MOMENTUM

A Monthly Publication Produced by OFMQ

Oklahoma's trusted resource for improving your EHR & Health IT Experience

Learn About Changes to the Medicare Promoting Interoperability Program for 2023

Final changes to the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals include the following:

- Requirement to report on the Query of Prescription Drug Monitoring Program measure, beginning with the calendar year (CY) 2023 electronic health record (EHR) reporting period;

- Three reporting options for the Health Information Exchange Objective with the addition of a new Enabling Exchange under the Trusted Exchange Framework and Common Agreement (TEFCA) measure under the Health Information Exchange (HIE) Objective as a yes/no attestation measure, beginning with the CY 2023 EHR reporting period as an optional alternative to the three existing measures under the HIE Objective;

- Scoring modifications for the following objectives, beginning with the CY 2023 EHR reporting period:
  - Reduction of 40 points to 30 points for the HIE Objective
  - Increase from 10 points to 25 points for the Public Health and Clinical Data Exchange Objective
  - Reduction of 40 points to 25 points for the Provider to Patient Exchange Objective

- Institution of public reporting of certain Medicare Promoting Interoperability Program data beginning with the CY 2023 EHR reporting period data;

- Addition of a new Antimicrobial Use and Resistance Surveillance measure with requirement to report under the Public Health and Clinical Data Exchange Objective, beginning with the CY 2024 EHR reporting period;

- Addition of Severe Obstetric Complications electronic clinical quality measure (eCQM) and Cesarean Birth eCQM to the Medicare Promoting Interoperability Program eCQM measure set for voluntary reporting in the CY 2023 reporting period and mandatory reporting starting with the CY 2024 reporting period and subsequent years;

- Addition of Hospital Harm-Opioid-Related Adverse Event eCQM and Global Malnutrition Composite Score eCQM to the Medicare Promoting Interoperability Program eCQM measure set on which hospitals can self-select to report beginning with CY 2024 reporting period; and

- Modification to the eCQM reporting and submission requirements under the Medicare Promoting Interoperability Program to increase eCQM reporting from four eCQMs (one mandatory and three self-selected) to six eCQMs (three mandatory and three self-selected) beginning with the CY 2024 reporting period in alignment with finalized proposals in the Hospital Inpatient Quality Reporting (IQR) Program.

More Information:

- FY 2023 IPPS and LTCH Prospective Payment System Final Rule + Medicare Promoting Interoperability Program

- Final Rule press release and fact sheet

- Promoting Interoperability Program website

2022 MIPS Quick Start Guide for Small Practices

Are you a clinic with 15 or fewer clinicians?

The Quality Payment Program for Small Practices has released a quick start guide about MIPS - including a general overview of MIPS, how to get started, and what to do after data has been submitted.

2022 MIPS Quick Start Guide PDF

Sign Up for the Small Practices Newsletter Here!

HHS expands access to high-quality, comprehensive health care for children across the country

HHS announced ***three key actions to strengthen and expand access to high-quality, comprehensive health care for***

children across the country. These actions are part of [HHS' ongoing efforts] to address the nation's **mental health crisis**, including its impact on children.

HHS issued a new guidance document reminding states of their mandate to cover behavioral health services for children in Medicaid, and urged states to leverage every resource to strengthen mental health care for children. HHS is issuing a second guidance document that urges states to expand **school-based health care for children, including mental health care.** As part of the third action, HHS issued a proposed rule that, for the first time ever, would require states to report certain quality measures to strengthen Medicaid and the Children's Health Insurance Program (CHIP) to ensure that the millions of children and families enrolled in these programs have access to the highest quality of care.

The nation is facing an unprecedented mental health crisis, particularly among children. Even before the pandemic, rates of depression, anxiety and suicidal thoughts were on the rise, with up to one in five children ages 3 to 17 in the U.S. having a mental, emotional, developmental, or behavioral disorder. The pandemic only exacerbated these issues, with increased isolation and disrupted learning, relationships, and routines.

More than 40 percent of high school students struggle with persistent feelings of sadness or hopelessness, and more than half of parents and caregivers are concerned about the mental well-being of their children.

Medicaid and CHIP are a lifeline for families across the country. Together, they provide 51% of our nation's children and youth – **more than 40 million children** – access to quality, affordable health care. For children who are covered by Medicaid and CHIP, HHS's actions today will strengthen and expand health care services for them as they head back to school.

