



Human-Centered Design

Community of Practice (CoP)



Designing Quality Payment Program

World Usability Day

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HUMBLE BEGINNINGS

Our work was cut out for us.

The previous system designs were guided by technology and policy alone, with no user input, resulting in a cumbersome experience.

<Your Organization Name Here> Accessibility | Help

Home Reports ▾ Export Data Upload Data Add/Edit ▾ Locked Records List Users Submit Preferences

Patient List for <Your Organization Name Here>

[Apply Filters](#) [Clear Filters](#) [Refresh Patient List](#)

Medicare ID	First Name	Last Name	Gender	Birth Date	CARE-1 Rank	CARE-1 Complete	CARE-2 Rank	CARE-2 Complete	CAD Rank
100T1133E	FIRST	ELM_NM1134	Male	02/01/1945	221		0	NR	522
100T1134E	FIRST	ELM_NM1135	Male	02/21/1945	222		0	NR	523
100T1140E	FIRST	ELM_NM1141	Male	05/23/1944	223		0	NR	524
100T1141E	FIRST	ELM_NM1142	Male	04/23/1945	224		0	NR	525
100T1142E	FIRST	ELM_NM1143	Male	10/21/1976	225		0	NR	526
100T1143E	FIRST	ELM_NM1144	Male	08/17/1930	226		0	NR	527
100T1144E	FIRST	ELM_NM1145	Female	04/06/1928	227		0	NR	528
100T1145E	FIRST	ELM_NM1146	Male	03/23/1927	228		0	NR	529
100T1146E	FIRST	ELM_NM1147	Female	05/11/1930	229		0	NR	530
100T1147E	FIRST	ELM_NM1148	Female	08/13/1930	230		0	NR	531

Group Status [Refresh Status](#)

	CARE-1	CARE-2	CAD	DM	HF	HTN	IVD	PREV-5	PREV-6	PREV-7	PREV-8	PREV-9	PREV-10	PREV-11	PREV-12
Analysis	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Complete	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Skipped	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Demographics CARE CAD DM HF HTN IVD PREV

No patient is selected. Please select a patient from the list.

Our users needed more.

Feedback to users was convoluted, not action-oriented, and one year delayed. If our goal with QPP is to improve the quality of care, this was not the way to do that.

2015 ANNUAL QUALITY AND RESOURCE USE REPORT AND THE 2017 VALUE-BASED PAYMENT MODIFIER

[NAME OF PRACTICE DELETED]

LAST FOUR DIGITS OF YOUR MEDICARE-ENROLLED TAXPAYER IDENTIFICATION NUMBER (TIN): XXXX

PERFORMANCE PERIOD: 01/01/2015 – 12/31/2015

ABOUT THIS REPORT FROM MEDICARE

The 2015 Annual Quality and Resource Use Report (QRUR) shows how your group or solo practice, as identified by its Medicare-enrolled Taxpayer Identification Number (TIN), performed in calendar year 2015 on the quality and cost measures used to calculate the Value-Based Payment Modifier (Value Modifier) for 2017.

In 2017, the Value Modifier will apply to all physicians in groups with two or more eligible professionals and to physicians who are solo practitioners who bill under the Medicare Physician Fee Schedule. It will not apply to eligible professionals who are not physicians.

The information contained in this report is believed to be accurate at the time of production. The information may be subject to change at the discretion of the Centers for Medicare & Medicaid Services (CMS), including, but not limited to, circumstances in which an error is discovered.

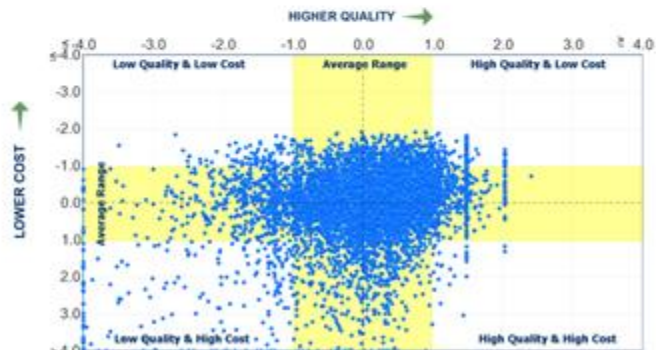
YOUR TIN'S 2017 VALUE MODIFIER

Average Quality, Average Cost = Neutral Adjustment (0.0%)

Your TIN's overall performance was determined to be average on quality measures and average on cost measures.

