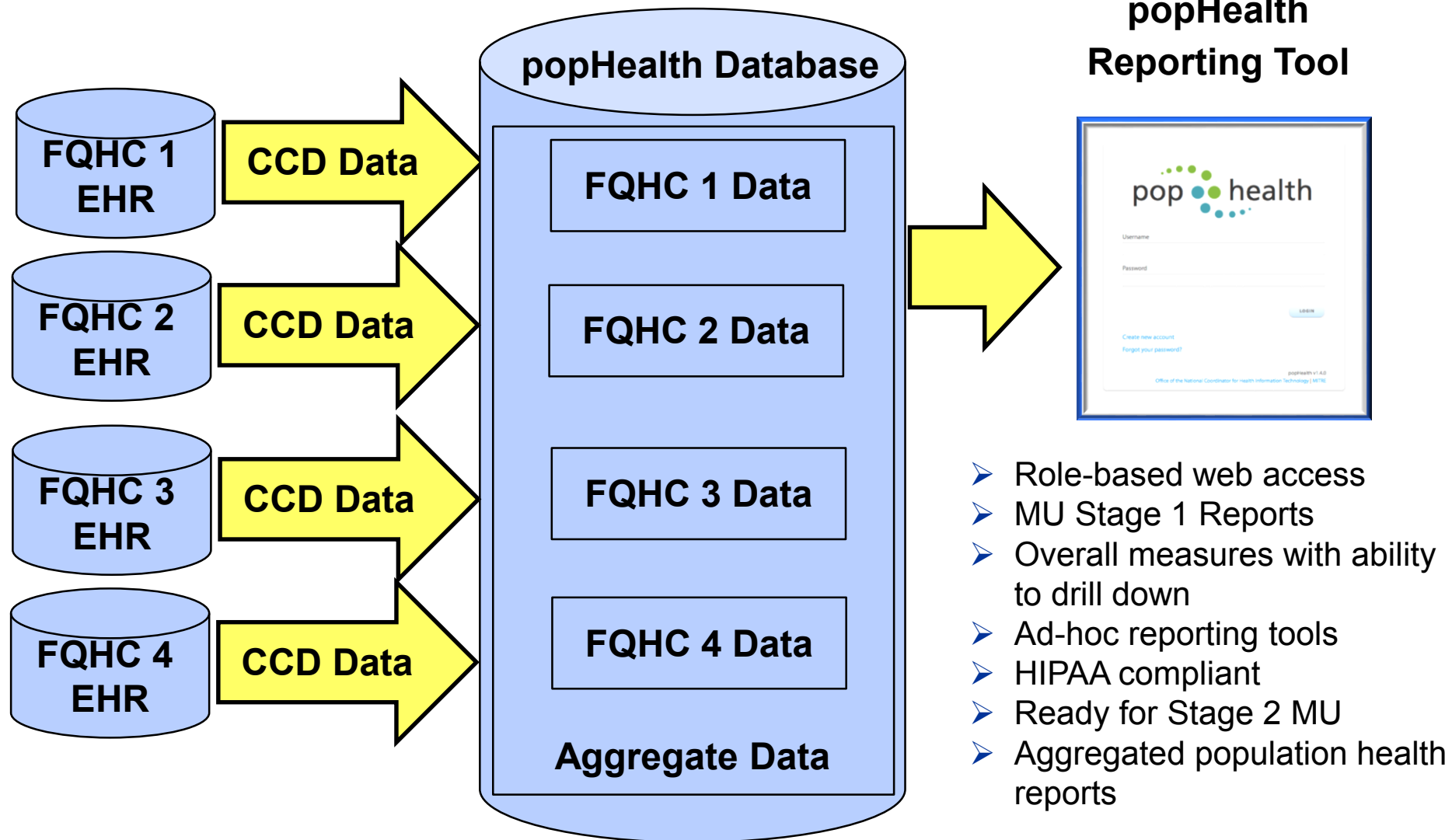


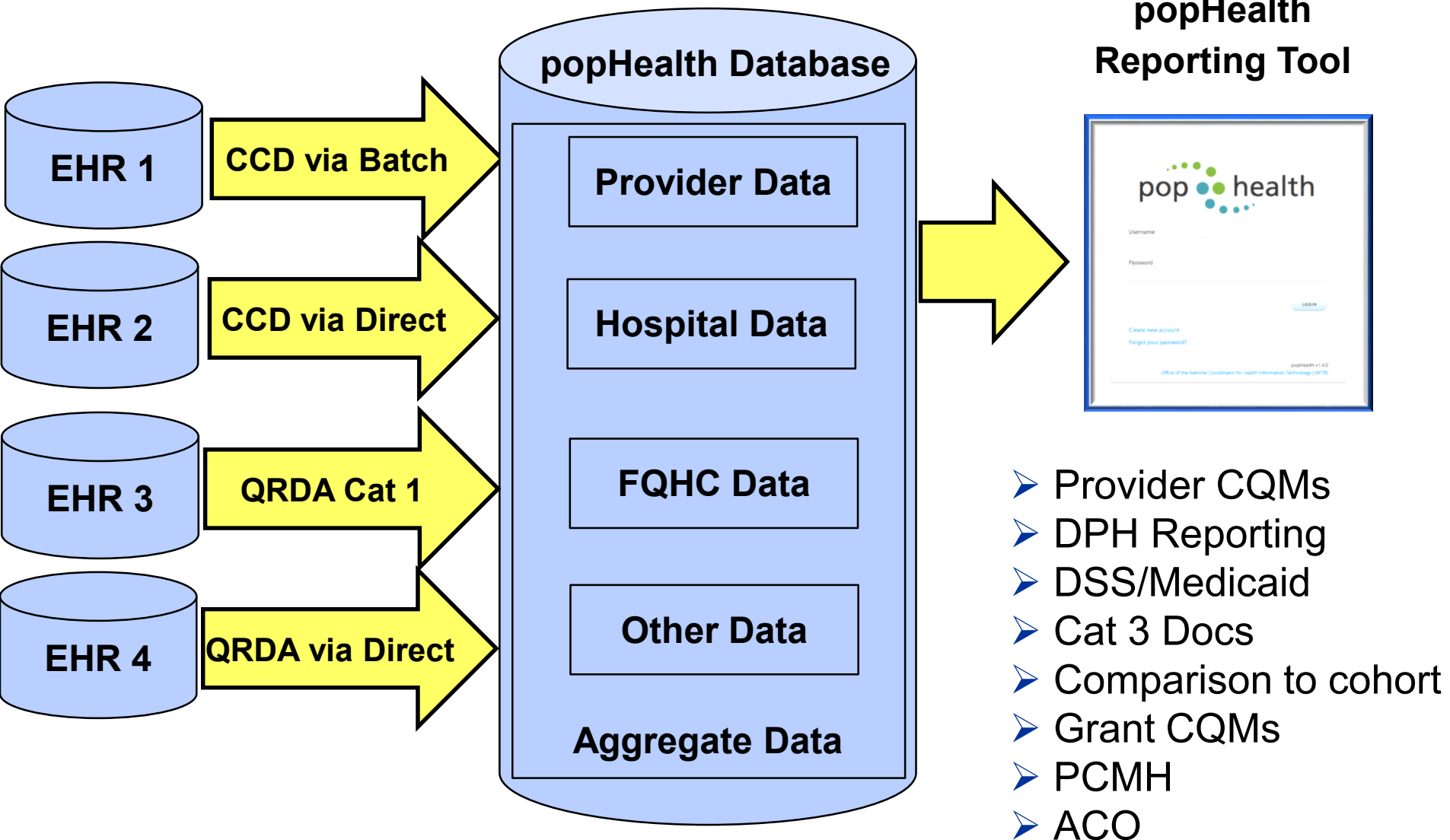


# **Implementation of a Population Health and Quality Reporting System for FQHCs**

## FQHC popHealth Pool Project

- popHealth is an Open-Source Quality Measure database and reporting engine presented through a web-based interface
- Installed popHealth in central, secure location, use as Population and Quality Reporting service for FQHC's.
- eHCT popHealth is a full service SaaS model. The platform includes all hardware, software, ongoing upgrades, maintenance and full phone and email support. Users do not need to purchase the servers, firewalls or other delivery infrastructure nor is there a need to have a DBA or IT Administrator.
- Interface individual FQHC EHR systems to popHealth to collect structured patient data using national HIE standards
- Provide each FQHC's authorized users access to their data and reports along with comparisons to the (de-identified) FQHC aggregate
- Test with pilot FQHCs on popHealth in 2013
- Live with 2-3 FQHCs in Q1 2014





## Value for FQHC's

- Meaningful Use quality reports automatically produced by sending standard CCD files. Version 2 is already complete with all MU Stage 2 measures, enabling popHealth users to achieve those requirements sooner.
- eHealthConnecticut provides technical assistance to help the FQHC's and their vendors develop the CCD interface.
