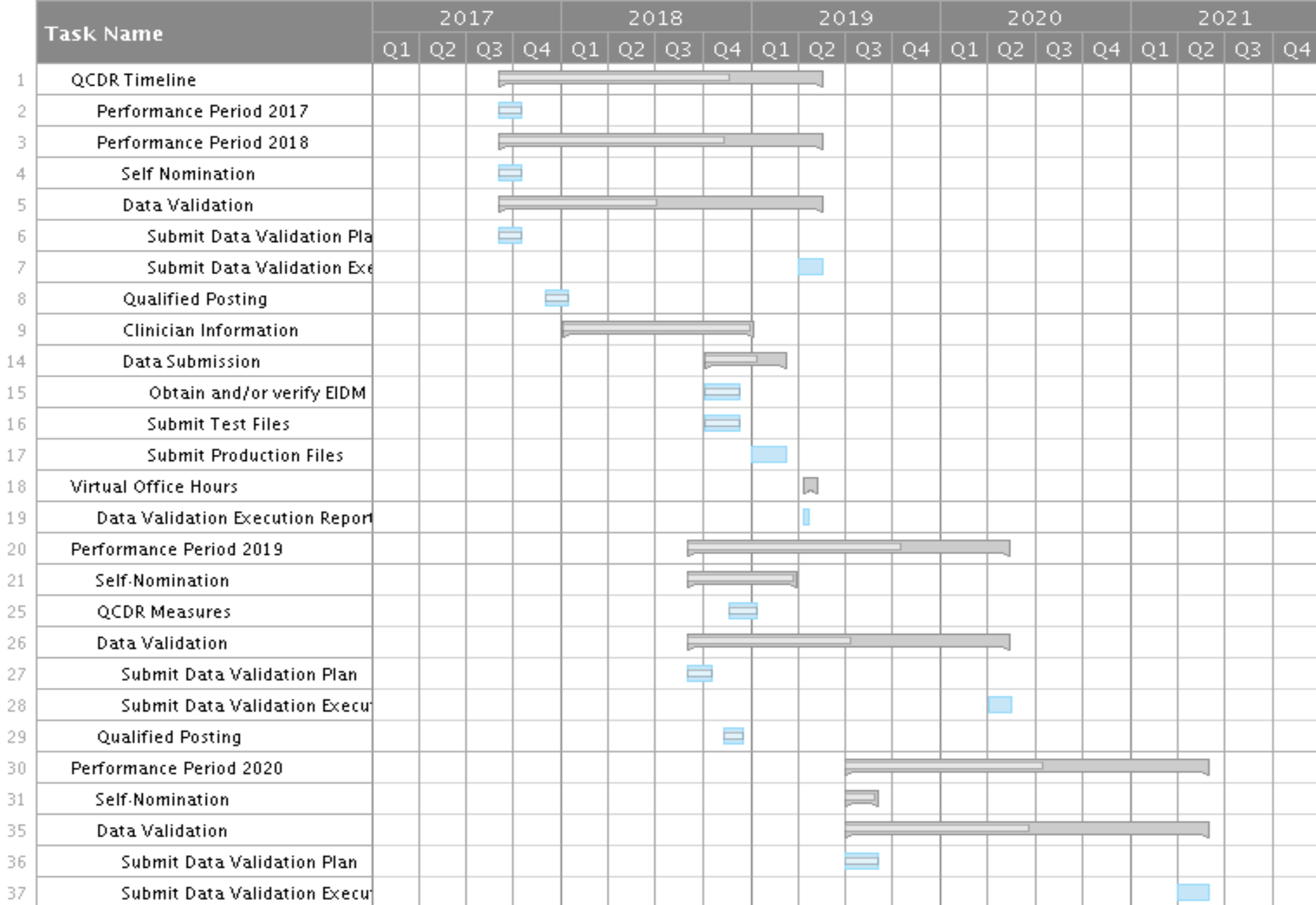
How Can You Help?

- We need volunteers who are willing and able to assist with QM development

- Breakout meeting today from 2:30-3pm during the break in the Thomasson Room

- We need your help!

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Questions? Comments?

Feel free to call, email, or send carrier pigeon

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