More Information:

- CMS' guidance: "Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth"
- CMS' guidance: "School-based Health Services in Medicaid: Funding, Documentation, and Expanding Services"
- Proposed rule for mandatory annual state reporting of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP, the behavioral health measures on the Core Set of Adult Health Care Quality Measures for Medicaid, and the Core Sets of Health Home Quality Measures for Medicaid, see Federal Register.

OFMQ Project Feature

Screenings, Brief Interventions, and Referrals to Treatments

45-50% of suicide victims visit their primary care physician a month before committing suicide

(AAFP).

SBIRT-OK is an evidence-based, integrated approach to identify and intervene with patients whose patterns of tobacco, alcohol, and/or drug use, or depression put their health at risk.

SBIRT-OK aims to improve lives with early treatment of depression and save lives by preventing suicide and treating addiction. Goals also include to reduce the frequency and severity of substance use and to reduce morbidity and mortality of chronic conditions. This is all while decreasing health care costs and utilizations.

SBIRT is an entirely **FREE** program that can be used to save lives and help the community. It has shown great promise and even assists clinics by offering billing tools in relation to screenings and intervention.

OFMQ Role

- Recruit clinics for participation
- Practice facilitation
- Project implementation
- Implement data collection methods
- Quality improvement and workflow enhancements
- Improve management and documentation of SUD and depression treatment in adults
- Training toolkits customized for clinics' EHR
- Quality measure extraction

Oklahoma Suicide Statistics

- Suicide is the 9th leading cause of death in the state.
- More Oklahomans die by suicide than in Motor Vehicle Accidents.
- On average, one Oklahoman dies by suicide every 11 hours.

OK State Fact Sheet

AAFP Article - The Doorknob Phenomenon in Clinical Practice

Oklahoma Alcohol Statistics

- 28% of all fatal car accidents in the state involve excessive alcohol.
- Oklahoma has the 11th highest rate of alcohol poisoning in the nation.

Alcohol: It's Impact on Oklahoma

Oklahoma Drug Statistics

- More than 14,000 Oklahomans were hospitalized for a nonfatal drug overdose - this is more than 90 people a week.
- Nearly half (49%) of hospitalizations were unintentional, and 48% were due to self-harm.

OK Drug Overdose County Fact Sheet

These are major issues taking place in our state, and they can be solved on the front end with **Screenings**, **Brief Interventions**, and **Referrals to Treatments -**
one clinic at a time.

Suicide Prevention Week

September 4-10, 2022

The American Foundation for Suicide Prevention (AFSP) recognizes the month of September as National Suicide Prevention Month: a moment in time in which we rally the public to create awareness of this leading cause of death, and inspire more and more people to learn how they can play a role in their communities in helping to save lives.

Alternatively recognized as National Suicide Prevention Week (generally the week after Labor Day) and World Suicide Prevention Day (September 10), AFSP takes advantage of the full month to offer understanding and guidance for the public through special events, personal stories and perspectives, sharable social graphics and other materials designed to help people know what they can do if they or someone they know is struggling, and how to have authentic, caring conversations about suicide and mental health.

Suicide prevention is important every day of the year. National Suicide Prevention Month gives us an opportunity to shine a special, encouraging light on this topic that affects us all, and send a clear, hopeful message that help is available, and suicide can be prevented.

National Suicide Prevention Website

September HIT List

- HIPAA Administrative Simplification Compliance Review Process Infographic
- DTTAC has created a new low-literacy food tracker
- Prescribing Clinicians Often Ignore Drug Interaction Alerts - AHRQ Research Project
- OCR Settles Case Concerning Improper Disposal of Protected Health Information
- Post-Acute Care Quality Reporting Programs CMS Webinar - September 28th

OFMQ Kudos!

OFMQ is nationally published in the American Geriatric Society Journal!

With OFMQ Senior Clinical Consultant, Dawn Jelinek, and OU Physician, Dr. Lee Jennings, as the leads of the GWEP Project, the OkDCN has published their work of implementing the 4 Ms into long-term care homes throughout the state of Oklahoma.

