Healthcare quality must be a part of your business strategy - not an extra assignment, a box to check, or an optional task.

Quality reporting season never ends, meaning data and chart abstraction work continues year-round. How do you handle your sea of data? Are you drowning in data?

It's also vital to ask whether all that data abstraction and analysis and wrangling of quality measures is leading to better health outcomes. That's a shared focus where the missions of NAHQ and Primaris merge. NAHQ's mission is, "To advance the Healthcare Quality Profession leading to positive health outcomes." The mission at Primaris is practically identical: "We deliver solutions that empower our providers and patients to improve healthcare quality, costs, outcomes, and patient experiences."

After all, isn't keeping the patient as the center focus the top objective?

Physician, author, and blogger Dr. Suneel Dhand, in a conversation on the Quality Talk podcast, prominently places the patient first.

"If we lose that, we are lost ourselves," he offered. "Healthcare is at a tumultuous time at the moment. It's changing very fast … the patient sometimes gets lost in that. So whatever you're doing, always keep the patient at the center; think about their experience. And by doing that, you can rarely go wrong."

Ultimately, says NAHQ CEO and Executive Director Stephanie Mercado – also speaking on the Quality Talk podcast – the goal of developing a highly-skilled healthcare quality workforce isn't just about obtaining the metrics of quality standards, "but to strive for the intention behind the metric, which is good, quality care."

To that end, all healthcare teams – from the upstream C-suite to the downstream, front-line professionals – must focus on quality as a business strategy, not as an added assignment, a box to check, or an optional task.

"Quality is the work. It's hard-wired into how everything is done," Mercado said.

The emphasis on healthcare quality, initially focused on reviewing physician performance, began with fits-and-starts in the mid-1970s, coinciding with the birth of NAHQ. Similarly, Primaris CEO Richard A. Royer, a former hospital administrator, has also watched the transition from fee-for-service to value-based care unfold, starting with physician review organizations and later quality improvement organizations,

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measuring length of hospital stays at first and adding other quality measures along the way. No doubt the early days of hit-and-miss, pen-and-paper medical records was a precursor of the astonishing sea of healthcare data that today is flooding physicians and health systems with extra work and costs.

In addition, the early days of quality measures didn't always directly related to quality of care and health outcomes. Also, the system was regulatory, punitive, and negative towards physicians who did not perform as well as their peers.

As outmoded metrics and general standards were changed and tied to quality of care, The Joint Commission and CMS began to require that hospitals work on specific quality measures and report the data – TJC for coveted, valuable accreditation, and CMS for payment to hospitals and physicians. The new requirements – certainly a short list compared to today's healthcare quality quantitative work – included quality measure reporting on a variety of treatments and procedures, from hospital acquired infections and ventilator-associated pneumonia to reducing readmissions and quality outcomes for both inpatient and outpatient charges.

Fast-forward a decade and a half, and the value-based care train isn't just rolling: It's running at open throttle, full speed ahead. With quality measures and financial incentives driving improvement, there are now 2,100-plus quality measures for large health systems to track and report.

Dedicating resources and proper training to finding, collecting, analyzing, and using that data is crucial to taming the chaos of a highly complex, time-consuming process that significantly impacts an organization's financial and competitive standing. As NAHQ and participants at the 2019 National Healthcare Quality Summit emphasize the closer strategic alignment and collaboration of the C-suite and the healthcare quality workforce, one common theme will be that many facilities spend so much time and effort on data and chart abstraction and quality reporting that finding the time to meaningfully use the data to make improvements is frustrating.

That circular, repeating dynamic includes drowning in data and juggling the data with too little staff time; struggling to keep up with quality measure specifications and reporting guidelines; and trying to free up clinical staff for proactive quality improvement initiatives.

Three examples show how the burden of that cycle can be alleviated if not broken, and that an organization can successfully navigate the turbulent waters of value-based care. Working with Primaris, one hospital developed an Excel spreadsheet to use during sepsis abstraction to identify trends of the way some physicians were entering notes and orders that sometimes were not clear or explanatory. The staff used the relatively simple fix to implement on-the-go and immediate workflow process improvement.