This means that the Value Modifier applied to payments for items and services under the Medicare Physician Fee Schedule for physicians billing under your TIN in 2017 will result in a neutral adjustment, meaning no adjustment (0.0%).

The scatter plot below shows how a representative sample of TINs performed on the Quality and Cost Composite Scores used to calculate the 2017 Value Modifier.



Note: The scatter plot shows performance across a representative sample of all TINs with Quality and Cost



“Although the context for doing this whole body of work is quality improvement, in some ways **this is a distraction from the ongoing daily work of quality improvement** that we do within the state.”



“Physicians don’t care for this. It takes away from taking care of patients. **It’s not beneficial to patient care.**”



WHAT WE DID



What we did: A human centered approach

500+

User research sessions

- User interviews
- Usability tests
- Card sorting exercises
- Tree tests
- Diary studies



RESULTS



CMS WEB INTERFACE

From XML to Excel





"We work [with our beneficiary sample] in Excel and try to fill in as many gaps as possible and then we provide it back to our programmer and he takes it and uploads it in XML."

"Getting the patient list was tricky. You got it in XML and then you had to convert to Excel. So if it's going to be downloaded right in Excel, that's awesome."



100%

Of interviewed users mentioned Excel as their tool of choice for organizing data prior to XML submission.



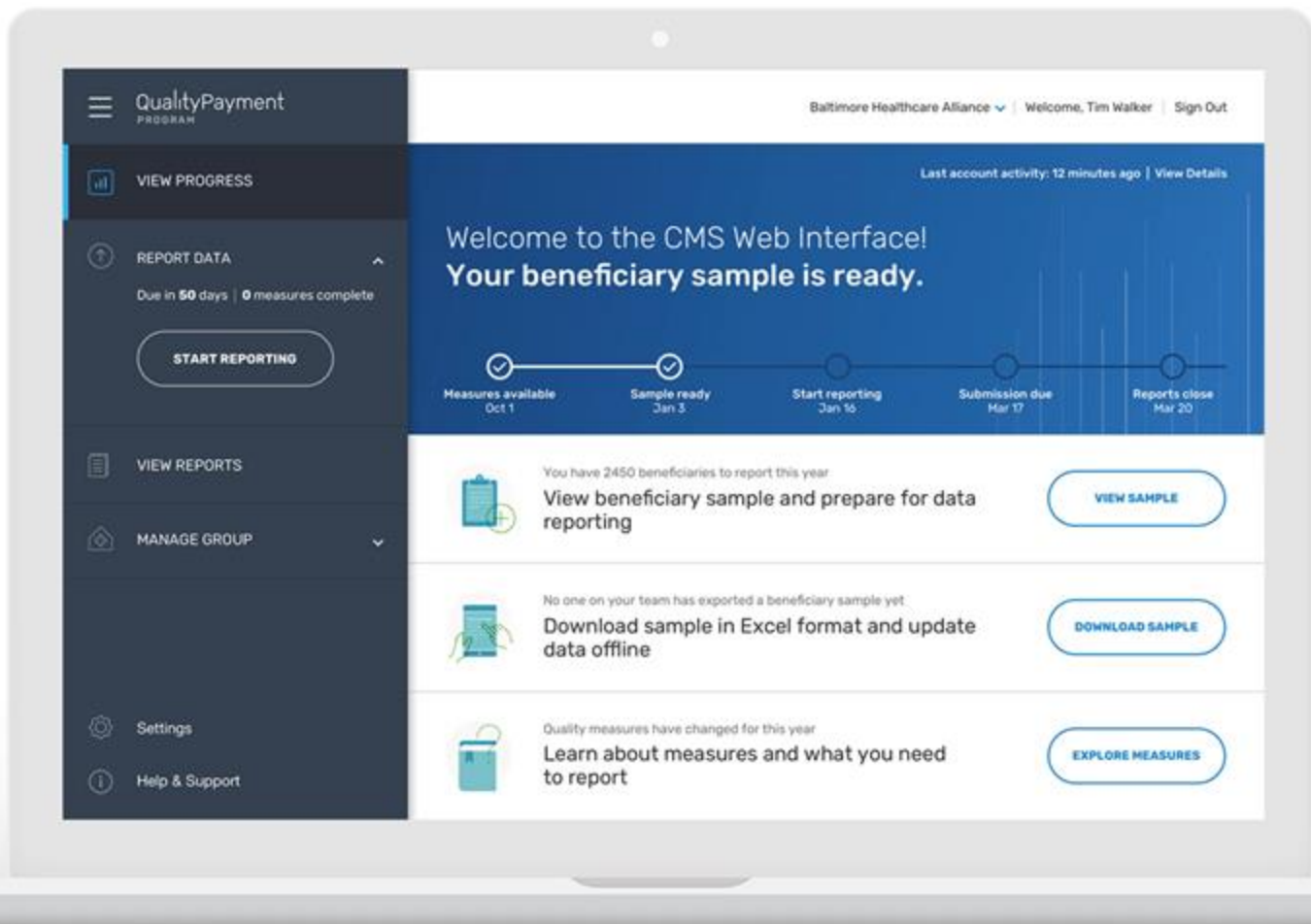
Download
beneficiary
sample in
Excel.