Oklahoma Dementia Care Network
University of Oklahoma Health Sciences Center, Section of Geriatrics

THE JOHN A. HARTFORD FOUNDATION GWEP-CC Geriatrics Workforce Enhancement Program Coordinating Center
MANAGED BY THE AMERICAN GERIATRICS SOCIETY

GWEP-CC CASE STUDY: THE JOURNEY TO AGE-FRIENDLY PRIMARY CARE

About Us

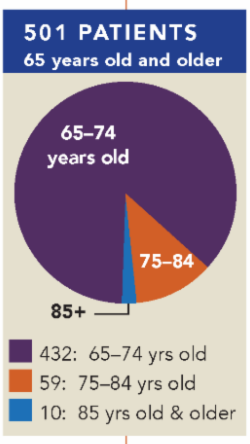
The Geriatrics Workforce Enhancement Program Coordinating Center (GWEP-CC) Case Studies present a broad range of cases drawn by Geriatric Workforce Enhancement Programs (GWEPs) and their primary care partners to take learners through their experiences implementing the 4Ms. Case study authors participated in the 2020 GWEP-CC Age-Friendly Health Systems Action Community and are recognized by the Institute for Healthcare Improvement (IHI) as either an Age-Friendly Health System Participant (Level-1) or Age-Friendly Health System – Committed to Care Excellence (Level-2).

The GWEP-CC, led by the American Geriatrics Society, is supported by The John A. Hartford Foundation, and serves as a strategic resource for the Health Resources and Services Administration (HRSA)'s GWEP programs.

For more information, please contact the GWEP-CC at GWEPCC@americangeriatrics.org.

The Oklahoma Dementia Care Network is a statewide collaborative effort focused on building healthcare workforce capacity to improve outcomes for persons living with Alzheimer's disease and related dementias. Our specific objectives are to:

- Build a stakeholders advisory council to develop partnerships across the state focused on improving health outcomes for persons living with dementia (PLWD)
- Train primary care providers and trainees to assess and address the care needs of PLWD, using the 4Ms framework.
- Transform primary care practices and nursing homes to become age- and dementia-friendly health systems.
- Deliver community-based education and training to nursing home direct care workers, community health workers, community health representatives serving Tribal Nations, and PLWD and their family caregivers to improve health outcomes for older adults living with dementia.



Anticipated outcomes include the following:

- A robust academic-community-tribal network of collaborating dementia care partners
- A primary care provider workforce better prepared to care for PLWD
- Increased access to age- and dementia-friendly certified health systems
- Greater dementia expertise in the direct care workforce, including family caregivers, dementia-certified community health workers, nursing home staff, and career technology system health graduates

1 / AUGUST 2022

Age-Friendly Health Systems

AGS Geriatrics Healthcare Professionals
Leading Change. Improving Care for Older Adults.

How We Are Adopting the 4Ms

In February 2020, the age-friendly transformation began for a one physician, rural primary care clinic serving communities in western Oklahoma with a diverse patient population, including Hispanic and Native American communities. The clinic received regular support from a dedicated quality improvement practice facilitator, who provided education on the 4Ms and discussed current workflows and how to adapt them to incorporate 4Ms care. Facilitation visits were conducted in-person (when possible), virtually, and by telephone at least monthly with clinicians and staff. A major barrier soon became evident: the practice needed increased capacity to document, track, and report 4Ms progress in the electronic health record (EHR) and in their data registry.

What Matters: Advance care planning documents were being scanned into a folder and were not measurable or reportable without chart abstraction. No questions were being asked or captured regarding the healthcare goals that were most important to the patient.

Medication: Comprehensive medication review and evidenced-based tapering regimens to reduce the use of high-risk medications in older adults were already in the current workflow.

Mentation: The Mini-Cog was being used to screen for cognitive impairment; however, the screening results were not being captured or reported in a structured way in the EHR. Again, results were being scanned or otherwise put into the body of the encounter note.

Mobility: Screening for fall risk was being performed with the John Hopkins-Highest Level of Mobility (JH-HLM) in a stand-alone EHR template. Results were also scanned or put into the body of the encounter note.

Despite the uncertainty of the COVID-19 pandemic, new workflows were created and adopted in June 2020 to accommodate a newly developed 4Ms EHR template (Figure 1). The new template was designed to capture the presence of advance care planning documents, to indicate a healthcare proxy, and to document that "what matters most" questions were being asked and answers recorded. In addition, the template captured screening results for the Mini-Cog, the JH-HLM, and an opioid risk tool (to screen for medication misuse).

The new template encompassed all 4Ms, creating a "one-stop shop" for documenting Age-Friendly patient care and an opportunity to easily address all 4Ms during clinical encounters.

