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The Heart of a Woman:

Emerging Prevention and Treatment Options

Cardiac Care and Clinical Quality Measures:

Payment Policies & Moving the Discussion Forward

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Million Hearts®

Women's Health Council of RI

Overview of Presentation

- Overview & key components of *Million Hearts®*
- Quality reporting and payment
- Resources & tools

Learning Objectives

- Understand the goals and key components of the *Million Hearts®* campaign
- Recognize the synergies in pay-for-performance programs and cardiac health measures
- Identify ways to enable your practice to appropriately report on quality initiatives so as to avoid pay-for-performance penaties

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The New England QIN-QIO

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- Two successful QIOs *pool expertise and resources* to engage beneficiaries and providers **in improving care, improving health and reducing costs across New England**
- Identified throughout six-state region as:

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- Administered by **Healthcentric Advisors**
  Focus areas: MA, ME, RI
- Partnership with **Qualidigm**
  Focus areas: CT, NH, VT

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The burden of cardiovascular disease

The Burden of Cardiovascular Disease: *The Million Hearts®* Campaign

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Goal: Prevent 1 million heart attacks and strokes by 2017

- Heart disease and stroke are the leading killers in the US
  - More than 1.5 million heart attacks and strokes each year
  - Cause 1 of every 3 deaths
    - 800,000 cardiovascular disease deaths each year
    - Leading cause of preventable death
    - $315.4B in health care costs and lost productivity
- Leading contributor to racial disparities in life expectancy

Kochanek KD, et al. Natl Vital Stat Rep. 2011;60(3). Go AS, et al. Circulation. 2012:e2–241
Heidenriech PA, et al. Circulation. 2011;123:933–4. NCHS Data Brief, June 2013.

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MILLION HEARTS®
KEY COMPONENTS

Key Components of *Million Hearts®*

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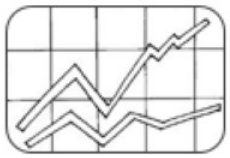
Health Disparities

Keeping Us Healthy
Changing the environment

Excelling in the ABCS
Optimizing care

Focus on the ABCS



Health tools and technology

Innovations in care delivery

Glantz. Prev Med. 2008; 47(4): 452-3.
How Tobacco Smoke Causes Disease: A Report of the Surgeon General,2010.

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Health Disparities

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- African-Americans develop high blood pressure more often, and at an earlier age, than whites and Hispanics do.

- African-Americans are nearly twice as likely as whites to die early from heart disease and stroke.

- American Indians and Alaska Natives die from heart diseases at younger ages than other racial and ethnic groups in the United States. 36% of those who die of heart disease die before age 65.

Source:
Go AS, Mozaffarian D, Roger VL, et al. Heart disease and stroke statistics—2013 update: a report from the American Heart Association. *Circulation.* 2013;127:e6–245.

Morbidity and Mortality Weekly Report (MMWR): Vital Signs: Avoidable Deaths from Heart Disease, Stroke, and Hypertensive Disease — United States, 2001–2010

SS Oh, JB Croft, KJ Greenlund, C Ayala, ZJ Zheng, GA Mensah, WH Giles. Disparities in Premature Deaths from Heart Disease—50 States and the District of Columbia. MMWR 2004;53:121–25. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5306a2.htm

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The ABCS to Prevent Heart Attacks and Strokes

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Aspirin	People who have had a heart attack and stroke who are taking aspirin
Blood pressure	People with hypertension who have adequately controlled blood pressure
Cholesterol	People with high cholesterol who are effectively managed
Smoking	People trying to quit smoking who get help

Sources: National Ambulatory Medical Care Survey, National Health and Nutrition Examination Survey

