

Making Your Investment In Clinical Data Count



Presented By:

Gaurav Kumar, Senior Director of Product Management – **Ciox Health**

Paulo Pinho, MD, Vice President & Medical Director of Innovation – **Diameter Health**





THE RISE
ASSOCIATION

We are a network of health care professionals addressing the challenges posed by the emerging landscape of value-based care and government health care reform.

OUR MISSION

Our mission is to provide a community for like-minded professionals to come together for networking, education, and industry collaboration to stay ahead and advance their careers.

ONE ASSOCIATION
THREE COMMUNITIES



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July 15, 2021 Meeting Notes: HCC Coding User Group #3
started by Tracy Anderson 10 days ago

22

Current Trends and Topics: What keeps you up at night?
started by Marina Adamsky 14 days ago

8

Strategies for RADV Audit Success with a Remote Team
started by Tim Hart 29 days ago

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NEW POST

Quality & Stars

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Post

Replies

Breaking news: CMS finalizes telehealth, ESRD changes to Medicare Advantage
started by Ilene MacDonald 440 days ago

2

The impact of COVID-19 on Quality and Stars
started by Ilene MacDonald 489 days ago

12

ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD

Today's Discussion

Clinical Data:
Why Now?

Challenges to Effective Use of
Clinical Data

Best Practices for Clinical Data
Integration

Case Study

Audience Q&A

Speakers



Gaurav Kumar
Sr. Director Product Management
Ciox Health



Paulo Pinho
VP and Medical Director of Innovation
Diameter Health

POLL – more value

How mature is your organization's utilization of clinical data?

- Simple, acquire data for single use case
- Effective, our program is up and running for multiple use cases
- Mature, we have an enterprise approach
- Other




Clinical Data: Why Now?



Digital data acquisition is enabling a shift in member data sourcing

← PRESENT STATE FUTURE STATE →

 **MANUAL RETRIEVAL**
Fax, Mail, Onsite, Portal, Copy Services
PDF Document

 **MEMBERS TARGETED**
Retrieving medical records for sub-set of the entire member populations based on prioritization (high risk, gap in care, etc.)

 **PROVIDER TARGETED**
Collection of medical record from a specific pre-selected provider office

 **USE CASE SPECIFIC**
Only retrieving partial clinical information based on the requested use case (for example, clinical notes, face-to-face visits for RA)

 **RETROSPECTIVE**
Retrieving medical records from previous year date of service

Data retrieval of medical current post visit in the current year

Digital data acquisition is enabling a shift in member data sourcing

← PRESENT STATE FUTURE STATE →

 **MANUAL RETRIEVAL**
Fax, Mail, Onsite, Portal, Copy Services
PDF Document

DIGITAL RETRIEVAL
API, CCDs, HIEs, Aggregators
XML or FHIR structured data



 **MEMBERS TARGETED**
Retrieving medical records for sub-set of the entire member populations based on prioritization (high risk, gap in care, etc.)

ALL MEMBERS
Collection of data for all members using digital connections



 **PROVIDER TARGETED**
Collection of medical record from a specific pre-selected provider office


QUERY ALL PROVIDERS
Collection of member's data across all available connected providers




 **USE CASE SPECIFIC**
Only retrieving partial clinical information based on the requested use case (for example, clinical notes, face-to-face visits for RA)

COMPLETE DATA EXTRACTION
EMR extraction of entire clinical data and filtering to match use case



 **RETROSPECTIVE**
Retrieving medical records from previous year date of service

CONCURRENT
Data retrieval of medical current post visit in the current year



Clinical Data's Potential

- Rich in health details
- Timely
- Valuable for all stakeholders
- Available in high volumes



POLL

For deployment of structured clinical data (CCDA/FHIR), what is the primary use case in your organization?

