



# Advanced Medical Home (AMH) Technical Advisory Group (TAG)

*Meeting #27:  
Improving Digital Reporting of Hybrid  
Measures: Provider Workgroups*

*Tuesday, April 11, 2023*

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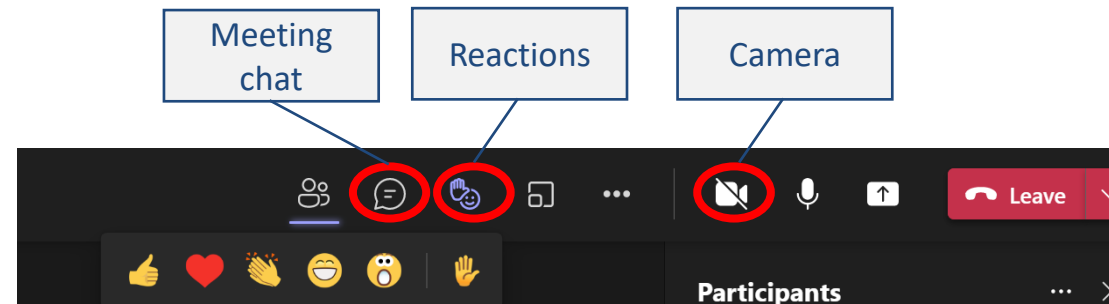
- **Welcome and Roll Call**
- **Improving Digital Reporting of Hybrid Measures**
- **Wrap Up and Future Meeting Topics**

# AMH TAG Member Welcome and Roll Call

Name	Organization	Stakeholder
<b>C. Marston Crawford, MD, MBA</b>	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's	Provider (Independent)
<b>David Rinehart, MD</b>	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians	Provider (Independent)
<b>Rick Bunio, MD</b>	Executive Clinical Director, Cherokee Indian Hospital	Provider
<b>Gregory Adams, MD</b>	Member of CCPN Board of Managers Community Care Physician Network (CCPN)	Provider (CIN)
<b>Jennifer Houlihan, MSP, MA</b>	Vice President Value-Based Care & Population Health Atrium Health Wake Forest Baptist	Provider (CIN)
<b>Amy Russell, MD</b>	Medical Director Mission Health Partners	Provider (CIN)
<b>Kristen Dubay, MPP</b>	Director Carolina Medical Home Network	Provider (CIN)
<b>Joy Key, MBA</b>	Director of Provider Services Emtiro Health	Provider (CIN)
<b>Tara Kinard, RN, MSN, MBA, CCM, CENP</b>	Associate Chief Nursing Officer Duke Population Health Management Office	Provider (CIN)
<b>George Cheely, MD, MBA</b>	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.	Health Plan
<b>Michael Ogden, MD</b>	Chief Medical Officer Blue Cross and Blue Shield of North Carolina	Health Plan
<b>Carol Stanley, MS, CPHQ</b>	Director, Center for Quality Improvement and Practice Support	AHEC
<b>Eugenie Komives, MD, Keith Caldwell, and Zach Mathew</b>	WellCare of North Carolina, Inc.	Health Plan
<b>William Lawrence, MD</b>	Chief Medical Officer Carolina Complete Health, Inc.	Health Plan
<b>Robert Rich, MD, and Atha Gurganus</b>	United	Health Plan
<b>Jason Foltz, DO</b>	Medical Director, ECU Physicians MCAC Quality Committee Member	MCAC Quality Committee Member
<b>Keith McCoy, MD</b>	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD	DHHS

# Meeting Engagement

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



# Agenda: Digital Reporting of Hybrid Measures

DHHS is looking for ways to improve the reporting of quality measures that currently require hybrid data through digital reporting. Today we will discuss provider experiences using the HIE and introduce the plan for workgroups. We will start with a background on HIE and digital quality measurement before moving into a discussion.

