MiHIN

MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

CDEX Improve Care Coordination and HEDIS TRC (Transitions of Care) Overview

What is NCQA?

- The ***National Clinical Quality Assurance*** acts as an accreditation to health plans through their HEDIS quality reporting measure.
- NCQA does this by collecting data from health plans and other health organizations.
- Goals: use measurement, transparency and accountability to highlight top performers and drive improvement.

What is HEDIS?

- The ***Healthcare Effectiveness Data and Information Set (HEDIS)*** is one of health care's most widely used performance improvement tools. 191 million people are enrolled in plans that report HEDIS results.
- HEDIS is one of NCQA's main Quality Reporting Measures.
- Contains 90+ measures across 6 domains.

How is HEDIS scored?

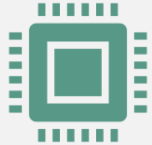
The overall rating is based on performance on dozens of measures of care and is calculated on a **0–5** (5 is highest) scale in half points. Performance includes three subcategories (also scored 0–5 in half points):

Subcategories:

- ✓ **Consumer Satisfaction**
- ✓ **Rates for Clinical Measures**
- ✓ **NCQA Health Plan Accreditation**
  - *Plan=accredited or in provisional status **+ .5 bonus points** to overall score (before rounding)*
  - *Plan=interim **+ .15 bonus points** to overall score (before rounding)*

Who is HL7 (Health Level Seven International)?

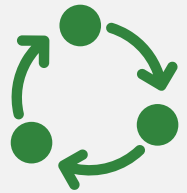
HL7 IS A NON-FOR-PROFIT, ANSI*-ACCREDITED STANDARDS DEVELOPMENT ORGANIZATION WHOSE PURPOSE IS TO PROVIDE A FRAMEWORK AND STANDARDS.



THE STANDARDS CAN BE FOR EXCHANGE, INTEGRATION, SHARING, AND RETRIEVAL OF EHR INFORMATION.

SUPPORTED BY 1,600 MEMBERS FROM OVER 50 COUNTRIES, INCLUDING CORPORATE MEMBERS REPRESENTING VARIOUS HEALTH ORGANIZATIONS.

HL7'S VISION: "A WORLD IN WHICH EVERYONE CAN SECURELY ACCESS AND USE THE RIGHT HEALTH DATA WHEN AND WHERE THEY NEED IT."



HL7'S MISSION: "TO PROVIDE STANDARDS THAT EMPOWER GLOBAL HEALTH DATA INTEROPERABILITY."

*American National Standards Institute

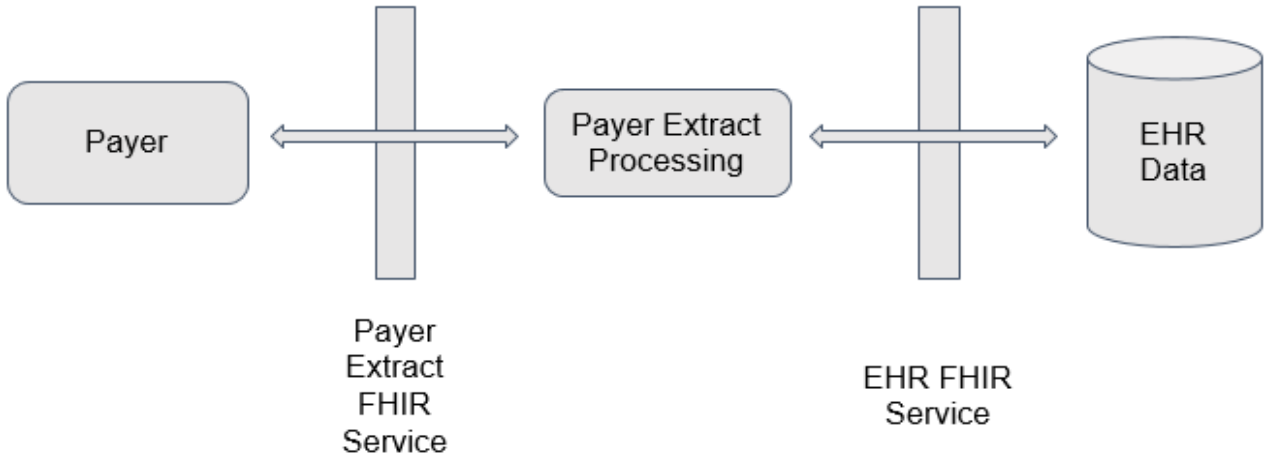
HL7 International

What is FHIR?