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Getting to Goal

Women's Health

Intervention	2009-2010 Measure Value	2017 Target	Clinical target
Aspirin for those at risk	54%	65%	70%
Blood pressure control	53%	65%	70%
Cholesterol management	33%	65%	70%
Smoking cessation	22%	65%	70%
Smoking prevalence	26%	10% reduction (~24%)	
Sodium reduction	3580 mg/day	20% reduction (~2900 mg/day)	
Trans fat reduction (artificial)	0.6% of calories	100% reduction (0% of calories)	

Sources: National Ambulatory Medical Care Survey, National Health and Nutrition Examination Survey, National Survey of Drug Use and Health

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Only Half of Americans with Hypertension Have It Under Control

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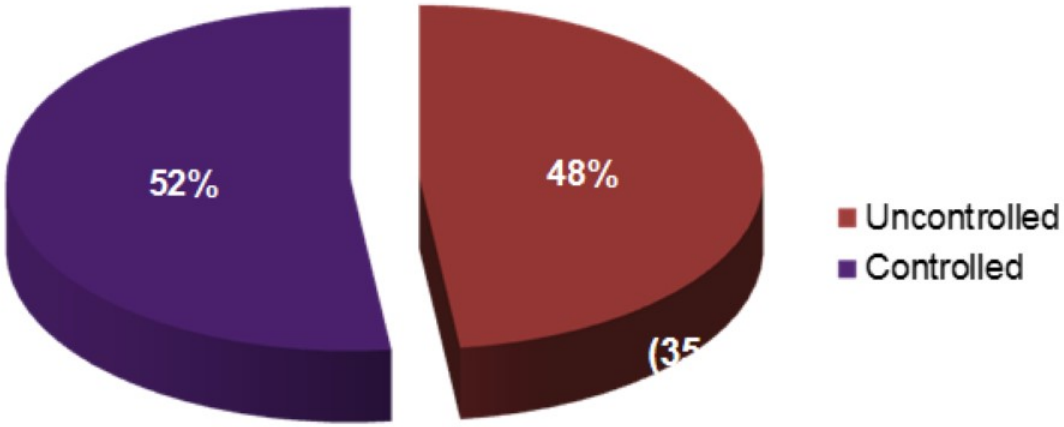
72 MILLION
ADULTS WITH HYPERTENSION (31%)



SOURCE: National Health and Nutrition Examination Survey 2011-2012

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Targets for the Environment

Women's Health Council of RI

Intervention	Pre-Initiative Estimate (2009-10)	2017 Target
Smoking prevalence	26%	10% reduction (~24%)
Sodium reduction	3580 mg/day	20% reduction (~2900 mg/day)
Trans fat reduction (artificial)	0.6% of calories	100% reduction (0% of calories)

National Survey on Drug Use and Health, National Health and Nutrition Examination Survey

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Keeping Us Healthy
Changing the Environment: Tobacco