- Risk Adjustment
- HEDIS and Quality Reporting
- Care Management
- Population Health
- Medical Review/Utilization Management
- Social Determinants of Health
- Other

Use Cases – Risk Adjustment and Beyond

- Risk Adjustment
- HEDIS/Quality
- Gaps in Care
- Care Management
- Population Health
- SDOH/Health Equity



Challenges to Effective Use of Clinical Data

Volume: Billions of encounters

Velocity: Data doubles every 73 days

Fragmentation: Multiple sites of care



Example

hemoglobin A1c	A1c w/EAG	ga1cg
HbA1c	hemoglobin a1c	A1c %
HGB A1C	% A1c	HA1C/glycated
HGBA1c	H.A1C	hemoglobin
A1c	HGB A1C:HGB A1c	HGB A1c hplc
Hb A1c	glycohemoglobin	Hb A1C%
results [Other]	A1C%	Control
hemoglobin A1c	gly.hemoglobin A1c	A1C hemoglobin
%A1c	% hemoglobin A1c	glycol HGB A1C
glycated hemoglobin (A1C)	glycohemoglobin (A1C)	HbA1C - controlled
hemoglobin A1c%	hemoglobin A1c:	diabetic
Result [other]	HbA1c	A1C3
aic	HGB/A1C	glycos HGB A1C
glycohemoglobin (A1C)	glycosylated HGB A1C3%	glycohemoglobing A1C
A1c Level	ha1cb	hemoglobin A1C POC
glycohgb (A1C)	HA1C	hemoglobin A1C%
HbA1c (Ref Range: 4.2-6.3)	_Hemoglobin A1c	



**LOINC 4548-4
HbA1c %**

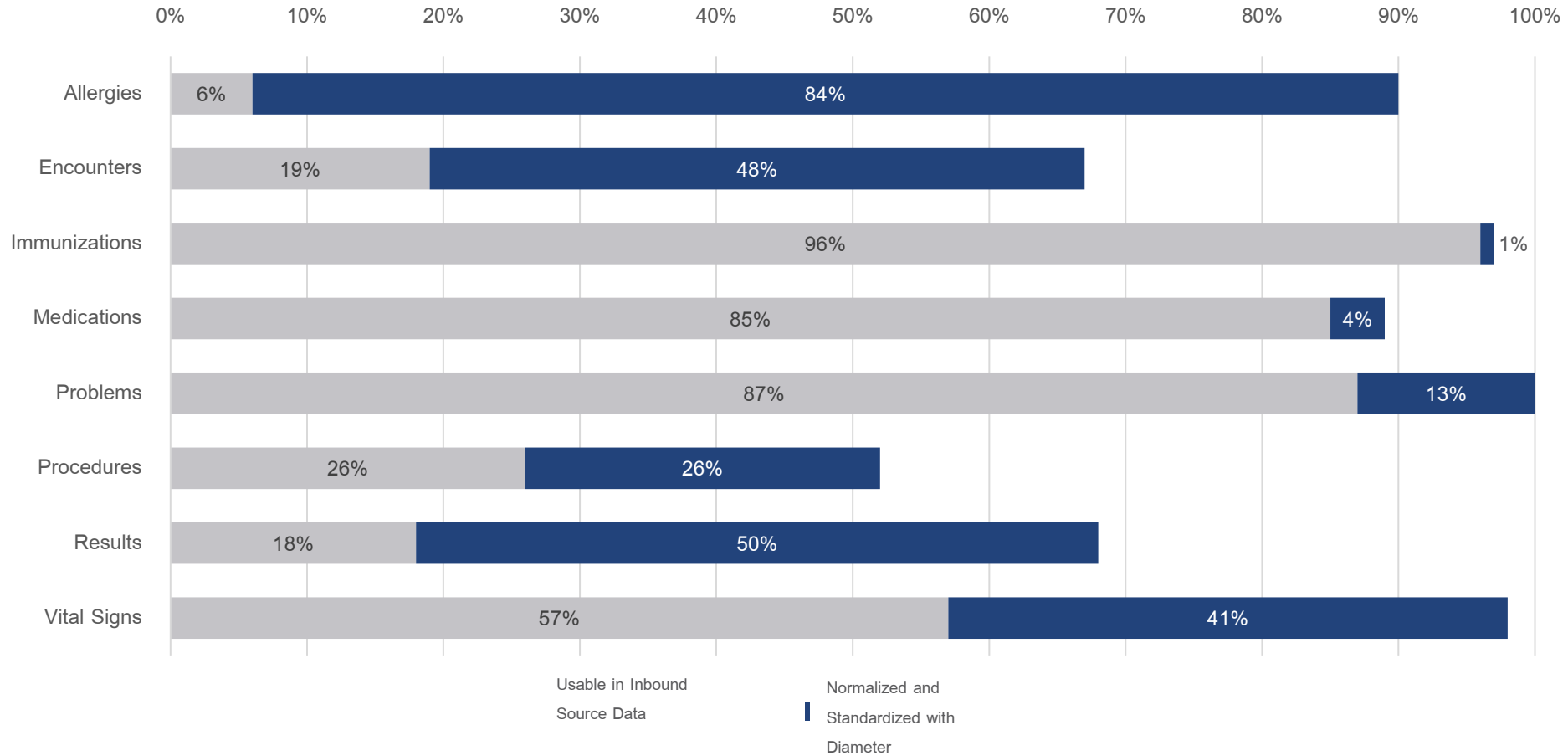
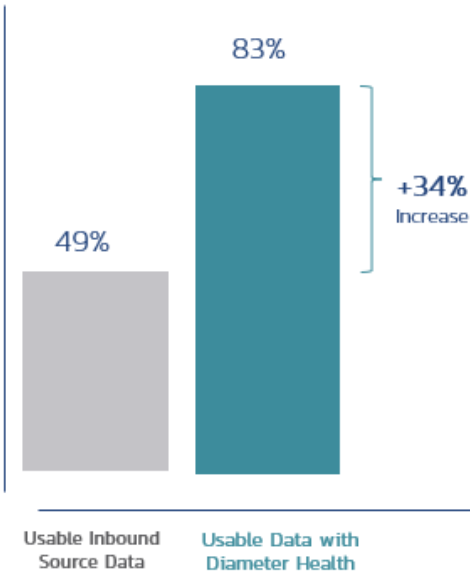
**41% of HbA1c results
in a given sample did not
use LOINC. There were
50+ different uncoded,
textual mappings.**