One of the new workflows implemented was to send "PrepareForYourCare.org" documents to patients before their Annual Wellness Visit, either using the patient portal or by mail. This gave patients time to prepare advance care planning documents and think about their responses before the clinic visit. This increased awareness of advance care planning and set the stage for a conversation during the Annual Wellness Visit.

In addition, an internal workflow was created to ensure that caregivers of PLWD were contacted by telephone and, with their consent, referred to the Alzheimer's Association. The Alzheimer's Association Oklahoma Chapter then provided the family with an individualized telephone care consultation to tailor support resources and community referrals to the specific needs of the patient-caregiver dyad.

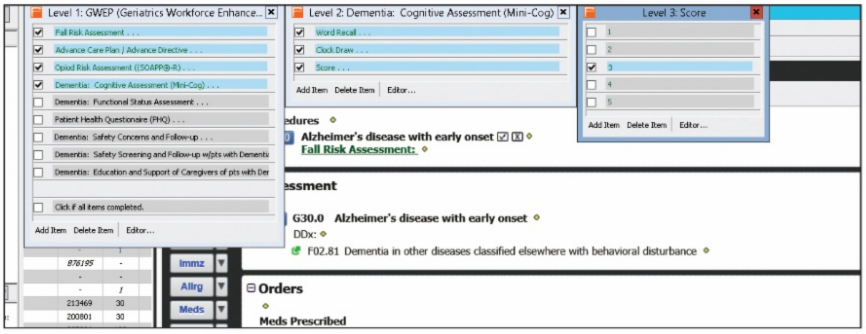


Figure 1. Age-Friendly Documentation Template with Tiered Levels

Next Steps

Incorporating age-friendly care strategies into practice through this facilitation model currently continues at 3 other primary care clinics partnering with the Oklahoma GWEP. Marketing tools, including patient handouts and posters explaining age-friendly care, are being used within participating clinic sites to generate awareness of 4Ms care among patients and providers. Four sites have attained Institute for Healthcare Improvement Level 2 (Committed to Care Excellence) Age-Friendly Recognition and 1 site is working toward Level 1 recognition.

Lessons Learned

- Teamwork makes the dream work! This practice overcame challenges with COVID-19 and adopted a novel strategy for EHR documentation to achieve Institute for Healthcare Improvement Level 2 (Committed to Care Excellence) Age-Friendly Recognition.
- Every life positively impacted is a goal achieved. Small scale change can have big impacts.

When the COVID-19 pandemic began, this small rural practice faced new challenges, as did all health care organizations nationwide. In April 2020, this practice struggled to stay open and meet financial obligations because patients were avoiding routine medical care, with some turning to telehealth visits instead. In fact, telehealth grew to over 25% of patient encounters. The clinic continued to use the new 4Ms workflows put in place despite these challenges.

After 18 months of engaging with the age-friendly initiative, practice members reflected on their achievements and lessons learned. Despite the challenges of the pandemic, this one-provider, rural practice was able to achieve Level 2 Age-Friendly Recognition. The 4Ms framework had been successfully adopted, although data analysis continues to be a challenge. The clinic EHR and data registry vendors are separate, independent entities. Pulling codes generated from the new age-friendly EHR template into the separate data registry required programming that proved more difficult than anticipated.

The urgency of being able to accurately report on these MIPS measures for an independent rural practice was not as high a priority for the data registry vendor as it was for our GWEP team. This hindered accurate reporting between the documentation occurring and the MIPS measures reported from the registry. Thus, chart abstraction was necessary to ensure proper timely reporting of the age-friendly care being delivered, which may hinder sustainability.

As the Oklahoma GWEP expands the number of participating clinic sites over the next 3 years, lessons learned will help other primary care practices, especially in rural communities, foster age-friendly initiatives and ultimately improve health outcomes of older Oklahomans, particularly those living with dementia.

OkDCN Oklahoma Dementia Care Network

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Age-Friendly Health Systems | AGS Geriatrics Healthcare Professionals. Leading Change. Improving Care for Older Adults.

Click here for the full PDF document!

Have Questions or Need Assistance?

Contact Us Today!
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Disclosure and caption for September Month Picture: The sun setting over the Ouachita Mountains is a beautiful sight for travelers on the Talimena National Scenic Byway in southeast Oklahoma. Photo Credit: Photo by Jason Wallace - jwallacephoto.com; source: https://www.travelok.com/article_page/charming-fall-destinations-getaways-in-oklahoma