Work in
Excel.



Upload to
CMS Web
Interface.



Rates

View your rates for the 2018-2019 reporting period.

Case-2
Compliance: 100%
Performance: 100%

DM-2
Compliance: 100%
Performance: 100%

MH-1
Compliance: 100%
Performance: 100%

MH-2
Compliance: 100%
Performance: 100%

Skip Requests

View and manage skip requests.

PIMMS Cases

Case ID	Case Name	Status
00101000	Case 1	Completed
00102000	Case 2	In Progress
00103000	Case 3	Pending
00104000	Case 4	Completed
00105000	Case 5	In Progress

Quality Payment

View your quality payment details.

MH-1
Compliance: 100%
Performance: 100%

Compliance in Total (2018)

Measure	Compliance
MH-1	100%
MH-2	100%
DM-2	100%
Case-2	100%

Report Data

Download an Excel spreadsheet of your benchmarking data.

All Measures

Measure	Compliance	Performance
MH-1	100%	100%
MH-2	100%	100%
DM-2	100%	100%
Case-2	100%	100%

Data Irregularities

Review data irregularities for your reporting period.

MH-1
Compliance: 100%
Performance: 100%

MH-2
Compliance: 100%
Performance: 100%

You're done!

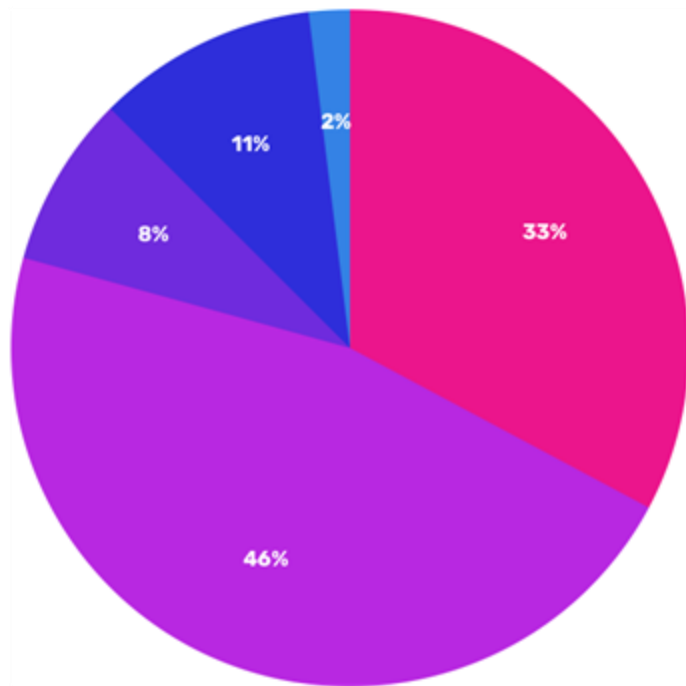
Quality reporting is complete.

Data Confirmation
QAS received your Quality Reporting Data at 8:00 PM Eastern Time on Friday, March 22, 2019.

2018 Reporting Summary

Measure	Compliance	Performance
MH-1	100%	100%
MH-2	100%	100%
DM-2	100%	100%
Case-2	100%	100%

The majority of respondents were satisfied with the CMS Web Interface.



● Extremely satisfied ● Somewhat satisfied ● Neutral ● Somewhat dissatisfied
● Extremely dissatisfied

Source: 2018 CMS WI User Survey



“[Excel] saved us time and was very **user-friendly**. I definitely didn’t stress as much as I had in previous years.”