- **Fast Healthcare Interoperability Resources (FHIR)-**Developed by HL7 for exchanging healthcare information electronically.
- Aims to simplify implementation without giving up information integrity.
- FHIR implements logical and theoretical models, rigorous mechanisms to exchange data between healthcare applications.
- Recent Version: **FHIR Specification(v4.0.1)**

How does FHIR benefit HEDIS?

- By combining FHIR with shareable knowledge artifacts, it significantly reduces the amount of engineering effort required to implement and maintain useful HEDIS quality measure calculations for payers.
- Healthcare providers also experience reduced effort, as responding to quality reporting requests is greatly simplified with this approach.

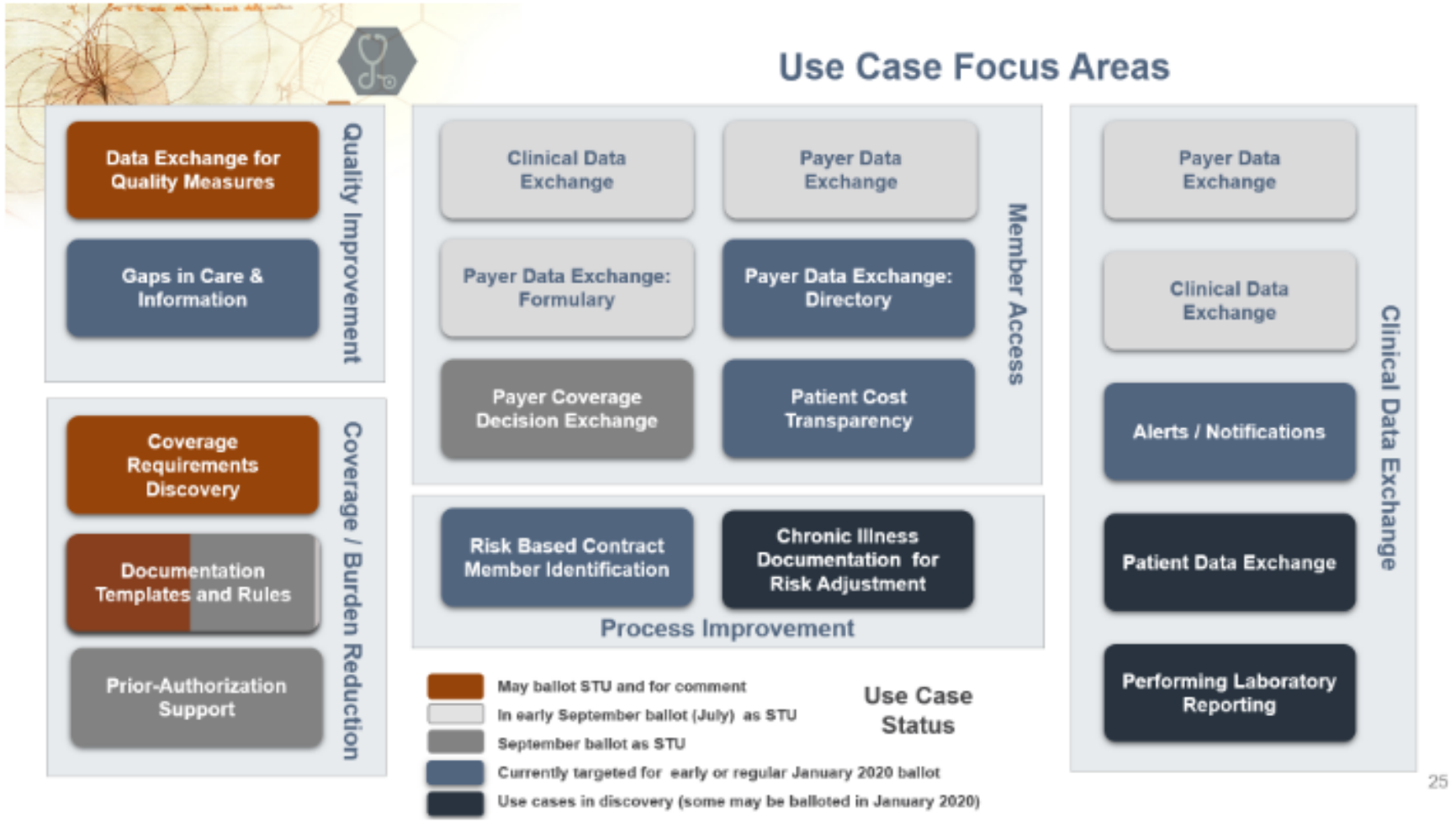


HL7 FHIR Main Projects

Some projects/initiatives that HL7 are involved in:

- **Da Vinci Project**
- Gravity Project
- Health Standards Initiative
- Product Line Architecture
- And Many More!