## Agenda

1. Background on Digital Quality Measurement and the HIE (*15 min*)
2. Discussion on Experiences Using NC HealthConnex (*20 min*)
3. Introduction to Provider Workgroups (*20 min*)

# **Background on Digital Quality Measurement and the Health Information Exchange**

# The Challenge

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- According to our data...
  - **Less than 1%** of our adolescent members are receiving an appropriate screening for clinical depression
  - **Fewer than 4%** of our adult members with diabetes have a hemoglobin A1c (HbA1c) level less than 9.0%

*Are we really providing low quality care, or are we failing to capture the data correctly?*

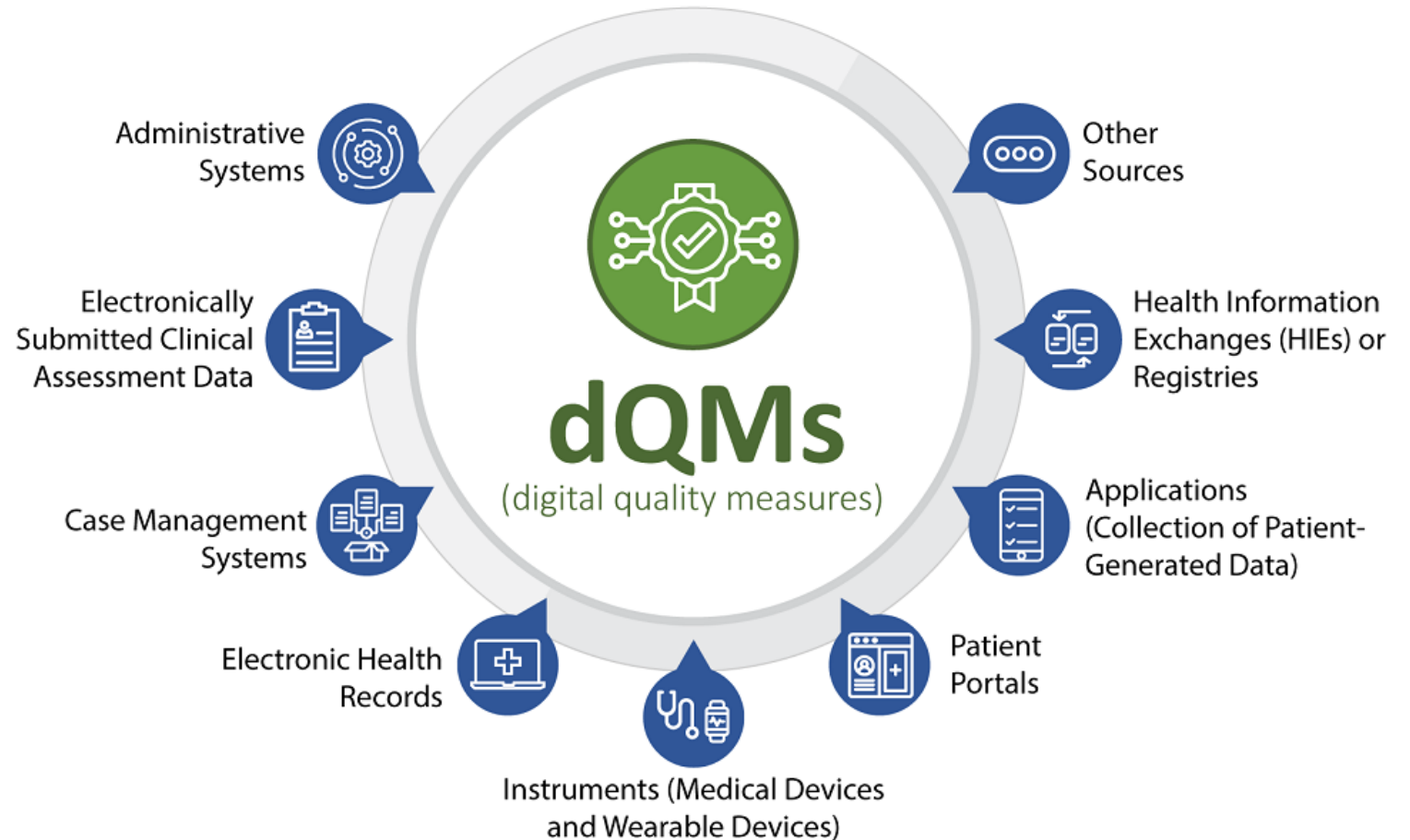
- Providers face increasing administrative burden related to paperwork, documentation, and data sharing, affecting their performance on measures that require clinical data
  - As a whole, the healthcare industry spends **more than \$2 billion/year** to ensure the accuracy of provider administrative data ([CAQH White Paper, 2016](#))