“In previous years we could just update our code and logic based on those new XML specs. **This year we had to completely rebuild** extracts for every single measure, and then there were no detailed specs.”



What we've done since Year 1

- Opened an API to enable automated reporting
- Researched and designed a new skip request process
- Incremental usability enhancements



MAKING SENSE OF REPORTS

Understanding what makes for actionable information



“If [data] can **make things better**, it’s actionable.”



Insights from research about data needs

1. **Detailed information** about patients, i.e. cost, comorbidities, health risks, **supports patient care and cutting costs**
2. **Practice size** and **clinical staff resources** determine how data is translated into action
3. **Holistic view of care** provided to patients across all service providers **is important**



“I like **anything that gives me information** that I can go back to my doctors to **investigate why we’re getting penalized.**”



User insights

- Emotions are high.
- Keep it simple.
- Numbers need context.
- Educate as necessary.



Keep it simple.

Users need information to be simple, clear, concise and timely to understand feedback.



“You **don't want to overwhelm them.** The performance rate and the measure score is most of what they care about - and if you get any bonuses...”

KEEP IT SIMPLE

At a glance.

Rather than overwhelm users with super detailed scoring from the start, we've provided a quick and easy way to display high-level performance information for each measure category.

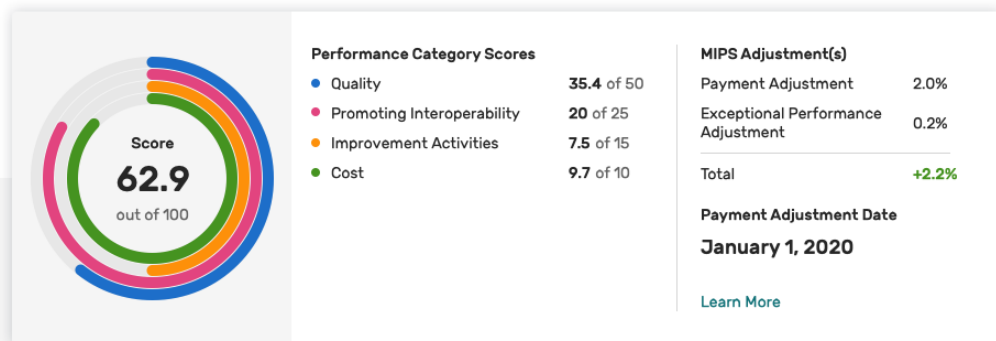
Overview

Greenville Podiatry

ID: 123456789

Greenville Podiatry's Performance Score

The details below are your performance scores in each category.



Performance Category Overview

Quality

35.4 out of 50



Quality

35.4 out of 50

Performance Period	Highest Score Submission Method	Reported Measures	High-Priority
1/1/18 - 12/31/18	Claims	9	1

How You Could Have Done Better

These were your 3 lowest performing measures that counted towards your Quality score.

Measure Name	Performance Rate out of 100%	Measure Score out of 10 possible
Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation Measure ID: 012 High Priority	100%	10.0
Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation Measure ID: 012 High Priority	100%	10.0
Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation Measure ID: 012 High Priority	100%	10.0

KEEP IT SIMPLE

Improvement measures.

On the overview page, we've made the decision to display the worst performing measures first, so users can quickly see where they can improve in order to perform better.



Numbers need context.

Users care just as much about the how and why as the score itself.



“How was this even calculated? I would **like to see how was it compared** nationally, or between facility, or state, or specialty.”



NUMBERS IN CONTEXT

Measure Details.

We've made the entire performance feedback report super simple and easy to scan. We've surfaced score breakdown and comparison graphs on the first page so users no longer have to dig for that information.

Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infaction (MI) o Left Bentricular Systolic Dysfunction (LVEF<40%) 55% 4.4 ⬆

Measure ID: 007

Lowest benchmark Highest benchmark

45.12% 52.06% 60.00% 68.75% 77.78% 96.08% 92.86% >= 99.43%

Performance Rate **55%**

Measure Info

This is an inverse measure. A lower performance rate indicates better clinical care or control. You want your performance rate as low as possible.