In northern Minnesota, Rainy Lake Hospital identified a need for help with increasing data abstraction and quality reporting demands. Staff morale was lagging, quality measures scores needed a boost, and the prospect of additional quality incentive payments was dim. Rainy Lake partnered with Primaris for healthcare quality assistance and realized marked improvement in staff morale, quality measure scores, and incentive revenue. Team members that were preoccupied with abstraction had the time to process findings and use data to make a difference for their hospital and patients.

"In the long run, everybody's just going to be better off. The outcome is better on all ends," for both nursing staff and patients, the hospital's quality coordinator said. "What the patient – the customer – gets out of it is great, evidence-based medicine; the best possible care we can provide so you can have a better outcome."

At Preferred Family Medicine in rural Butler, Mo., the staff faced the seismic shift from fee-for-service to value-based care along with the flurry of acronym-laden reimbursement regulations included in MACRA, MIPS, and meaningful use, which is now part of the Promoting Interoperability segment of MIPS.

The long-time and since-retired clinic owner, Dr. Curtis Long, wanted to take time with patients, not with data entry. (Does this sound familiar or similar to anyone else's experience?) And the staff did not have the time or training to take on those tasks without outside help. (Again: sound familiar?)

The Primaris EHR optimization team helped Dr. Long's practice comply with quality improvement initiatives and MIPS reporting requirements. One of the more telling examples of the Preferred Family Care-Primaris healthcare quality partnership was implementing Transition Care Medicine (TCM) codes. In one case, a patient was discharged from the hospital and the follow up TCM call revealed that the patient hadn't picked up a prescription. The TCM call in that case certainly averted a hospital readmission. That's a real measure of quality care that certainly affected or avoided additional healthcare costs.

While the benefit to patients was perhaps incalculable, the benefit to the clinic's bottom line was also significant. The clinic receives Medicare payments for TCM calls: at least $122 per call. That factor is among the workflow changes and additions that helped the clinic achieve an 8 percent positive bump in reimbursements. The practice manager said the TCM code addition also helped the clinic meet MIPS payment and reporting rules that could eventually result in an additional Medicare reimbursement increase.

Let's stop for a moment to emphasize that having reliable data for reporting and quality improvement is becoming more essential in the rapid move towards value-based care. To that end, data and chart abstraction requires dedicated resources. Healthcare organizations must treat data abstraction as a necessary step in the quality improvement process and assign dedicated staff to handle abstraction. That could mean creating an internal team of individuals who are primarily responsible for working with data or, for some organizations, it might mean outsourcing that work.

Finally, it's clear that "disruption" isn't just a new buzzword in healthcare and quality improvement initiatives. Indeed, "disruption" is the new normal for healthcare. Part of that new reality is recognizing that healthcare quality is no longer something that's coming. Healthcare quality and the demand for a competent, well-trained healthcare quality workforce is here.

Some of the healthcare quality journey is still uncharted. We know that this journey is never over and that there are always ways to improve. But now there is a better roadmap. Over the years, most quality initiatives have been based on environmental factors or "some really good guesses" about what the needs are. Mercado told us in our Quality Talk podcast conversation that the healthcare quality landscape has shifted in a positive direction.

"We're not guessing at this point. We actually know what the developmental areas are and could be a great resource for the healthcare environment to move the needle on this," she said. "Our studies suggest we have made progress, but we have a ways to go."

Mercado added: "This value-driven care is absolutely, positively here to stay. It's going to be a long road to get to the other side of this."

We agree with her conclusion: "The direction we are headed in, I believe, is the right direction."

ABOUT PRIMARIS

Primaris is a healthcare consulting and services firm that works with hospitals, physicians, and nursing homes to drive better health outcomes, quality reporting success, and reduced costs. Primaris takes healthcare data and translates it into actionable quality improvement initiatives that create the foundation for highly reliable healthcare organizations. Primaris handles providers' data so they can focus on what matters most—their patients.

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