Da Vinci Use Cases



CDEX Use Cases

- Improve Care Coordination
- Collect More Accurate Risk Profiles
- Improve Support for Quality Management
- Confirm Medical Necessity More Efficiently
- Improve Member Experience
- Track Referrals and Orders More Effectively

CDEX Improve Care Coordination (Extended)

Payers want to create a complete clinical record for each of their members to improve care coordination and provide optimum medical care (e.g. reduce redundant care, shift to more proactive/timely care, make better informed, more accurate medical treatment recommendations). They are looking to find new conditions, change in the status of existing conditions (based on HCC model), or predisposition for or risk of developing a condition, i.e. prediabetes. For this use case, receiving clinical information as it becomes available is better because the information is more timely and can be acted upon sooner. In order for the record to be complete, the information needs to come from many/all providers, but typically from outpatient providers and usually from network providers. Payers may use HIEs as a source of information, if available. The information is available as information gathered in the patient medical record through use of an electronic medical record (EMR) system. The information may be shared with or accessed by the payer as a progress note or visit summary. Standard C-CDAs of various types (information supporting care planning). Payers find information such as Medications, lab results, assessments for diagnoses, vital signs (BP)and information in narrative clinical notes to be useful to care coordination for their members

CDEX Improve Care Coordination Summary

- ✓ Improve the accessible use of clinical information
- ✓ Streamline information coming from many different providers
- ✓ Information is available through EMR and by C-CDA file format
- ✓ Payers find information such as Medications, lab results, assessments for diagnoses, vital signs (BP)and information in narrative clinical notes to be useful to care coordination for their members.
- ✓ Improve patient care transitioning from one practice to another.
- ✓ Create a complete medical record for each patient to improve care coordination.

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

CDEX Improve Care Coordination Profiles/Extensions

Profiles:

- CDex Communication Request
- CDex Communication
- CDex Search Set Bundle
- CDex Document Bundle
- CDex Composition
- CDex Task Profile

Extensions:

- CDex Payload Type Code
- CDex Payload Search String

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

CDEX Improve Care Coordination Examples

Some payers create a complete clinical record for each of their members to facilitate data exchange with providers. Payers use this record to give providers the adequate information to execute care coordination decisions.

- ✓ *They also use clinical information gathered from providers to support the HEDIS/Stars quality program. For example, by examining the record for care coordination information they may improve performance on* ***the HEDIS (TRC)- Transitions of Care :***
  - ✓ 1) notification of inpatient admission,
  - ✓ 2) receipt of discharge information
  - ✓ 3) patient engagement after inpatient discharge
  - ✓ 4) medication reconciliation post-discharge

MiHIN MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

HEDIS Transitions of Care Documentation Requirements

TRC — Transitions of Care*

The percentage of discharges for members 18 years of age and older who had each of the following during the measurement year. Four rates are reported

- Notification of inpatient admission
- Receipt of discharge information
- Patient engagement after inpatient discharge
- Medication reconciliation postdischarge

* Medicare (new measure for [2018])

Documentation needed:

- Documentation of receipt of notification of inpatient admission on the day of admission or the following day
- Documentation of receipt of discharge information on the day of discharge or the following day
- Documentation of patient engagement after inpatient discharge (for example, office visits, home visits and telehealth) provided within 30 days after discharge
- Documentation of medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse within 31 days after discharge

29

HEDIS Transitions of Care Reported Measures

- Notification of inpatient discharge
- Receipt of discharge information
- Patient engagement after inpatient discharge
- Medication reconciliation Post-Discharge

HEDIS Transitions of Care Measures

The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported:

- *Notification of Inpatient Admission*. Documentation of receipt of notification of inpatient admission on the day of admission or the following day.
- *Receipt of Discharge Information.* Documentation of receipt of discharge information on the day of discharge or the following day.
- *Patient Engagement After Inpatient Discharge*. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
- *Medication Reconciliation Post-Discharge*. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

- *Three rates reported for each indicator: • 18-64 years of age • 65 and older • Total Rate*

MiHIN MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

HEDIS Transitions of Care Specifications

An acute or nonacute inpatient discharge on or between January 1 and December 1 of the measurement year. To identify acute and nonacute inpatient discharges:

1. Identify all acute and nonacute inpatient stays
2. Identify the discharge date for the stay.

The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.

