

# Electronic Health Record Quality Measure Tracking: An Information Technology Process Improvement Pilot Project to Meet MACRA Requirements

Andrea Savas, BSN, RN, and Eben Smith, MSN, ARNP, AGACNP-BC

## Purpose

To optimize electronic health record (EHR) use in order to meet current and future Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) program requirements

### Short Term Goals

- Launch advanced quality measure documentation features to enable quality measure tracking and optimize reimbursement
- Provide educational programming to increase staff knowledge and capacity to engage in documentation behaviors required for quality reporting and tracking

## Background

The Centers for Medicare and Medicaid Services (CMS) initiated a new quality payment model called MACRA

Merit Based Incentive Payment System is an incentive program under MACRA focused on improving quality of care, efficiency, and reducing healthcare expenditures

### The Problem

Recent changes in health policy have the potential to negatively impact financial resilience of private practices and the cost of implementing a system to establish compliance can be overbearing (Casalino, 2017)

EHR features have been updated to ease MACRA participation, yet many primary care providers do not take advantage of these offerings

## Methods

An information technology (IT) process improvement pilot project was executed in a privately owned primary care practice on the west coast of Florida

This project was exempt from University of South Florida Institutional Review Board oversight

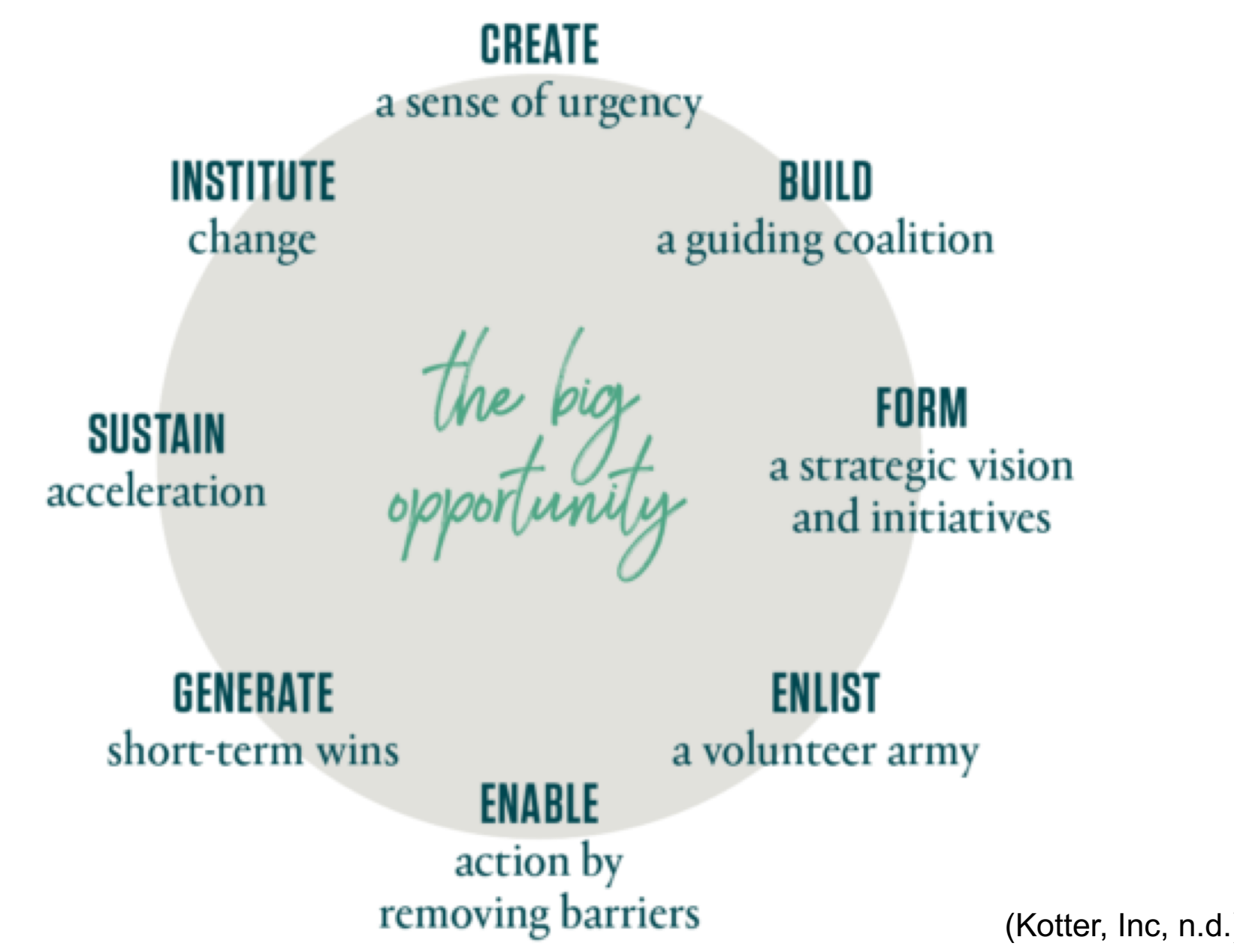
Project period: December 2017 thru March 2018