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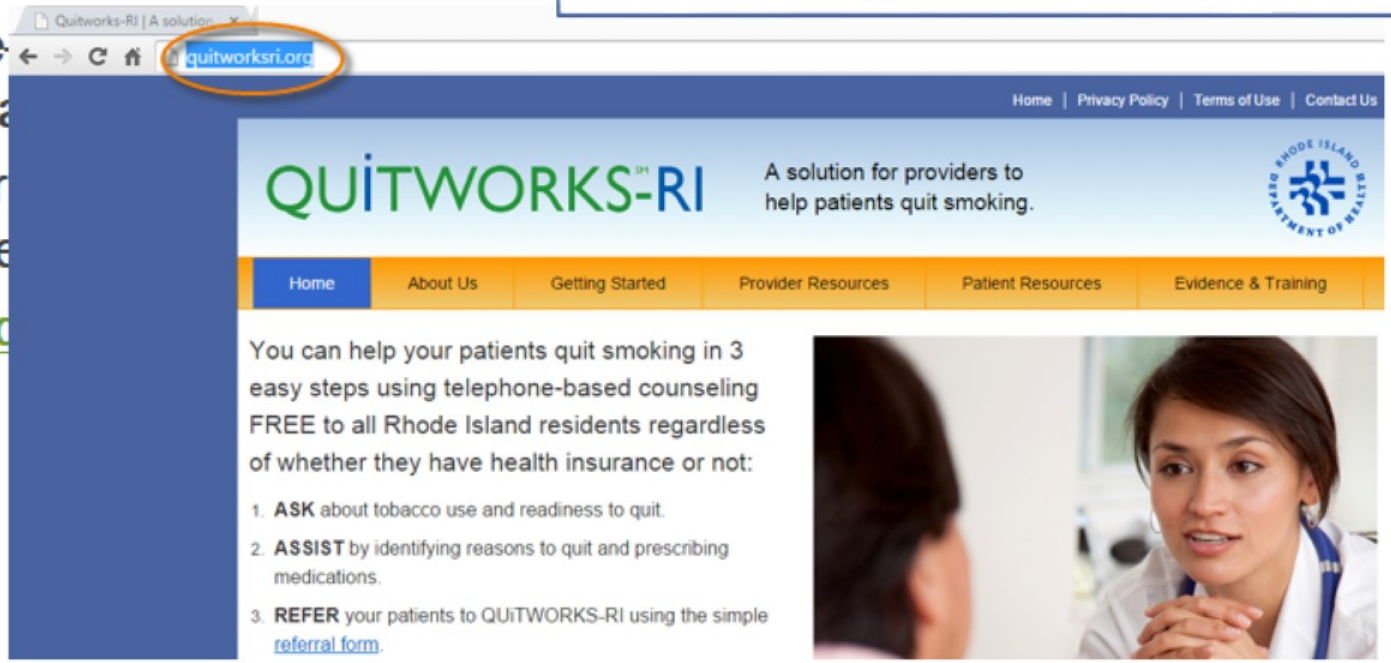
Comprehensive tobacco control programs work

- Graphic mass media campaign
- Smoke- workpla
- Free or and me
- www.cc

➢ Here is a great one in Rhode Island



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450,000 Fewer Smokers in NYC, 2002–2010

