

Clinical Data plus Proactive Notifications equals improved Quality Measure Performance

Presented By:

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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
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ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD

Today's Presenters



Lynda Rowe



Autumnn Kerr



Kate Beck



Agenda

- Quality Measurement – incorporating clinical data
- Healthfirst and their quality measure journey
- Moderated conversation on quality measures using clinical data
- Q&A

Poll Question

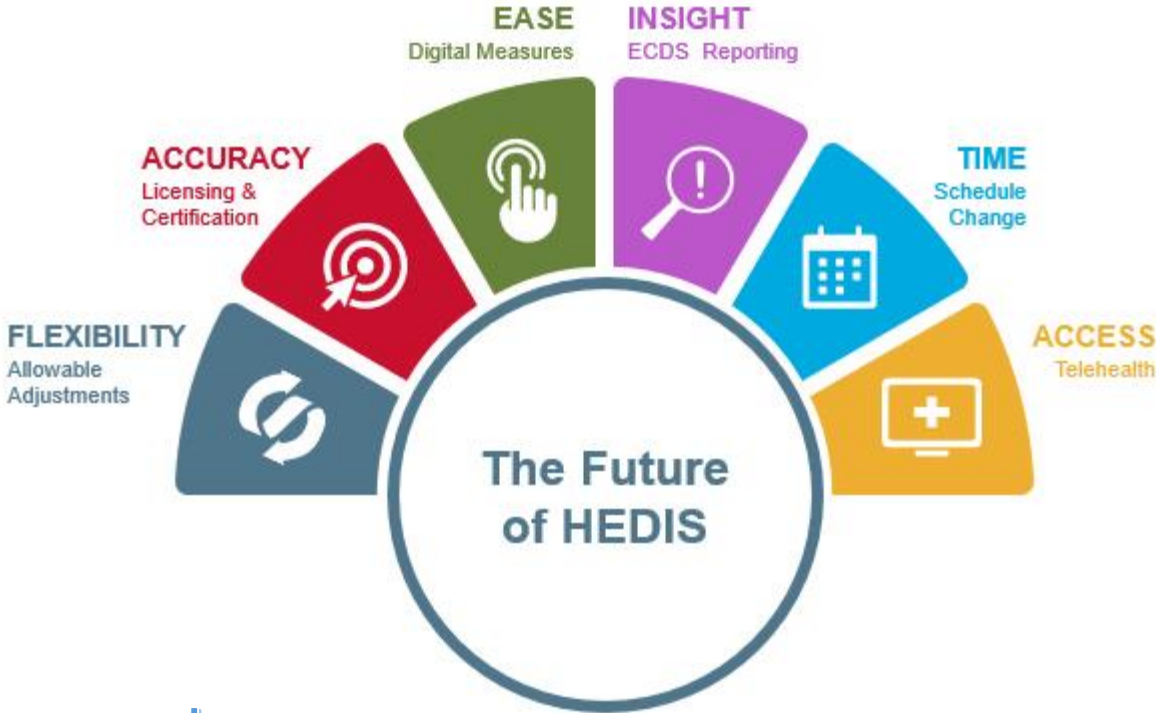
Who is on the Webinar?

1. Health Plan/Insurer – Quality Department
2. Health Plan/Insurer – IT
3. Health Plan/Insurer – Risk Adjustment
4. Health Plan/Insurer - Other
5. Provider Organization (IDN, Health System)
6. Vendor
7. Consultant
8. Other

Quality and Performance Measurement

- The continued shift to value-based care has placed an emphasis on provider performance and outcomes vs outputs
- Programmatically quality measurement continues to be a priority for health plans, however the measures are continuously changing
- Quality measures and closing gaps-in-care are two sides of the coin – you can't improve one without the other

NCQA Journey – Future of HEDIS



We are on a journey, and clinical data is an important part of that journey

NCQA Journey – Data Measures Roadmap

- Reduce reporting burden by getting data needed from provider EHRs embedded in their workflow
- Provide greater flexibility by allowing adjustments to some measure specifications to meet state, local or system needs.
- Build the foundation for new outcome measures based on the rich clinical data in electronic sources other than claims.
- Creation of Digital Measure Packages
 - Quality Data Model (QDM) – define elements that are needed for measures: used for eCQMs for MIPS
 - FHIR – Transport mechanism and data model
 - Clinical Quality Language (CQL) – Heavy lifting to do measure computation



Approaches to Quality Reporting

Hybrid Measures Require Clinical Data

- Access to the EHR Chart
- Non-standard Supplemental Data
- Standard Supplemental Data [Data Aggregator Validation Program]