*How can we accurately and meaningfully understand the quality of care that is being provided to our beneficiaries, without adding to provider burden?*

# What are Digital Quality Measures (dQMs)?

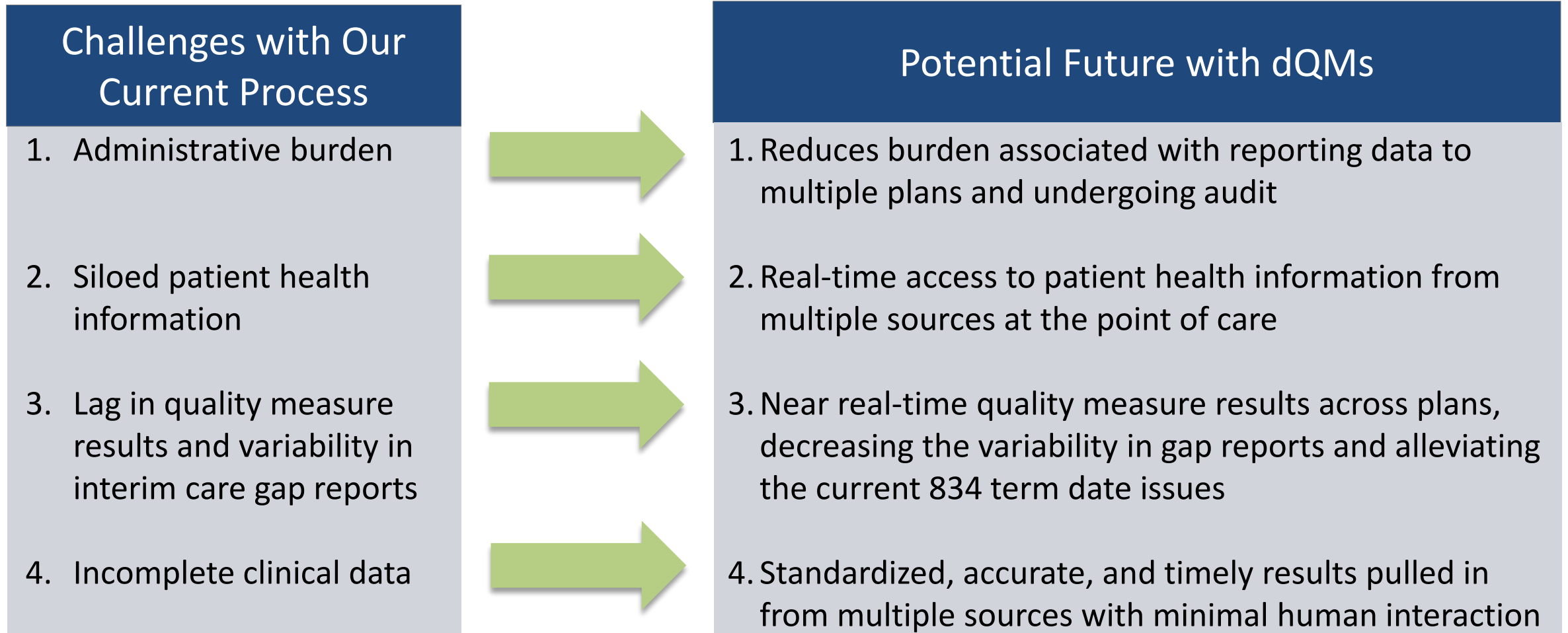
The CMS [draft definition](#) of Digital Quality Measures (dQMs) are:

“Quality measures, organized as self-contained measure specifications and code packages, that use one or more sources of health information that is captured and can be transmitted electronically via interoperable systems”





# How will transitioning to dQMs improve quality measurement?



Aligns with the QPHE goal to “reduce burden and drive operational simplicity in the administration of Medicaid!”

# What is a Health Information Exchange?

A health information exchange (HIE) is a secure, electronic network that gives authorized health care providers the ability to access and share health-related information across a statewide information highway.



