HEPATITIS C CLINICAL SUPPORT TOOLS

Quality Improvement and Electronic Health Record Tips

NYC
Health

Quality improvement is the process of finding gaps between prevailing and best practices, understanding the source of variation in performance, and devising solutions to close the gaps. It is critical to set improvement goals and engage the care team in taking the necessary steps to make progress towards improved quality of care. This involves not only changing provider knowledge, behavior and practice, but also the care delivery system so that it is better designed to achieve the intended results.

Quality improvement begins with good data collection and management. Electronic health records (EHRs) provide an ideal system for data collection and organization.

1. Develop a **Model for Improvement** – a written, measurable and time-sensitive description of goal(s).

2. Use **Driver Diagrams** to help organize and target specific areas for provider intervention.

3. Create a **Plan-Do-Study-Act cycle** to test small-scale changes before widespread implementation.

For information about how to use a driver diagram or about the Plan-Do-Study-Act cycle, visit www.ihi.org.

Model for Improvement

AIM: What are we trying to accomplish?
Example: Our clinic will increase Hep C screening by 50% by December 2015 using EHR integration and modification, reflex testing and provider education.

MEASURES: How will we know that a change is an improvement?
Example: We will observe an increase in the percentage of patients born between 1945 and 1965 screened for Hep C after new practices are implemented.

IDEAS: What changes can we make that will result in improvement?
Example: We will implement an alert in the EHR to flag people born between 1945 and 1965 for HCV screening.

*The **Model for Improvement** was developed by the Associates in Process Improvement and supported by the Institute for Healthcare Improvement. www.ihi.org/resources/Pages/ HowtoImprove*

For more information and additional resources to help with QI initiatives,
visit **www.ahrq.gov** and search "Quality Resources."

Payment Incentives and Adjustments for Quality Improvement Measures

The **Physician Quality Reporting System** (PQRS) is a reporting program that supports QI goals through payment incentives and adjustments.

- Physicians who satisfactorily report quality measures qualify to earn an incentive payment for their total estimated Medicare Physician Fee Schedule (PFS) allowed charges for covered services during that same reporting period.

- Physicians who do not satisfactorily report data on quality measures during a program year are subject to a downward payment adjustment of their Medicare PFS reimbursement.

- Group practices may be subject to the Medicare Value-Based Payment Modifier based on reporting of PQRS measures and total cost of care for the performance period.

QuickTips for PQRS

To implement PQRS, physicians and practices must use a qualified registry and follow instructions on how to submit data for HCV-related measures.

- To report the HCV Measures Group via a qualified registry, providers must submit a sample of at *least 20 patient*s (18 years or older), the majority of whom must be Medicare Part B Fee-for-Service (FFS) patients (others may be Medicare Advantage or commercial).

- Providers must have a specific diagnosis of chronic HCV (ICD-9-CM: 070.54 or ICD-10-CM: B18.2) and a patient encounter code (99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215) for each patient.

Hepatitis C Measures Group: PQRS 84 (NQF 395) – Hepatitis C: RNA testing before initiating treatment

Hepatitis C Individual Measures: PQRS 83 (NQF 393) – Hepatitis C: Confirmation of Hepatitis C Viremia

Adapted from AbbVie Quality Improvement Toolkit

For step-by-step instructions on how to implement PQRS and for a list of qualified registry vendors, visit **www.cms.gov** and search "Getting Started with PQRS."

Electronic Health Record Tips

Electronic Health Records (EHRs) can help you:

- **Identify** patients who are due for screening or need confirmatory RNA

- **Monitor** patient labs and visits

- **Improve** quality of care

Tips for using EHRs to increase HCV testing rates and improve care:

- Create **Targeted EHR Alerts** to

  - Identify patients

    - Born between January 1, 1945 and December 31, 1965

    - With no evidence of HCV or prior screening

    - Scheduled to visit with a provider at your facility

  - Provide screening pop-up window when a patient registers at your clinic

  - Offer educational materials (such as the NYC Health Department's Liver Health Bulletin or Hep C Risk Assessment Card) when a patient signs in

  - Remind providers to screen HCV patients for alcohol use every 12 months

- Track screening rates for people born between 1945 and 1965

- Create provider-level reports to track practices and performance
  Example: Set up monthly data reports for each individual provider of the proportion of eligible patients who were screened with an HCV antibody test, and an RNA test if positive

Sample Quality Indicator for Use in EHR

Numerator: Patients in denominator who had an HCV antibody test during a specified reporting period

Denominator: Patients born between 1/1/1945 and 12/31/1965, with no evidence of HCV or prior screening, and who had a clinic visit during a specified reporting period