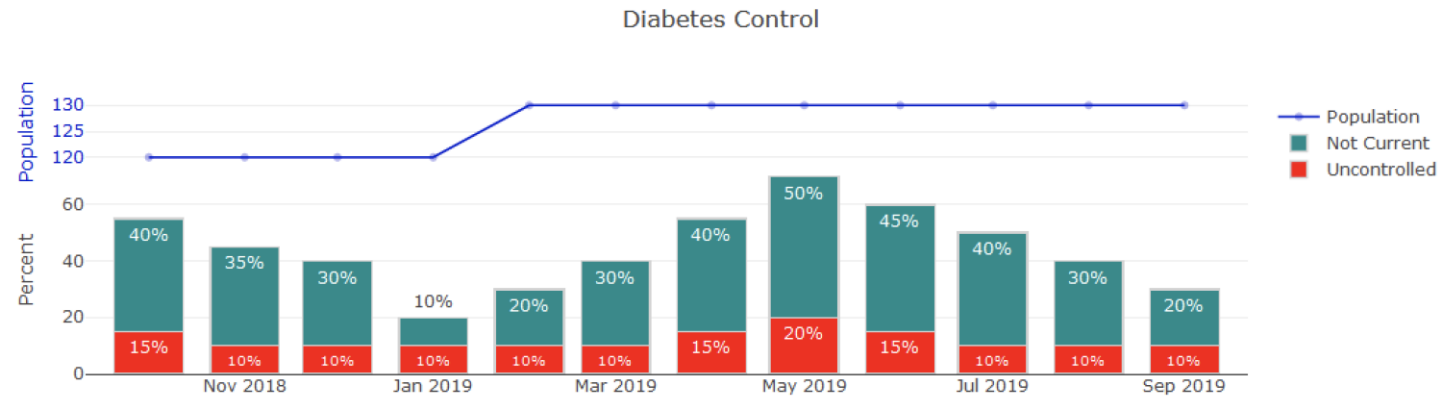
ECDS Reporting (Electronic Clinical Data Systems)

- Limited number of measures
- Do not currently replace supplemental data, but can be used instead for certain measures
- Sources include EHR, HIEs, Registries and Case Management Systems
- Uses CQL to define the measure specification

Da Vinci Project – Data Exchange for Quality Measures

FHIR-based eMeasures - New

Clinical Data Gives Quality Reporting Insights



MPIID	Name	DOB	Last HbA1c	Date	Prev HbA1c	Date	Actions
200012683	Bauch723,Joanna347	1956-10-11	10.4	2019-11-26	9.9	2017-04-11	View
200023762	Van De Griek,Amanda	1994-05-21	10.0	2019-02-27	7.7	2017-05-10	View
200039437	Brown,Barb	1947-06-15	10.9	2019-05-03	10.7	2016-12-24	View
200059148	Tsatsulin,Mark	1995-06-13	10.2	2019-02-12	8.9	2017-07-25	View
200070855	Tsatsulin,James	1940-06-12	9.6	2019-08-21	8.1	2018-12-10	View
200082958	Basile,Vincent	1988-06-16	10.0	2019-05-12	10.4	2018-06-09	View

Showing 1 to 6 of 6 entries

Notifications for identifying a gap-in-care

- There are measures where waiting for a claim, is too late...
- Knowing that the “trigger event” has occurred, at the time it occurred allows health plans to be proactive:
 - *Osteoporosis Management in Women Who Had a Fracture – requires either a bone density test or an rx to treat osteo within 6 months of the fracture*
- Claims post inpatient discharge or ED discharge might not get the information to the right person (provider, care manager) in time to follow-up
- There are other measures with even shorter time periods to take action

Healthfirst and their quality measure journey



Healthfirst

Who We Are and What We Do

- Healthfirst is the largest not-for-profit health insurance company in New York, **servicing 1.8 million members**
- Founded 30 years ago by many of the largest healthcare systems in the metropolitan New York City area,
- Collaborates with health systems and community providers by **aligning financial and quality improvement incentives, sharing timely and actionable data, and partnering around special initiatives to encourage efficiency, improve outcomes, and advance health equity.**
- Our **value-based care contracts transfer financial risk to most hospitals and many community providers allowing them to earn additional compensation for their services**, beyond what they would be paid in a fee-for-service system.