- Since the CCD interface is precisely the one needed for standards-based Health Information Exchange, this project readies the FQHC's for HIE, with any entity sharing FQHC patients
- Flexible reporting system enables FQHC's to extract data, produce other reports or data feeds for Uniform Data Set (UDS), Patient Centered Medical Home (PCMH), Department of Public Health (DPH), or other reporting needs
- Performance comparisons to the FQHC aggregate and national benchmarks help providers focus on quality improvement
- Unified quality reporting initiative attractive to State Medicaid agencies and other payers, positions FQHC's for maximum reimbursement based on quality performance as well as grant funding
- ONC supports popHealth – FQHC collaboration with this tool will be favorable for the FQHCs

## Current Status

- popHealth is hosted through a vendor in Connecticut
- Enhanced popHealth code so that multiple FQHC's data can be in one database but each FQHC can view only their data and comparison to de-identified aggregate data
- Contracted with EHR vendors to create CCD batch extracts
- Tested loading individual CCDs exported from FQHC EHR's into popHealth
- Testing production CCDs through extracts created by EHR vendors
  - Have four FHQCs that we are taking test data from and hope to be live with in 1-2 months
- Facilitate multi-state popHealth user group including representatives from RECs, DPH, other State Organizations in multiple states, ONC, HRSA...and growing each month