Diameter Health Research Shows Need for Upcycling Data

Upcycle multi-source, multi-format clinical data to increase standardization and interoperability of data

Aggregate Clinical Domains (8)



Results based on study performed across cohort of multi-source data spanning 14 EMR systems and >500K clinical documents.



Example: Complex patient, multiple encounters

2 primary care office visits – April 2019



AGE

68 years old

PAST MEDICAL HISTORY

1. Hypertension
2. Hyperlipidemia
3. Episodic low back pain
4. Posterior wall Myocardial Infarction
5. Acute Bronchitis

MEDICATIONS

Aspirin 81 mg tablet – 1 PO QD
Amlodipine 10 mg/ Atorvastatin 20 mg tablet– 1 PO QD
Meloxicam 15 mg tablet – 1 PO QD
Cyclobenzaprine 10 mg tablet – 1 PO Qhs
Acetaminophen 325/ Oxycodone hydrochloride 5 mg tablet –
1 PO Q8h PRN
Nitroglycerin 0.4mg sublingual tablet SL PRN chest pain
Metoprolol Tartrate 50 mg tablet - ½ PO BID
Famotidine 20 mg tablet – 1 PO Qhs
Clopidogrel 75 mg tablet – 1 PO QD
Zithromax Z-pack – use as directed
Benzonatate 100 mg PO TID

Example: Complex patient, multiple encounters

Inpatient Hospital Stay – April 2021



AGE

68 years old

PAST MEDICAL HISTORY

1. Hypertension
2. Hyperlipidemia
3. Episodic low back pain
4. Posterior wall Myocardial Infarction
5. Acute Bronchitis

MEDICATIONS

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Example: Complex patient, multiple encounters

Urgent Care Visit – June 2021



AGE

68 years old

PAST MEDICAL HISTORY

1. Hypertension
2. Hyperlipidemia
3. Episodic low back pain
4. Posterior wall Myocardial Infarction
5. Acute Bronchitis

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Example: Complex patient, multiple encounters