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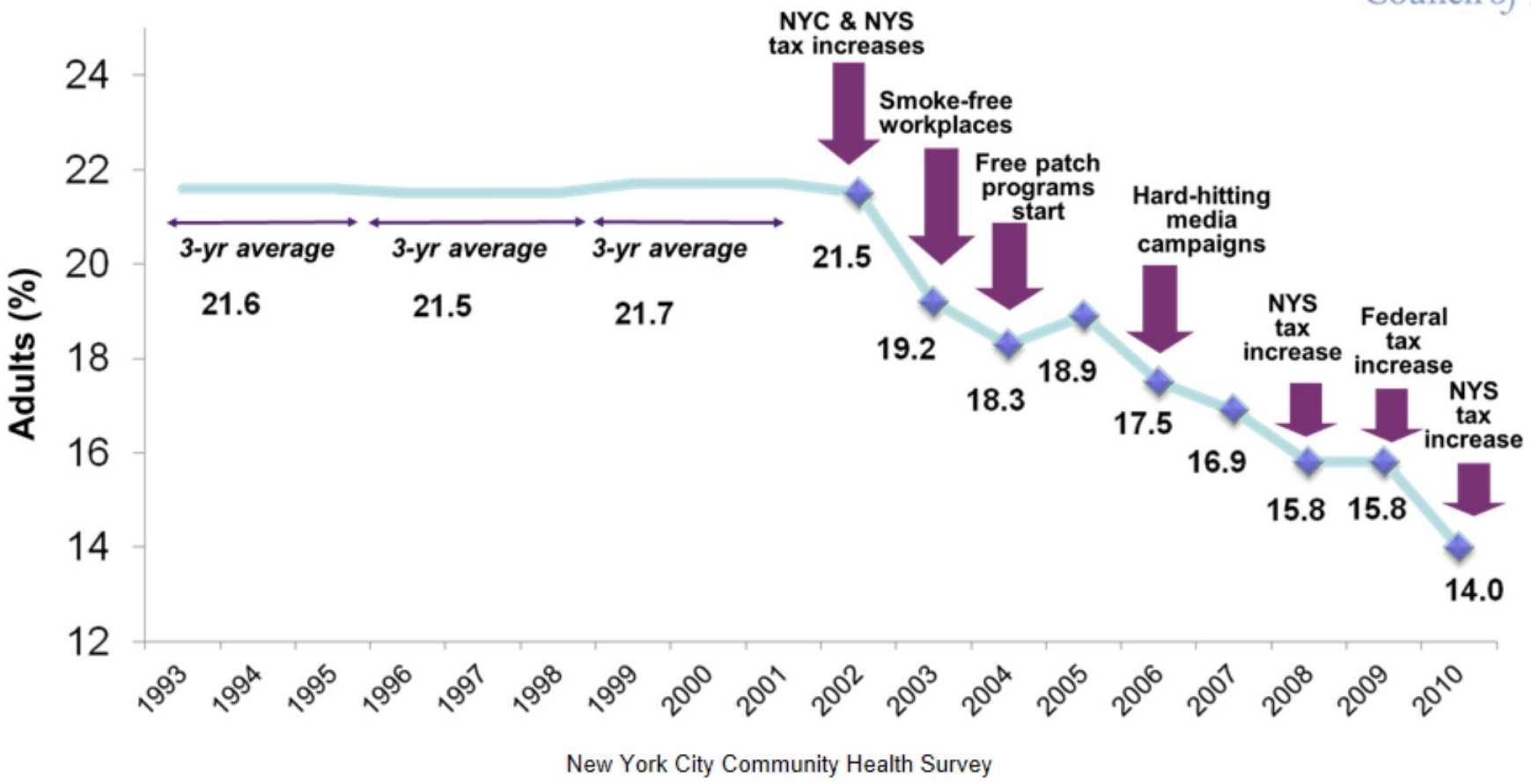

New York City Community Health Survey

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Keeping Us Healthy
Changing the Environment : Sodium

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About 90% of Americans exceed recommended daily sodium intake

- **Increase consumer choice – make more lower sodium options available**
  - Implement strategies to lower sodium content of meals and snacks (lower sodium products and recipe modifications)
  - Food purchasing guidelines to increase access to lower sodium foods
- **Increase public and professional education about the impact of excess sodium**
- **Monitor sources of sodium, sodium intake and related health outcomes**

CDC. MMWR. 2011;60(36);1413–7.

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44% of U.S. Sodium Intake Comes from Ten Types of Foods

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Rank	Food Types	%
1	Bread and rolls	7.4
2	Cold cuts and cur… meats	5.1
…	…	4.9
…	…	…
…	…	4.0
7	…hees…	…
8	Pa… mixed dis…s	3.3
9	Meat mixed dishes	3.2
10	Savory snacks	3.1

More than 75% of the sodium in our food is already there and mostly invisible in processed and restaurant foods.

CDC, *MMWR*;2012;61:92-98

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Keeping Us Healthy
Changing the Context: trans fat

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Eliminating artificial *trans fat* in the American diet could prevent 20,000 heart attacks, 7,000 deaths—every year

- Citing new scientific evidence and findings from expert scientific panels, FDA takes first step to eliminate artificial trans fat from processed foods*
- *Federal Register* comment period ended Jan. 2014

Dietz WH, Scanlon, KS. 2012. Eliminating the Use of Partially Hydrogenated Oil in Food Production and Preparation. JAMA. 2012;308(2):143-144.