Data Types

1. **Administrative** — Data is obtained from our claims database.
2. **Hybrid** — Data is obtained from our claims database and medical record reviews

**HEDIS TRC (Transitions of Care) = Hybrid

3. **Survey** – Data is obtained is through surveys by a survey certified vendor

HEDIS TRC Administrative Specifications Calculations

Numerator:

- *Patient Engagement After Inpatient Discharge*. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
- *Medication Reconciliation Post-Discharge*. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).
- *Notification of Inpatient Admission (None)*
- *Receipt of Discharge Information (None)*

Denominator:

- Eligible Population

MiHIN MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

HEDIS TRC Hybrid Specifications Calculations

Numerator:

- Patient Engagement After Inpatient Discharge. (Both)
- Medication Reconciliation Post-Discharge.(Both)
- Notification of Inpatient Admission (Medical Record Only/No Admin)
- Receipt of Discharge Information (Medical Record Only/No Admin)

Denominator:

- Based on Discharges
- Identifying the medical record

MiHIN MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

HEDIS Transitions of Care Measures Additional Information

Notification of Inpatient Discharge

Documentation must include evidence of receipt of notification of inpatient admission with a date/time stamp.

- Communication between inpatient staff and PCP staff
- Communication from plan
- Indication that PCP was involved in admission

Receipt of Discharge Information

Documentation must include evidence of receipt of discharge information on the day of discharge or the following day. Documentation must include evidence of receipt of discharge information on the day of discharge or the following day. Discharge information may be included in a discharge summary or summary of care record or be located in structured fields in an Electronic Medical Record (EHR).

- Inpatient practitioner
- Procedures and treatments
- Diagnoses at discharge
- Medication list
- Testing results, including tests pending or no tests
- Instructions to PCP for patient care

Patient Engagement After Inpatient-Discharge

- ✓ Documentation must include evidence of patient engagement within 31 days after discharge.
- ✓ Plans may use administrative codes for their full population of eligible discharges and review sample of medical records to assess numerator compliance

Medication Reconciliation Post-Discharge

- ✓Documentation in the outpatient medical record must include evidence of medication reconciliation and the date when it was performed.
- ✓Plans may use administrative codes for their full population of eligible discharges and review sample of medical records to assess numerator compliance

Required Data Elements

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table TRC-3: Data Elements for Transitions of Care

	Administrative	Hybrid
Measurement year	✓	✓
Data collection methodology (Administrative or Hybrid)	*Each of the 2 rates*	*Each of the 4 rates*
Eligible population	*Each of the 2 rates, for each age stratification and total*	*Each of the 4 rates, for each age stratification and total*
Number of numerator events by administrative data in eligible population (before exclusions)		*Each of the 2 rates, for each age stratification and total*
Current year's administrative rate (before exclusions)		*Each of the 2 rates, for each age stratification and total*
Minimum required sample size (MRSS)		*Each of the 4 rates*
Oversampling rate		*Each of the 4 rates*
Number of oversample records		*Each of the 4 rates*
Number of numerator events by administrative data in MRSS		*Each of the 2 rates, for each age stratification and total*
Administrative rate on MRSS		*Each of the 2 rates, for each age stratification and total*
Number of original sample records excluded because of valid data errors		*Each of the 4 rates*
Number of employee/dependent medical records excluded		*Each of the 4 rates*
Records added from the oversample list		*Each of the 4 rates*
Denominator		*Each of the 4 rates, for each age stratification and total*
Numerator events by administrative data	*Each of the 2 rates, for each age stratification and total*	*Each of the 2 rates, for each age stratification and total*
Numerator events by medical records		*Each of the 4 rates, for each age stratification and total*

MiHIN
MICHIGAN HEALTH INFORMATION NETWORK SHARED SERVICES

Potential CDEX Solutions

- Accessing patient information from EMR such as labs, medications, assessments for diagnosis, vital signs.
- Assessing patient needs and goals.
- Establishing accountability and agreeing on responsibility.
- Monitoring and follow up, including responding to changes in patients' needs.