

CASE STUDY PREVIEW

for U.S. health care providers

How to Evolve Your Quality Reporting Governance

Four leading organizations break down silos in QPP and PI program management

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Overview

The challenge

Many hospitals and health systems have a siloed approach to CMS quality reporting governance due to the constant evolution of reporting requirements. In addition, internal factors like multiple electronic health records (EHRs) and staff turnover make it challenging to coordinate quality reporting efforts across the Quality Payment Program (QPP), Promoting Interoperability (PI) program, and Alternative Payment Models (APM). We profiled four organizations that have made significant progress in addressing this challenge.

The organizations

- **Intermountain Healthcare** is a 24-hospital health system based in Idaho, Nevada, and Utah. They participate in an MSSP¹ Track 1+ ACO² and have one EHR.
- Mass General Brigham is a 10-hospital health system in Massachusetts and New Hampshire. They participate in an MSSP Enhanced ACO and have one EHR.
- West Willow Hospital (a pseudonym) is a 5-hospital health system based in the Southeastern United States. They have 2 inpatient EHRs and 18 outpatient EHRs.
- Community Hospital Corporation (CHC) owns, manages, and consults with over 120 hospitals to guide, support, and enhance the mission of community hospitals and providers. Their hospitals operate on five EHRs.

**INCLUDED
IN PREVIEW**

The approach

All four organizations have evolved their governance structures over time to adapt to changing CMS requirements and take advantage of alignment between program requirements.

The result

Breaking down silos between QPP and PI program management enables the health systems to coordinate efficiently between departments, make decisions quickly, and reduce redundant efforts.

1. MSSP: Medicare Shared Savings Program.
2. ACO: Accountable Care Organization.

Approach

Breaking down silos for CMS reporting requires some degree of centralization and standardization of decision-making, resources, and processes. But the degree to which an organization centralizes and standardizes their QPP and PI program management depends on their size, investment in information technology (IT), participation in risk-based payment programs, and culture. These organizations each evolved their QPP and PI governance strategies to improve efficiency, while taking into account their resources and organizational structure. We recommend starting with the organization that best matches your current structure, size, and risk portfolio. However, it's valuable to read each example to understand alternative approaches.

The models

01 Intermountain Healthcare: Leverage a culture of systemness

02 Mass General Brigham: Capitalize on enterprise-wide EHR

03 West Willow Health System: Convene an interdisciplinary workgroup

04 Community Hospital Corporation: Deploy a centralized support team

01 Intermountain Healthcare: Leverage a culture of systemness

How it works

Intermountain Healthcare aligns all strategic decisions at the system level and standardizes quality goals across their hospitals through an initiative called One Intermountain. Their system-level quality committee sets the strategic focus and direction for quality measure tracking and performance across all commercial and Medicare payers and programs. This payer-agnostic approach to quality allows Intermountain to prioritize performance improvement on quality measures across programs and sites. But each CMS program still has specific reporting requirements the system must meet.

Three centralized program management leaders execute on this strategy by coordinating IT processes and managing the reporting of data to CMS. The table below shows the roles, responsibilities, and oversight associated with QPP, PI, and ACO reporting.

Workstreams to support CMS reporting

Program	ACO reporting	QPP	PI
Initiative leaders	Director, quality outcomes improvement and reporting	System director, clinical data management	Manager, PI initiatives
Operational responsibility	Responsible for centralized ACO and QPP reporting	Develops and manages data requirements for QPP and PI measures	Oversees centralized PI reporting for all 24 hospitals
Executive oversight	Chief analytics officer; government programs executive director	Chief patient experience officer	Associate chief clinical information officer

1. INTERMOUNTAIN HEALTHCARE: LEVERAGE A CULTURE OF SYSTEMNESS (CONT.)

How they got there

Intermountain spent the last decade building a culture of “systemness” – capitalizing on being one system rather than a number of individual organizations. Prior to centralizing quality reporting decision-making, data analysts fielded requests from sites and had to make individual decisions about how to fulfill each request. This approach was disorganized and inefficient. Over time, as Intermountain won buy-in for systemness, the organization was able to centralize decision-making. This effort was aided by Intermountain’s transition to a single, system-wide EHR. Having one EHR allows Intermountain to standardize technical builds and data collection across hospital sites.

Now, Intermountain makes quality reporting decisions at the system level, and data analysts have a more scoped role in improving data and performance for individual sites.

Results

By taking a measure-based, rather than program-based, approach to quality and performance improvement, Intermountain has centralized and scaled their quality reporting efforts across the system. This strategy helps keep all sites aligned to Intermountain’s overall goals. It also allows Intermountain to delegate and prioritize resources efficiently for quality reporting.

See the next page for benefits and barriers to success for this approach.

SPOTLIGHT

Tiered escalation elevates site-level issues to system leaders

To ensure sites still have strategic input, Intermountain connects individual system leaders to senior leadership. They leverage a tiered escalation process for leaders to address the sites’ pressing operational concerns related to quality reporting and strategy.

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1. INTERMOUNTAIN HEALTHCARE: LEVERAGE A CULTURE OF SYSTEMNESS (CONT.)

Benefits of this approach


- **Efficiency:** Strong system-wide communication and goal-setting allows quality reporting efforts to function efficiently and consistently across different programs.
- **Performance:** Reporting processes and goals are standardized across the system, which allows site-level staff to focus on performance rather than operations.
- **Adaptability:** Quality governance is led by measure-based performance outcomes, which allows Intermountain to be responsive and adaptive to changing regulatory requirements.
- **Accountability:** Clear delineation of responsibilities across the system and within individual sites, along with a transparent escalation process for issues, ensures alignment, scalability, and accountability in quality reporting efforts across the system.


Potential barriers to success

- **Resource investment:** This approach requires heavy investments, including a single enterprise-wide EHR, establishing system-wide decision-making chains, and system-wide change management.
- **Culture of systemness:** This structure relies on a broad commitment to systemness. It will take time to get everyone on board with the cultural change and to implement the structural changes once all stakeholders have bought into the new culture. Consider this approach a long-term strategic goal, rather than a quick fix.


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