*FDA. Tentative Determination Regarding Partially Hydrogenated Oils; Request for Comments and for Scientific Data and Information. *Federal Register* Volume 78, Issue 217 (November 8, 2013)

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Targets for the ABCS

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Intervention	Pre-Initiative Estimate (2009-2010)	2017 Population-wide Goal	2017 Clinical Target
Aspirin when appropriate	54%	65%	70%
Blood pressure control	53%	65%	70%
Cholesterol management	33%	65%	70%
Smoking cessation	22%	65%	70%

National Ambulatory Medical Care Survey, National Health and Nutrition Examination Survey

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Clinical Quality Measures in Cardiac Care

Clinical Quality Measures

Women's Health Council of RI

Why Measure?

- Measurement to drive improvement – i.e. establishing baseline → process improvements → periodic monitoring (think PDSA!)
- Determining whether changes lead to improvements
- Can't improve what you can't measure!

Clinical Quality Measures

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The Power of Measurement

- Linking performance data to quality improvement activities
- Comparing performance with others
- Separating what you think is happening from what is really happening (i.e. no one is doing as well as they think...!)

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Clinical Quality Measures

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How Quality Ratings are Being Used

- Providers:
  - For internal improvement; provider compensation programs
- Payers:
  - Value-Based Purchasing programs – in hospitals & ACOs but now in ambulatory practices too
  - Quality-based payments – Value-Modifier and coming soon ***MIPS***
- Employers
  - May offer financial incentives to employees for using "preferred" providers (e.g. waived copays)

Clinical Quality Measures

Women's Health Council of RI

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- Clinical quality measures help measure and track performance in the ABCS
- Million Hearts® focuses on:
  - Simple, uniform set of measures
  - Data collected or extracted in the workflow of care
  - Link performance to incentives
- In the future public health and clinical quality data will be available via electronic medical records and Health Information Exchanges

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Clinical Quality Measures

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ABCS	Number	Measure
A	PQRS 204 NQF 0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic
B	PQRS 317	Preventive Care and Screening: Screening for High Blood Pressure Percentage of patients aged 18 and older who are screened for high blood pressure
B	PQRS 236 NQF 0018	Hypertension: Controlling High Blood Pressure 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
C (EHR)	PQRS 316	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL test has been performed AND who had a fasting LDL test performed and whose risk-stratified fasting LDL is at or below the recommended LDL goal

PQRS = CMS Physician Quality Reporting System NQF = National Quality Forum EHR = electronic health record

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Clinical Quality Measures (cont'd)

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ABCS	Number	Measure
C (No EHR)	PQRS #2 NQF #0064	Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL)
C (No EHR)	PQRS #241 NQF #0075	PQRS Measure #241 (NQF 0075): Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months and who had most recent LDL-C level in control (less than 100 mg/dL)
S	PQRS 226 NQF 0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention 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

PQRS = CMS Physician Quality Reporting System NQF = National Quality Forum EHR = electronic health record

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Clinical Quality Measures

Women's Health Council of RI

Cardiac Care Measures: Quality Improvement Initiatives Crosswalk

	PQRS	MU	PCMH
BP Control	X	X	X
ASA use	X	X	X
Lipids	X	X	X
Smoking screen	X	X	X
B-blocker use	X	X	X
ACE/ARB use	X	X	X

PQRS = CMS Physician Quality Reporting System
MU = Meaningful Use – EHR Incentive Program
PCMH = Patient Centered Medical Home