Healthfirst By The Numbers



\$14 billion in **annual revenue**
1.8 million members
(1 in 4 NYC residents)



15 sponsor hospitals
80+ participating hospitals
23,000 doctors/specialists at 40,000 locations

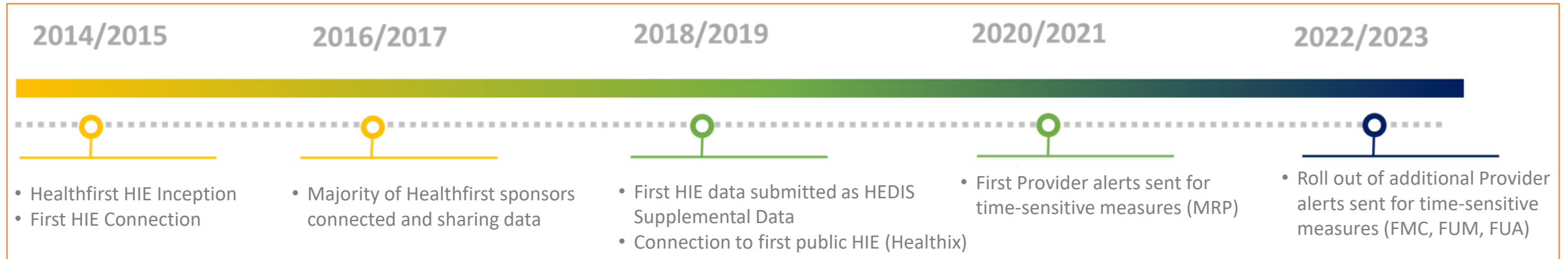


4,500+ employees
in NY, FL, & telecommuting



Healthfirst Interoperability

Since 2015, Healthfirst has been using InterSystems HealthShare to partner with our sponsor hospitals and community providers to exchange data through our private HIE.



HIE Highlights

- 13 of our 15 sponsor organizations connected
- 400+ organizations/practices sharing data
- 24 HEDIS measures supported