### Process

- Gap analysis of existing EHR documentation features relevant to quality reporting was conducted and office champion selected
- In-service provided to introduce MACRA, MIPS, and quality measure education
- Advanced EHR documentation features launched
- Second in-service provided re: recommended documentation workflows to capture data for three chosen quality measures
- Collected and analyzed the de-identified aggregate quality measure data for the reporting period
- Debrief in-service provided and results discussed
- Participants completed a program evaluation survey based on The Kirkpatrick Model

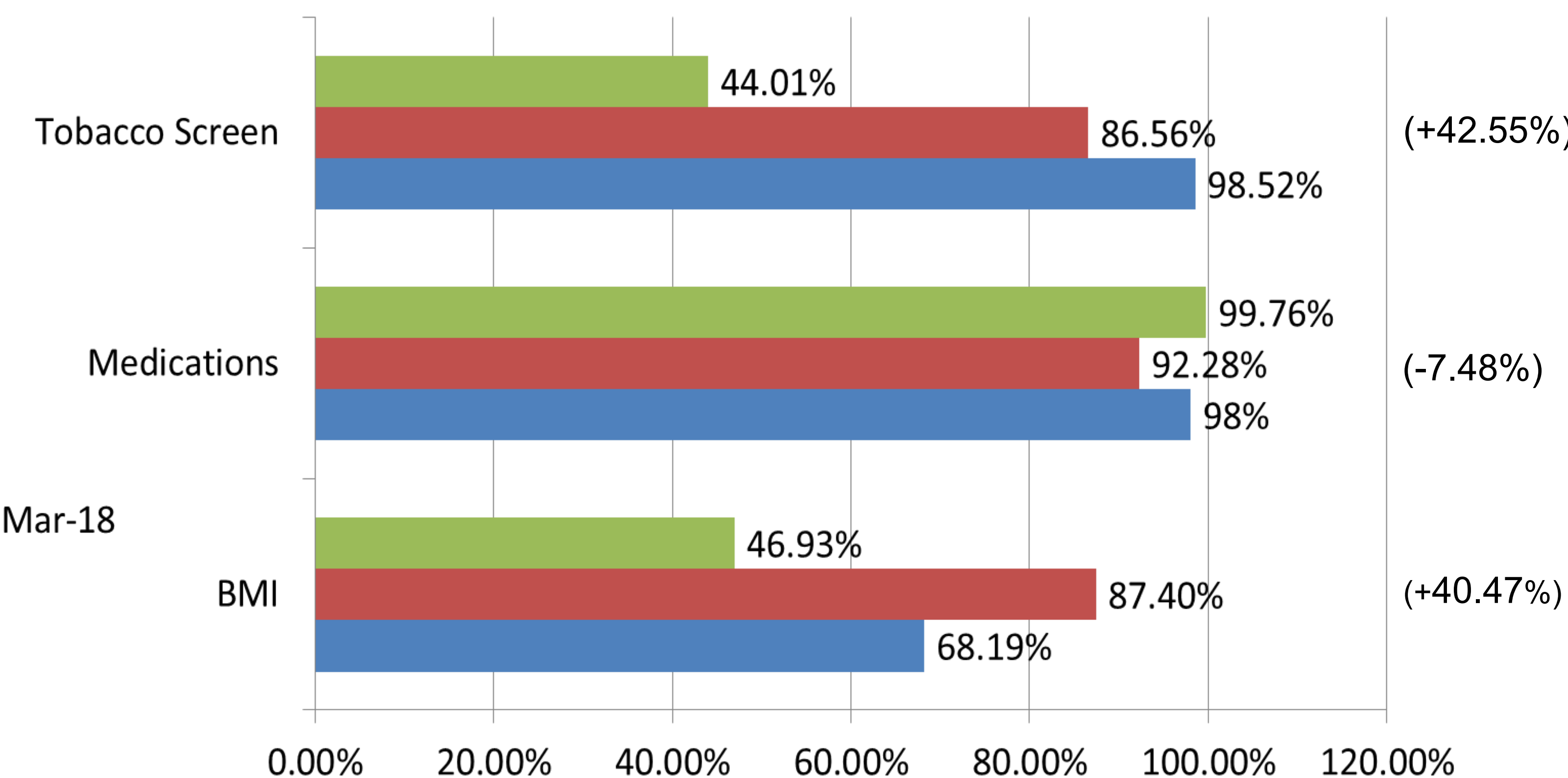
## Framework

### Kotter's 8-Step Process for Leading Change



## Results

### Aggregate Compliance Scores with Percent Change



### Program Evaluation Results

Four Pillars of The Kirkpatrick Model Program Evaluation and Intended Use	Number of Surveys (n)	Average Answer Score
Reaction to Training	7	9.67
Perceptions of Knowledge Gained	7	9.79
Self-Efficacy/Confidence in Ability to Implement Change	7	9.5
Intent to Change Practice Behavior	7	9.15
Intended Frequency of Advanced Documentation Feature Use	5	60% (n=3) – in most cases 40% (n=2) – in all cases

## Discussion

This project improved the participants' (1) perceptions of knowledge gained relevant to MACRA, (2) self-efficacy/confidence in the ability to implement changes, (3) intent to change behavior and (4) intended frequency of advanced documentation feature use in most or all cases