- popHealth is gaining support
  - popHealth being used by many entities with various use cases
  - ONC is providing funding for Open Source Community in 2014
  - Other states also using popHealth

## Next Steps

- Continue work with EHR vendors for pilot FQHCs to develop “batch” CCD interfaces
- Live with 2-4 FQHCs in Q1 2014
- Live with remaining FQHCs in 2014
- Work with live FQHCs on Quality Improvement based on findings from popHealth data
- Road Map for Next Steps
  - QRDA Cat 1 documents as input
  - Send data via direct instead of SFTP
  - Program additional measures
  - Consider additional tools for presentation layer

# Continuity of Care Data Requirements

- Extensive clinical data is needed to be present in Continuity of Care Documents (CCDs) for automating the generation of Meaningful Use Clinical Quality Measures in popHealth
  - Allergies: RxNorm\*, SNOMED-CT\*
  - Care Goals, Social History, Medical Equipment: SNOMED-CT\*
  - Conditions: SNOMED-CT\*, ICD-9-CM, ICD-10-CM
  - Encounters: CPT
  - Immunizations, Medications: RxNorm\*, CVX\*
  - Procedures: CPT, ICD-9-CM, ICD-10-CM, SNOMED-CT\*
  - Vitals, Results, Assessments: LOINC\*, SNOMED-CT\*
  - Communications: SNOMED-CT
- \* preferred
- Requires that all continuity of care entries are time-stamped
- Requires that results and vitals must be provided structured with units and values