# Clinical Data plus Proactive Notifications equals improved Quality Measure Performance

#### **Presented By:**

Lynda Rowe, Senior Advisor, Value-based Markets – InterSystems
Kate Beck, Director, Health Information Exchange – Healthfirst
Autumn Kerr, AVP, Clinical Quality – Healthfirst





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.

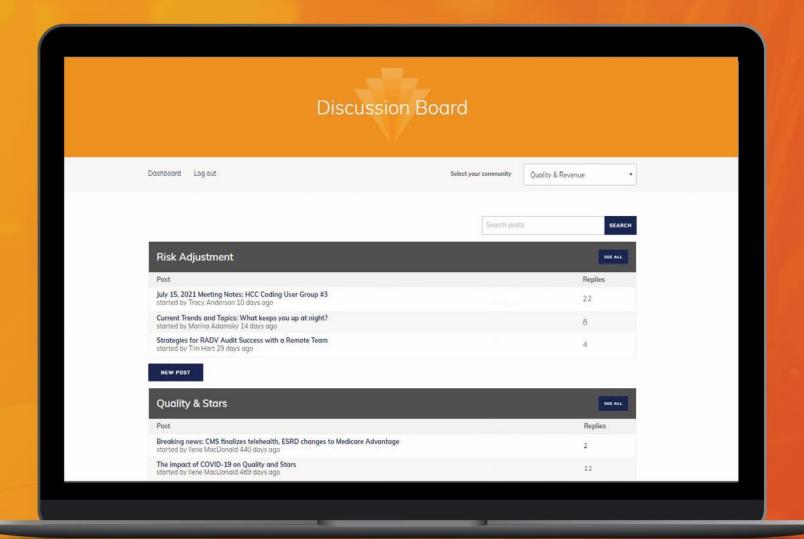
# ONE ASSOCIATION THREE COMMUNITIES







LEARN MORE AT THE RISEHEALTH.ORG/MEMBERSHIP



ASK YOUR QUESTIONS IN OUR DISCUSSION BOARD

# **Today's Presenters**







Lynda Rowe









# 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?

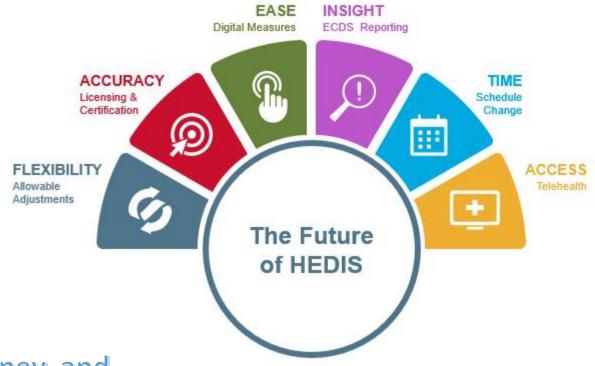
- 1. Health Plan/Insurer Quality Department
- 2. Health Plan/Insurer IT
- 3. Health Plan/Insurer Risk Adjustment
- 4. Health Plan/Insurer Other
- 5. Provider Organization (IDN, Health System)
- 6. Vendor
- 7. Consultant
- 8. Other



## **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

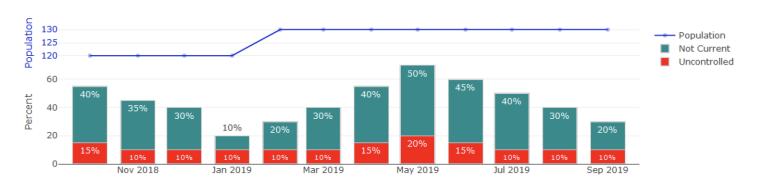
**Da Vinci Project – Data Exchange for Quality Measures** 

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	<u>View</u>
200023762	Van De Griek,Amanda	1994-05-21	10.0	2019-02-27	7.7	2017-05-10	<u>View</u>
200039437	Brown,Barb	1947-06-15	10.9	2019-05-03	10.7	2016-12-24	<u>View</u>
200059148	Tsatsulin,Mark	1995-06-13	10.2	2019-02-12	8.9	2017-07-25	<u>View</u>
200070855	Tsatsulin,James	1940-06-12	9.6	2019-08-21	8.1	2018-12-10	<u>View</u>
200082958	Basile,Vincent	1988-06-16	10.0	2019-05-12	10.4	2018-06-09	<u>View</u>

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, serving 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

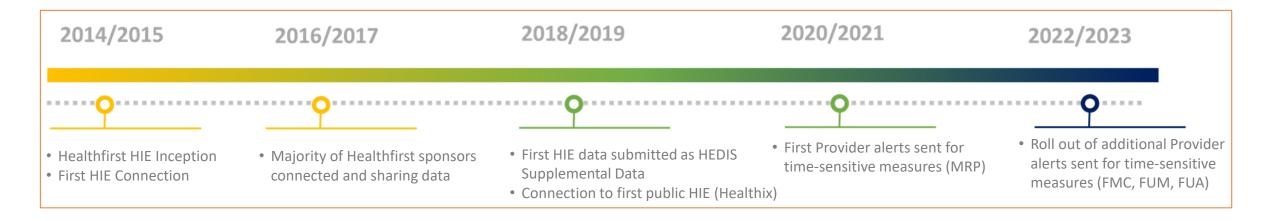


4,500+ employees in NY, FL, & telecommuting



# **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











#### **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





Near F



#### **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

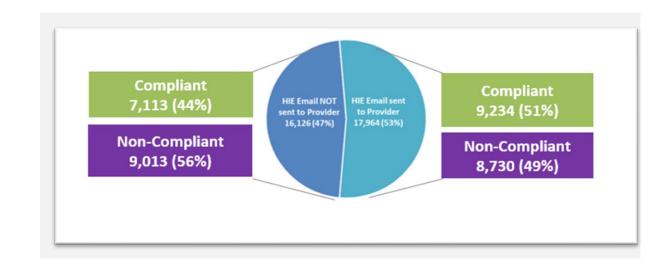
#### Impact of HIE on Time Sensitive Measure Compliance

- 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 Lynda Rowe Lynda.Rowe@intersystems.com @lynda\_rowe

**Presented By:** 



# THANK YOU