# NC HealthConnex by the Numbers

NC HealthConnex is North Carolina's HIE. It allows health care providers to safely and securely share health information through a trusted network to improve health care quality and outcomes for North Carolinians.



## NC HealthConnex, By the Numbers:

- 60,000+ providers with contributed records
- 9,000+ health care facilities live submitting data, including 140 hospitals
- 6,000+ health care facilities in onboarding
- 150 million+ continuity of care documents (CCDs)
- 11 million+ unique patient records with clinical documents
- 80 Electronic Health Record (EHR) vendors live
- 22+ border and interstate HIEs connected via the eHealth Exchange and the Patient Centered Data Home, including connections to the VA and DoD

# Example: Controlling High Blood Pressure (CBP)

The 2020 national average for Medicaid HMOs for Controlling High Blood Pressure was 55.9%.

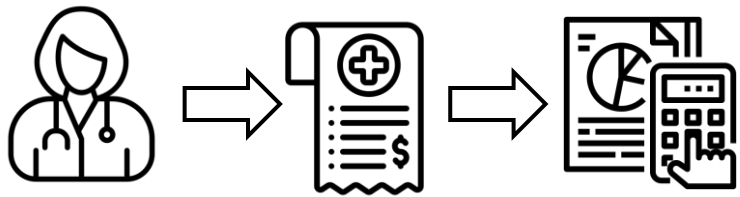
Traditional

Hybrid

dQMs

## Traditional Method

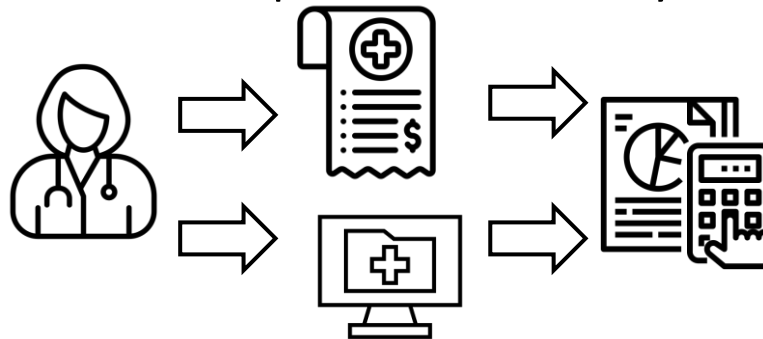
- Only claims and encounter data are used for quality measurement
- Results are produced annually



**2020 CBP Rate: 4.58%**

## Hybrid Method

- Claims/encounter data is combined with electronic clinical data via NC HealthConnex (as available)
- Results are produced annually



**2020 CBP Rate: 20%**

## Digital Quality Measures (dQMs)

- NC HealthConnex pulls in data from a multitude of sources
- Results are available in near real-time



# Experiences using NC HealthConnex

# Live Poll Questions

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1. Are you connected to NC HealthConnex at your practice?
  - A. Yes
  - B. No
  - C. Not Sure

# Live Poll Questions

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2. Do you think the data found in NC HealthConnex is a good representation of the services provided at your practice?
  - A. Yes
  - B. Somewhat
  - C. Not really
  - D. Not sure

# Live Poll Questions

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3. What level of understanding do you and your team currently have about how your EHR data is mapped and shared with the HIE?
  - A. High level of understanding (*I could describe it in detail to a colleague*)
  - B. Medium level of understanding (*I could describe it at a high level to a colleague, but not in detail*)
  - C. Low level of understanding (*I could not describe it to a colleague*)



# Live Poll Questions

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4. Check all that apply: Which of these are barrier(s) to your practice submitting data to and/or using data from NC HealthConnex?
- A. Financial barriers/costs
  - B. Infrastructural barriers
  - C. Staff capacity
  - D. Staff knowledge
  - E. Lack of interest
  - F. Privacy/security concerns

# Discussion Questions

1. Can you speak about your experience with the barriers identified (in previous question) in submitting or using data from NC HealthConnex?
2. What do you see as some of the most beneficial ways you/your practice use data from NC HealthConnex? Can you share any examples of ways you use HIE data to drive clinical decision making?
3. How do you/your practice approach standardizing documentation in the electronic health record? What methods does your practice currently use (if any) to try and standardize EHR documentation for the purpose of data collection or quality measurement?
4. How could DHB support you/your practice in submitting or utilizing NC HealthConnex data?