All Encounters



AGE

68 years old

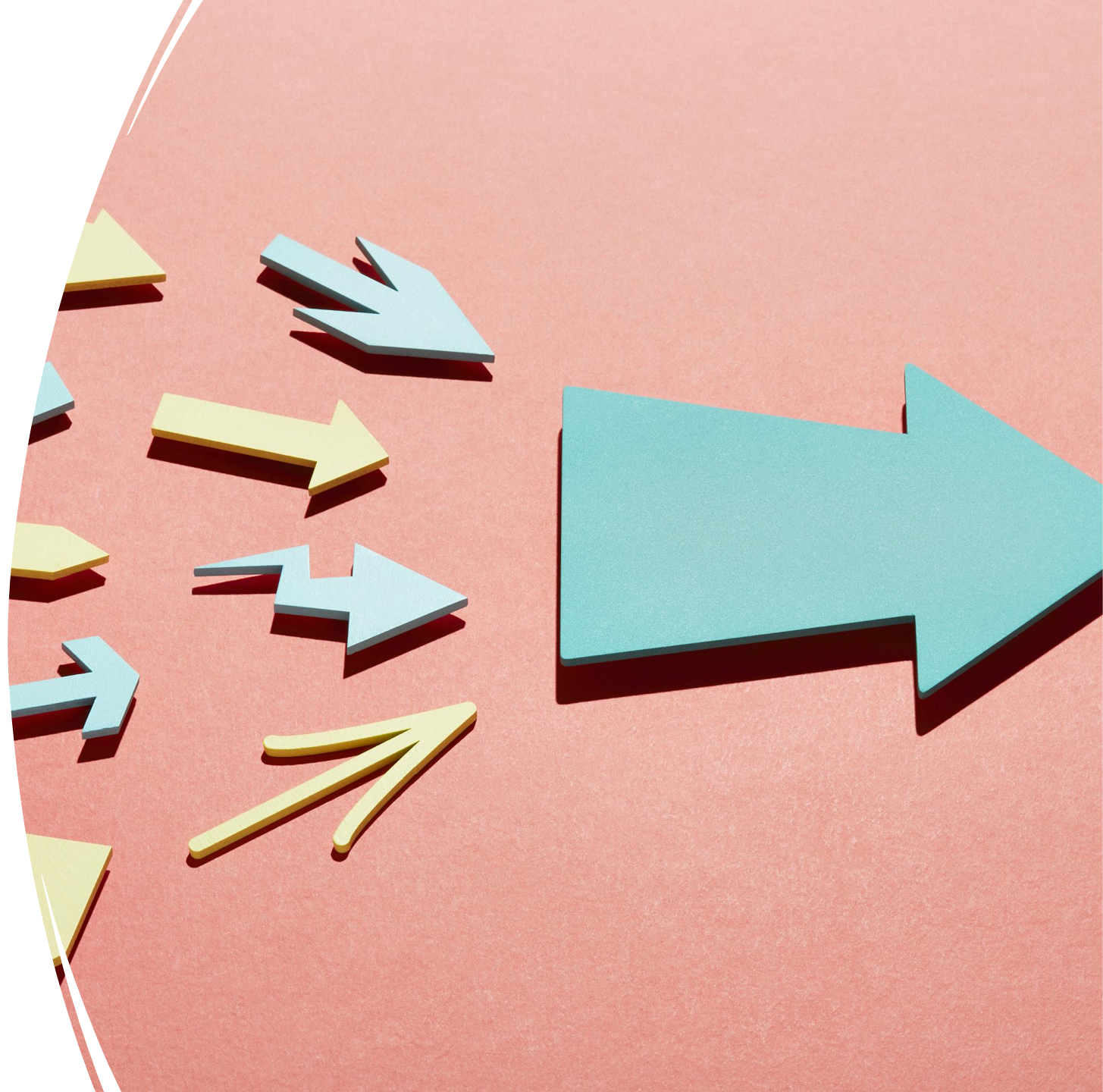
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Best Practices for Clinical Data Integration