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Clinical Quality Measures

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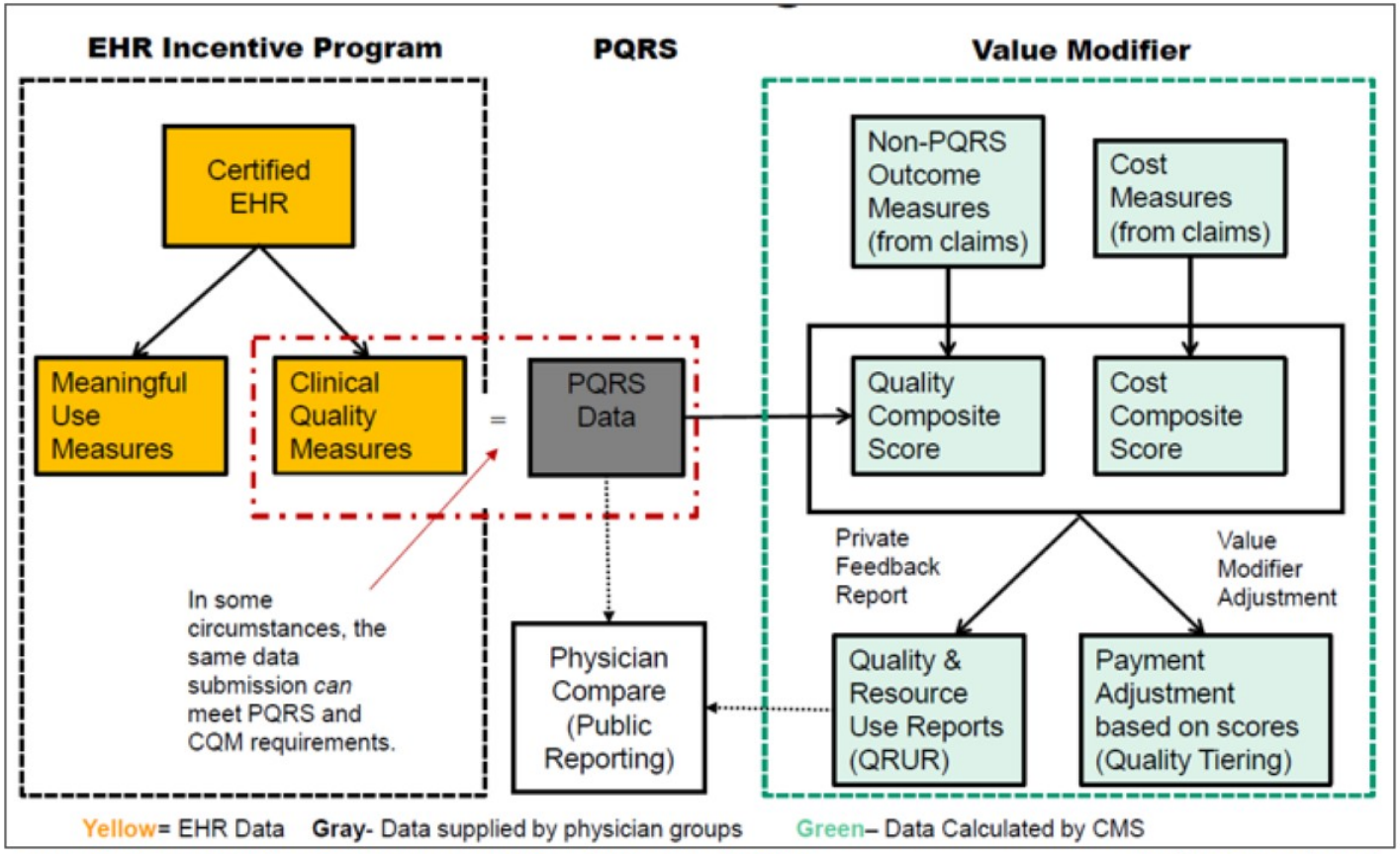
Alignment of MU – PQRS – VM



Credit: Dale Bratzler, MD, Office of the Assoc. Director for Policy, Centers for Disease Control

http://www.cdc.gov/policy/

Clinical Quality Measures

Why do I need to care?!

