



## **Blue Cross Blue Shield of Michigan Connectathon**





## Connectathon Use Case

### Da Vinchi Clinical Data Exchange (CDex)

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.



## HEDIS TRC Overview

Clinical Data Exchange (CDex) is looking to improve exchange methods between providers, payers, and other systems to make exchange of health record information more efficient and effective. In turn, allowing improved care coordination, network performance, delivery of patient care and outcomes, and reducing the burden of quality reporting.

Payers use clinical information gathered from providers to support the HEDIS/Stars quality program. The Healthcare Effectiveness Data and Information Set (HEDIS) is made up of standardized performance measures to assess value of care and hold health plans accountable for their performance.

In this example we will be looking at the HEDIS TRC – Transitions of Care measure. The HEDIS TRC looks at four data points:

1. documentation of receipt of inpatient admission
2. documentation of receipt of discharge information
3. follow-up visit with primary care provider within 30 days of discharge
4. medication reconciliation within 30 days of discharge

# Scenario 1: Determine eligibility of patient for HEDIS TRC eligibility criteria

HEDIS TRC – Transitions of Care measure requires four eligibility criteria:

1. documentation of receipt of inpatient admission
2. documentation of receipt of discharge information
3. follow-up visit with primary care provider within 30 days of discharge
4. medication reconciliation within 30 days of discharge

For this Connectathon we will use documents such as ADTs (AO1, AO3, & AO4), discharge summaries, and CCDs. Unlock ways to identify if a patient meets the HEDIS TRC measure by leveraging FHIR resource data via query from the Health Information Network (HIN). This process requires human intervention to conduct chart chasing to gather documentation for audit.



## Scenario 2: Calculating total patients in a health system who meet HEDIS TRC eligibility criteria

The current validation process for substantiating completed HEDIS measures includes querying medical facilities for missing documentation.

Conceptualize a process that queries the health system to return the number of patients who have met the HEDIS TRC eligibility criteria.