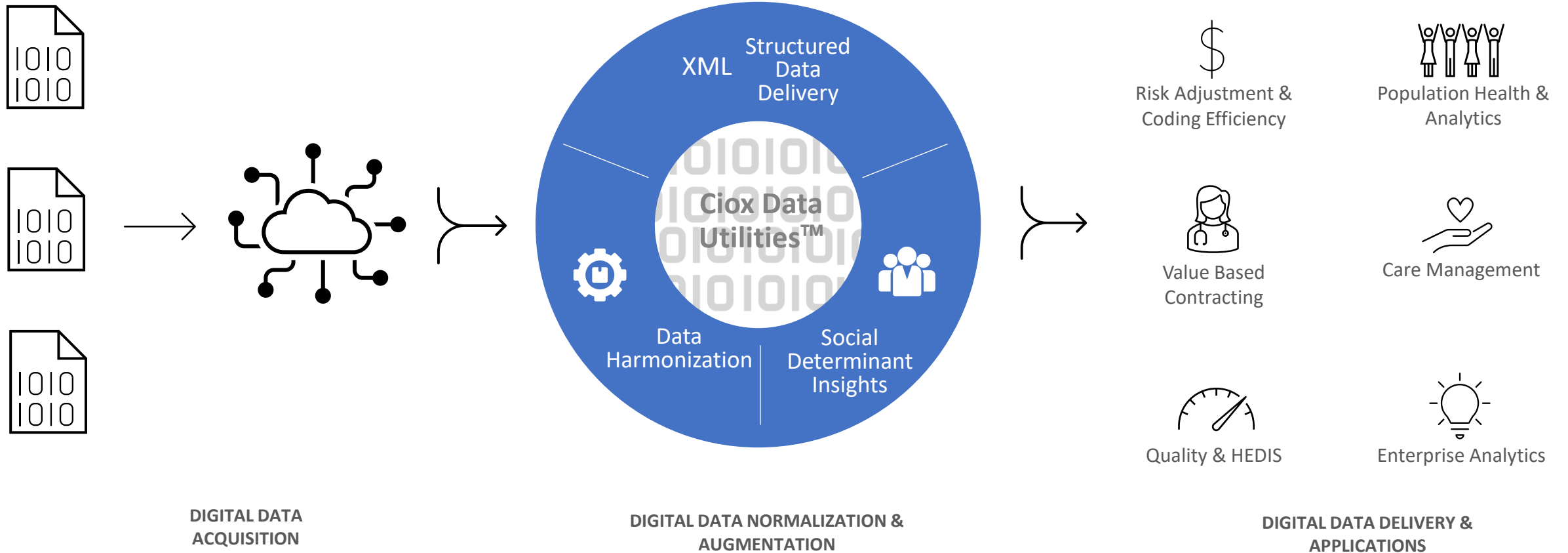
Data Harmonization - Differentiation & Value

- The Ciox Data Harmonization capability for digital charts allows you to **retrieve once and use multiple times**.
- Plug organized and clean CCD content into **multiple use cases ranging from risk adjustment to analytics**.
 - Chart content that is **normalized, deduplicated and summarized**
 - Best in industry **scalability and speed**
 - Automated ingestion of **multi-source, multi-format clinical data**
 - Consolidated **longitudinal data view** at a per member level
 - **Flexible data output** options to support each use case