This project underscores the potential for doctoral prepared nurse practitioners (DNPs) to leverage IT operability to improve quality outcomes and optimize practice reimbursements

### Recommendations

- Explore barriers to medication documentation
- Conduct a cost - benefit analysis of subscription services
- Develop quality improvement coordinator role to sustain quality reporting efforts
- Evaluate future incentive program participation and expansion of additional MACRA targets

## Limitations

Data retrieval was limited due to end of year data processing by the EHR vendor

Fluctuations and inconsistent in-service attendance

Implementation of paid subscription requirements by the EHR vendor limited data collection

## Acknowledgements

A special thank you to the USF Faculty and DNP Project Faculty for their diligent efforts, support, and guidance. Specifically, Dr. Brittany Hay, DNP, ARNP, ANP-BC, FNP-BC and Dr. Melanie Michael, DNP, MS, FNP-C, CPQH, FNAP.

## References

- Casalino, L. P. (2017). The medicare access and CHIP reauthorization act and the corporate transformation of american medicine. *Health Affairs*, 36(5), 865-869. doi:10.1377/hlthaff.2016.1536
- Centers for Medicare and Medicaid Services. (n.d.). What's the quality payment program? Retrieved from <https://qpp.cms.gov/>
- Kotter, Inc. (n.d.). The big opportunity [image]. Kotter International. Retrieved from <https://www.kotterinc.com/8-steps-process-for-leading-change/>
- The New World Kirkpatrick Model. (2016). Retrieved from <https://www.kirkpatrickpartners.com/Portals/0/Training-Events/Job%20Aids/Kirkpatrick%20Job%20Aid%20-%20New%20World%20Kirkpatrick%20Model.pdf?ver=2016-03-25-104638-383>