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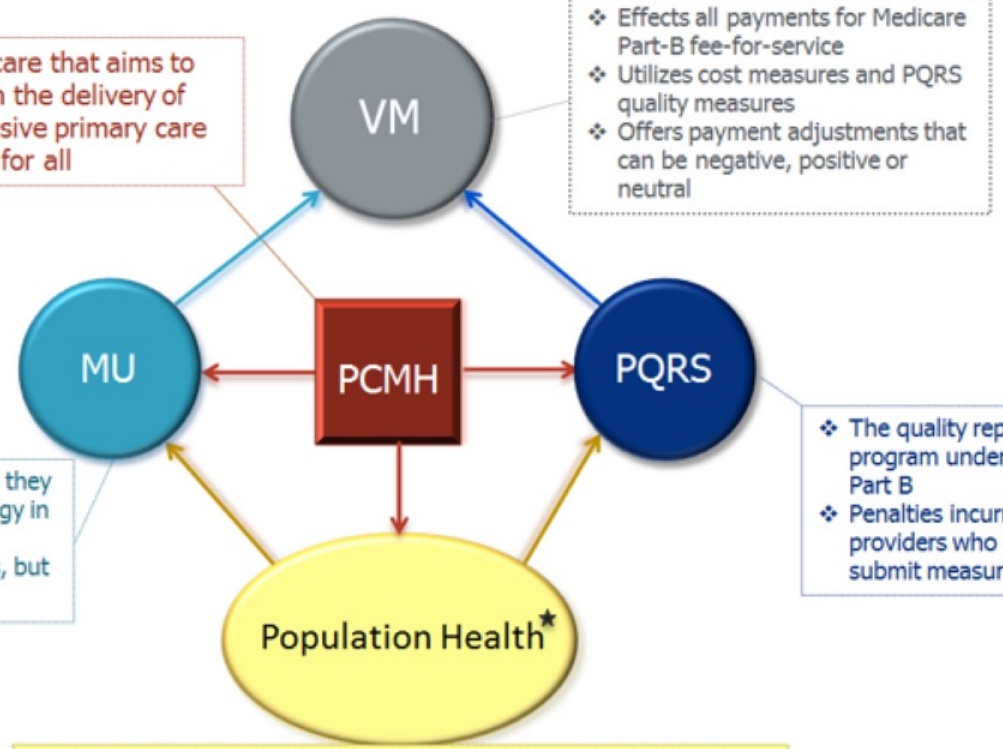
Model of care that aims to transform the delivery of comprehensive primary care for all



- Effects all payments for Medicare Part-B fee-for-service
- Utilizes cost measures and PQRS quality measures
- Offers payment adjustments that can be negative, positive or neutral

- Providers need to show they are using EHR technology in measurable ways
- Once offered incentives, but no longer

- The quality reporting program under Medicare Part B
- Penalties incurred for providers who do not submit measures

The Triple Aim – foundation of quality innovation – has three linked goals:

- Improvement of individual experience of care
- Reduction in per capita cost of care
- Improvement in health of populations

★*What are we talking about when we talk about Population Health?* David Kindig. http://healthaffairs.org/blog/2015/04/06/what-are-we-talking-about-when-we-talk-about-population-health/ Retrieved: 9/12/2015

PCMH – Patient Centered Medical Home
VM – Value-based payment Modifier
MU – Meaningful Use
PQRS – Physician Quality Reporting System

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Clinical Quality Measures

Why you **do** need to care...

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Potential Incentives	2015	2016	2017	2018	2019
Mcare/Mcaid EHR Incentive	Varies	Varies	Mcaid Only	Mcaid Only	Mcaid Only
Value Modifier (Max incentive)	+1.0(x)	+2.0(x)	+4.0(x) proposed	TBD	TBD

Potential Reductions	2015	2016	2017	2018	2019
Medicare EHR Incentive	-1.0% or -2.0%	Up to -2.0%	Up to -3.0%	Up to -4.0%	Up to -5.0%
PQRS	-1.5%	-2.0%	-2.0%	-2.0%	-2.0%
Value Modifier (Max reduction)	-1.0%	-2.0%	-4.0% (proposed)	TBD	TBD
Total Possible Reduction	-4.5%	-6.0%	-9.0%		

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Clinical Quality Measures

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Now and into the future: Merit-based Incentive Payment System – MIPS

Outgrowth of recent repeal of the Sustainable Growth Rate formula for physician payment, the MIP system is an incentive program essentially that will roll together three existing quality-incentive programs: the EHR incentive program (MU), PQRS and the VBP modifier.