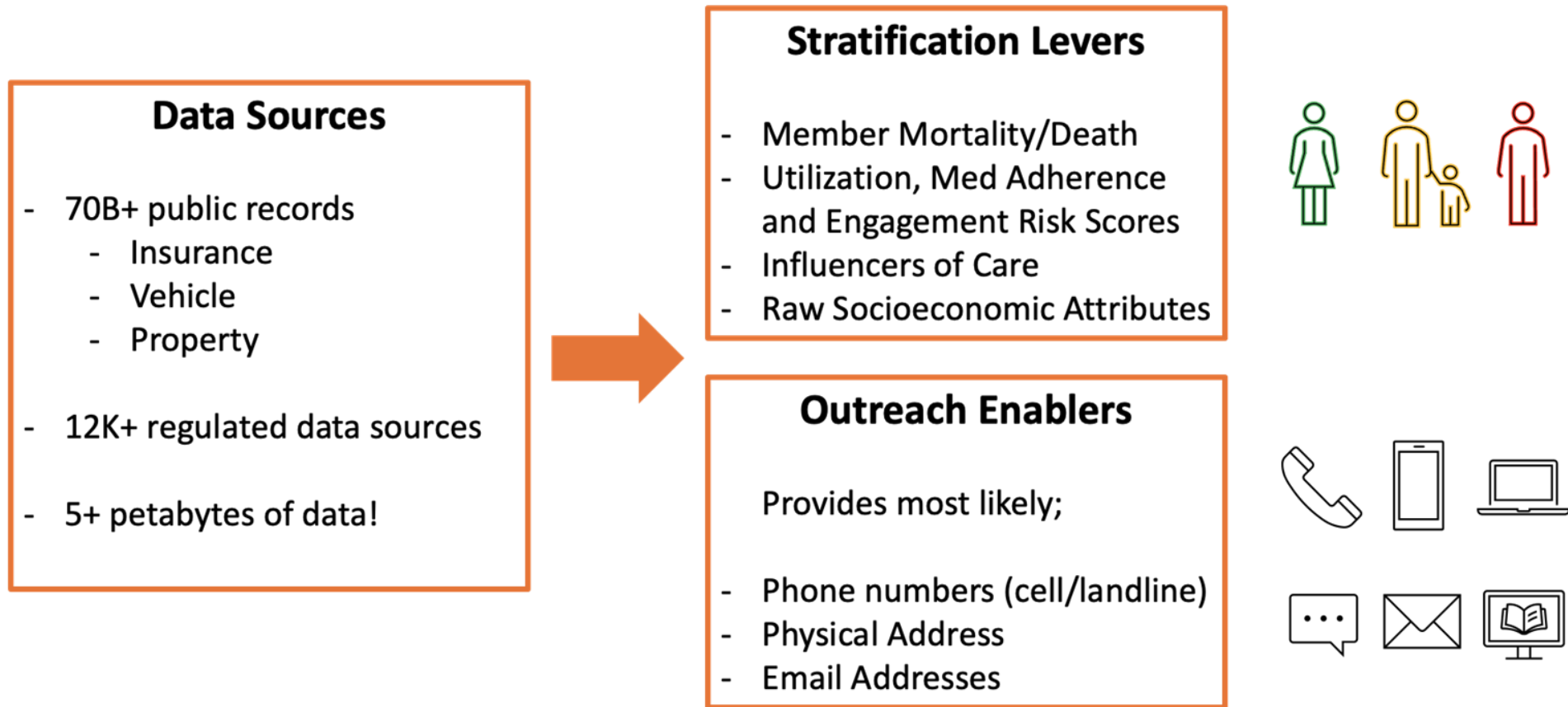
Ciox Data Utilities™ helps unlock the potential of this data

The expansion of digital data acquisition increases the need for data normalization, summarization and augmentation with member specific data.



Ciox Data Utilities™ - Social Determinant Insights

Augment harmonized chart data with member & population level socioeconomic factors.



Unlock data acquisition for CMS Advance Notice on SDOH

Harmonized data enables chart level socioeconomic data capture.

Data Collection

- Stratification and outreach data from Social Determinant Insights
- Self reported member data from targeted screenings
- Z Code capture from charts (NLP) and claims data

Data Reporting

- Chart coding – coders can assign Z Codes based on data collected;
- Z Code capture based on chart stratification
- Assign codes based on self reported member data
- Assign/validate codes from NLP extracts and unstructured notes
- Package data for CMS reporting from coding output

Unlock Use Cases

- Inform member screening touchpoints
- Provider engagement and education (Z Code capture at POC)
- Risk Adjustment suspecting analytics



Q&A

THANK YOU



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