Measure Type

Patient Engagement and Experience

[Download Specifications](#)

Details

Numerator	180
Denominator	200
Data Completeness	80%
Eligible Population	250

Performance Points

Points from Benchmark Decile	4.4
------------------------------	-----

Bonus Points

High Priority Outcome or Pateient Experience	-
Other Highpriority	-
End-to-End Reporting	-

Measure Score **4.4**

Preventive Care and Screening: Influenza Immunization 40% 3.0 ⬇

Measure ID: 110

Sub-Total: **38.4**



Surgical Procedures

Measure ID: 192 | End-to-End Reporting

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

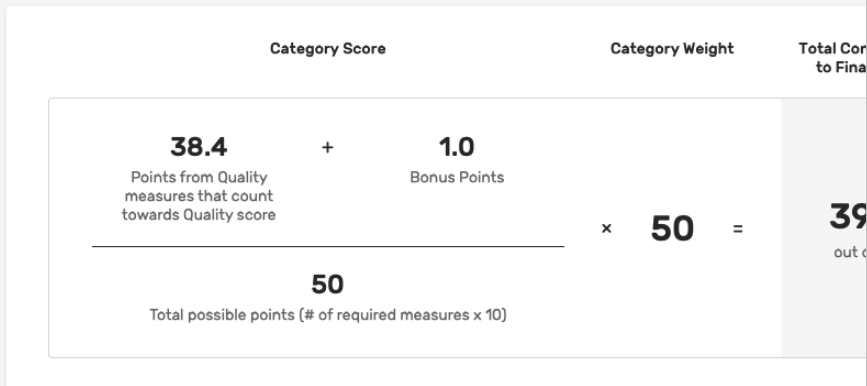
99.71%

3.0

Measure ID: 192 | End-to-End Reporting

Your Total Quality Score

Below is how your Total Quality score is calculated based on the measures above.



NUMBERS IN CONTEXT

Equation.

To help users understand how scores are calculated, we've displayed the equation right on the category details page.



Educate, as necessary.

User knowledge about the program is a broad spectrum; we need to cater to all audiences.



“There are a lot of people that **don't know what a performance measure is.**”



EDUCATE AS NECESSARY

Score calculations.

To help less experienced users understand the complex math behind their scores, we've provided informational help throughout the experience that further explains how the numbers add up.

Surgical Procedures Measure ID: 192 End-to-End Reporting		
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet Measure ID: 192 End-to-End Reporting	99.71%	3.0

Your Total Quality Score

Below is how your Total Quality score is calculated based on the measures above.

Category Score	Category Weight	Total Contribution to Final Score
38.4 <small>Points from Quality measures that count towards Quality score</small>	+	1.0 <small>Bonus Points</small>
<hr/> 50 <small>Total possible points (# of required measures x 10)</small>		39.4 <small>out of 50</small>
× 50 =		



Points from Quality measures that count towards Quality score

Bonus Points

x 50 =

39.4

out of 50

50

Total possible points (# of required measures x 10)

EDUCATE AS NECESSARY

Get help.

Previously, users had little-to-no guidance for getting in touch with CMS. We've surfaced relevant help resources for users on almost every page in the experience.

Get Help From CMS

CMS offers a range of support to help your practice actively participate in QPP.



SERVICE CENTER
1-866-288-8292



TTY
1-877-715-6222



EMAIL
QPP@cms.hhs.gov

Request Direct Technical Assistance

This support is available through local, expert organizations that are ready to help at no-

[REQUEST ASSISTANCE](#)

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“This is much cleaner, more effective, usable and intuitive report than we get today...”



“It’s not what I expected to see. I’m used to seeing this in a PDF format, taking screenshots. **This is visually impressive.**”



What we've done since Year 1

- Usability and policy enhancements for example redesigning Promoting Interoperability reporting page
- Updated visual design to create more consistent experience.
- Allow users to view a more detailed comparison between other practices



Cost



Summary Metrics

Medical Training Test Readiness

Additional Information

Reporting Over View

Upload another file

Quality

Quality

Promoting Interoperability

Improvement Activities



Summary Metrics

Medical Training Test Readiness

Overview

Greenville Podiatry's Performance Score

Individual Category Scores

- Quality: 35.4
- Cost: 35.4
- Customer Experience: 35.4
- Engagement: 35.4



Performance Category Overview

Quality

Score: 35.4

Items & Services

Items & Services

Item	Quantity	Unit Price	Total Price
Item 1	200	\$20.00	\$4,000
Item 2	150	\$15.00	\$2,250
Item 3	100	\$10.00	\$1,000
Item 4	50	\$5.00	\$500

Quality



Summary Metrics

Medical Training Test Readiness



QUESTIONS?