How HIE Data Impacts Clinical Quality

HealthFirst HIE Data Contributors



Hospitals



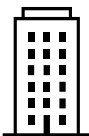
Ambulatory



Labs



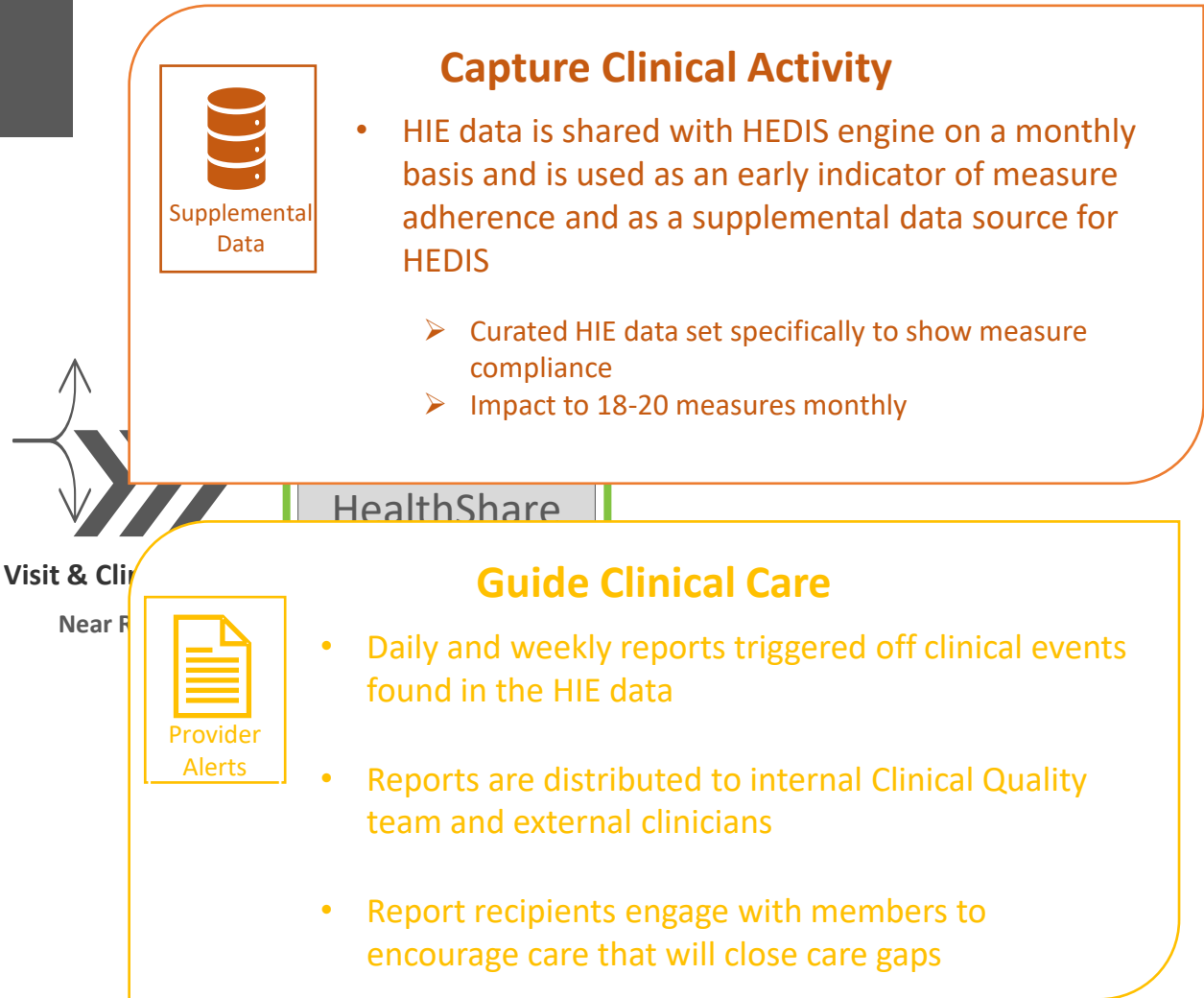
NYC DOHMH
Immunization Reg



SNF / LTC / Rehab



Public HIE
(Healthix)



Capture Clinical Activity

- HIE data is shared with HEDIS engine on a monthly basis and is used as an early indicator of measure adherence and as a supplemental data source for HEDIS
 - Curated HIE data set specifically to show measure compliance
 - Impact to 18-20 measures monthly

Guide Clinical Care

- Daily and weekly reports triggered off clinical events found in the HIE data
- Reports are distributed to internal Clinical Quality team and external clinicians
- Report recipients engage with members to encourage care that will close care gaps

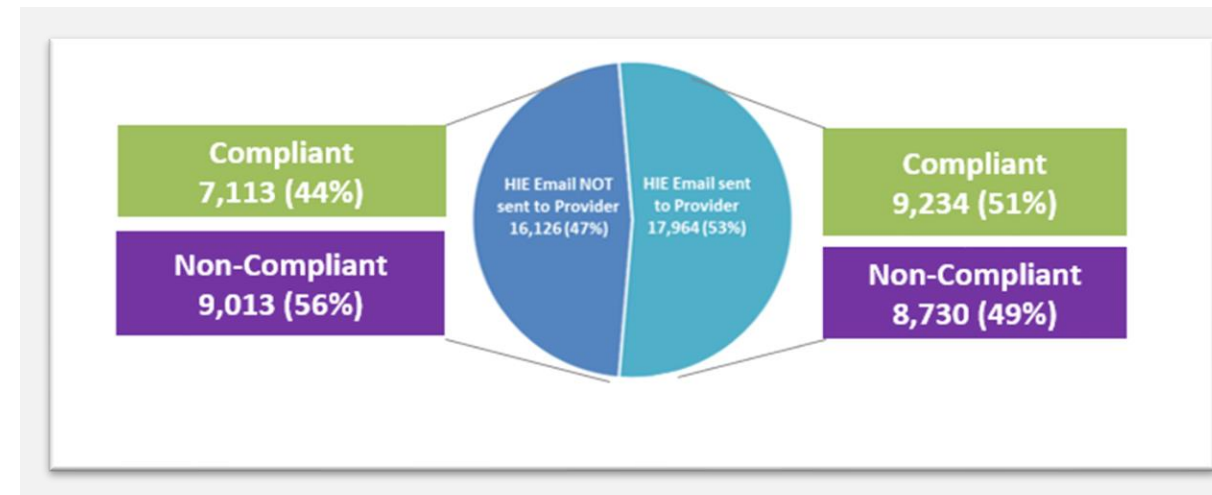
Impact of HIE on Time Sensitive Measure Compliance

- Report delivery in place to support 3 time-sensitive measures:
 1. Transitions of Care - Medication Reconciliation Post-Discharge and Patient Engagement (**TRC**)
 2. Follow-Up After Emergency Department Visit for Mental Illness (**FUM**)
 3. Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (**FMC**)
 4. Combined **FUM/FUA** report for Servicing Providers planned for Q3 2022

2021 Impact Analysis

Transitions of Care

Medication Reconciliation Post-Discharge sub-measure



Poll Question

If you are involved in Quality Measurement for your organization, do you use clinical data from an EHR or HIE for your Hybrid Measures?

1. YES
2. NO
3. In the process of acquiring clinical data for quality measures

Moderated Discussion

Contact Information

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Presented By:



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THANK YOU



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