For the years 2015 through 2018 the PQRS and Value Modifier (VM) programs continue. In 2019, the SGR Repeal and Medicare Provider Modernization Act of 2015 establishes the Merit-Based Incentive Payment System (MIPS). The MIPS combines several disparate federal quality programs including PQRS, VM, and EHR into a single quality payment system with escalating financial incentives and penalties. Physicians who receive a significant portion of their revenue from alternative payment models, including from private payers, would be exempt from MIPS and would get more generous payment increases from Medicare.

Under the MIPS, providers would continue attesting to meeting the CMS' requirements for the meaningful use of health IT, which would account for 25% of the score. Quality and resource utilization would each account for 30%, and "clinical practice improvement activities" would contribute the remaining 15%.

Source: Modern Healthcare -- http://www.modernhealthcare.com/article/20150327/NEWS/150329937

<table>
<tr><th></th><th>2015</th><th>2016</th><th>2017</th><th>2018</th><th>2019</th><th>2020</th><th>2021</th><th>2022</th><th>2023</th><th>2024</th><th>2025</th><th>2026+</th></tr>
<tr><td>Base</td><td>0.5%</td><td>0.5%</td><td>0.5%</td><td>0.5%</td><td>0.5%</td><td colspan="6">Base Conversion Factor Update of 0.0 each year</td><td>0.25%</td></tr>
<tr><td>EHR</td><td colspan="5">Continues under current law</td><td rowspan="4">+/-4% MIPS</td><td rowspan="4">+/-5% MIPS</td><td rowspan="4">+/-7% MIPS</td><td colspan="4" rowspan="4">+/-9% MIPS</td></tr>
<tr><td>PQRS</td><td colspan="5">Continues under current law</td></tr>
<tr><td>VM</td><td colspan="5">Continues under current law</td></tr>
<tr><td>MIPS</td><td colspan="5">-</td></tr>
</table>

Source: American College of Emergency Physicians -- http://www.acep.org/workarea/DownloadAsset.aspx?id=101893

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Tools and Resources

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Cardiac and Million Hearts® Resources

- QuitWorks-RI: A solution for providers to help patients quit smoking
- Hypertension Treatment Protocols
- Hypertension Control: Action Steps for Clinicians
- Hypertension Control Champions
- Self-Measured Blood Pressure Monitoring Guide
- Grand Rounds:
  - Million Hearts® Grand Rounds
  - Hypertension Grand Rounds: Detect, Connect, and Control
- Cardiovascular Health: Action Steps for Employers
- Million Hearts® E-update
- Spanish language website
- 100 Congregations for Million Hearts®
- Team up. Pressure down. program
- Visit http://millionhearts.hhs.gov/ to find other useful Million Hearts® resources.

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Quality Reporting and Payment Resources

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- PQRS:
  http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/
  - 2015 PQRS Implementation Guide:
    http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015_PQRS_ImplementationGuide.pdf
  - PQRS Listserv
    https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_520
  - PQRS Timeline
    http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015-17_CMS_PQRS_Timeline.pdf
- Value-Based Payment Modifier:
  http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html
- Merit-Based Incentive Payment Systems (MIPS):
  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Program-Specific-Measure-Priorities-and-Needs.pdf
- The NE QIN-QIO is committed to providing you with no-cost, quality improvement services to support the success of your practice
  Contact us: neqinqio@healthcentricadvisors.org

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Thank You!

Karen Murphy, RN, BSN
kmurphy@healthcentricadvisors.org
401-528-3248

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