# Provider Workgroups

# Improving Hybrid Measures Digital Reporting: Provider Workgroups

DHHS is exploring digital quality reporting as a way to improve the reporting of quality measures that currently require hybrid data. DHHS is launching a series of provider workgroups to identify issues and challenges to digital reporting, generate recommendations to reduce burden, and pilot quality reporting approaches.

**Hybrid measures** are currently calculated using both administrative and clinical data, creating administrative burden and limiting data quality. DHHS has prioritized the following measures for digital reporting: *Screening for Depression and Follow-Up Plan, Hemoglobin A1c Control for Patients with Diabetes, and Controlling High Blood Pressure.*

## Workgroup Activities

- Provide feedback on using NC HealthConnex and barriers to submitting clinical data
- Provide recommendations on hybrid measures data collection, data exchange systems, and reporting requirements
- Pilot digital quality reporting tools and report feedback

## Benefit of provider participation

- Improve digital quality reporting systems and processes
- Contribute to better patient health information at point of care
- Increase accuracy of quality measurement results
- Decrease administrative burden on providers

*Note: DHHS is exploring the possibility of incentives to support providers engaging in this work.*

**For Discussion:** What would your goals be for participating in the workgroup?

# Provider Workgroup Phases and Activities

The provider workgroups will occur in several phases: information gathering, primary source validation, and solution development and testing. The initial phases will be with smaller workgroups (with a larger survey in parallel) and the solution development phase will expand to a broader workgroup.

Phases	Activities	Workgroup characteristics	Timeline
<b>Information Gathering (Systems and Processes Questionnaire)</b>	Information gathering on barriers to using HIE and submitting clinical data	<ul style="list-style-type: none"> <li>7 higher-volume providers (6 AMHs + 1 OB)</li> <li>HIEA</li> </ul>	August 2023 – October 2023
<b>Primary Source Validation</b>	Walking through the data collection and reporting process for subset of measures	<ul style="list-style-type: none"> <li>7 higher-volume providers (6 AMHs + 1 OB)</li> <li>HIEA</li> </ul>	August 2023 – November 2023
<b>Solution Development and Testing</b>	Piloting small-scale, testable solutions with workgroup participants and developing recommendations	<ul style="list-style-type: none"> <li>3-6 AMHs from initial phases</li> <li>6 new AMHs</li> <li>1 new OB provider</li> <li>BH provider (preferred)</li> <li>HIEA</li> <li>DHB’s BIA (analyst) team</li> <li>PHP (1-2 representatives)</li> </ul>	January 2024 - July 2024

### Other Activities

- **Recruiting for provider workgroups** - DHHS is starting to socialize the plans for the workgroup and will recruit providers in summer 2023.
- **HIE user survey** – A survey will be used to collect information on experiences and barriers to use of HIE from a larger number of providers.

**For Discussion:** Any questions on the activities and characteristics of the workgroup?

# Next Steps

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If you are interested and want to stay updated on workgroup activities/have further questions, please reach out to [Kathryn.horneffer@dhhs.nc.gov](mailto:Kathryn.horneffer@dhhs.nc.gov) or [Jessica.a.kuhn@dhhs.nc.gov](mailto:Jessica.a.kuhn@dhhs.nc.gov).

**Note:** For providers who do not have the bandwidth to participate in the workgroup, there will be opportunities to provide input by completing the HIE user survey or participating in forums such as the AMH TAG. The Department will provide a report of findings from the workgroup and engage stakeholders in possible solutions.

# AMH TAG Wrap Up and Future Topics

AMH TAG meetings will generally take place the second Tuesday of each month from 4-5 PM.

## Upcoming 2023 Meetings

Tuesday, May 9, 2023  
4:00-5:00 PM

Tuesday, June 13, 2023  
4:00-5:00 PM

Tuesday, July 11, 2023  
4:00-5:00 PM

## Potential Upcoming AMH TAG Topics

- Strategies to advance health equity
- Strategies to address SDOH
- Standardization of monitoring protocols/delegation protocols
- PHP accreditation timeline and timing of AMH delegation audits