

The logo for HIMSS Central & Southern Ohio Chapter, featuring the acronym "HIMSS" in a stylized font.

Central & Southern Ohio Chapter

transforming healthcare through IT™

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Shifting to Fee for Value: The Information Mandate

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Service Line Executive

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Strategic Advisor

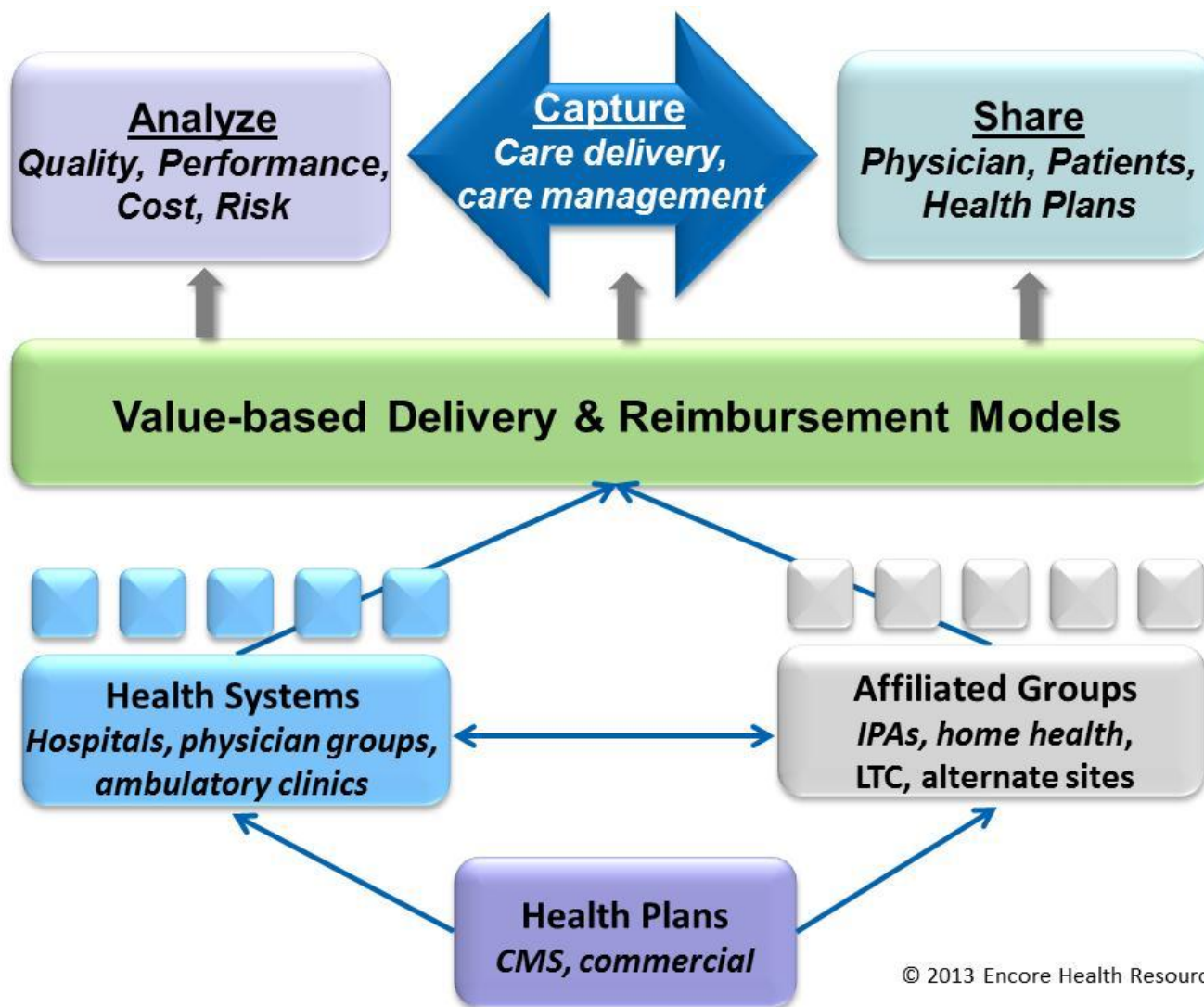
**CSOHIMSS 2013 Spring Conference
May 17, 2013**

Discussion Topics

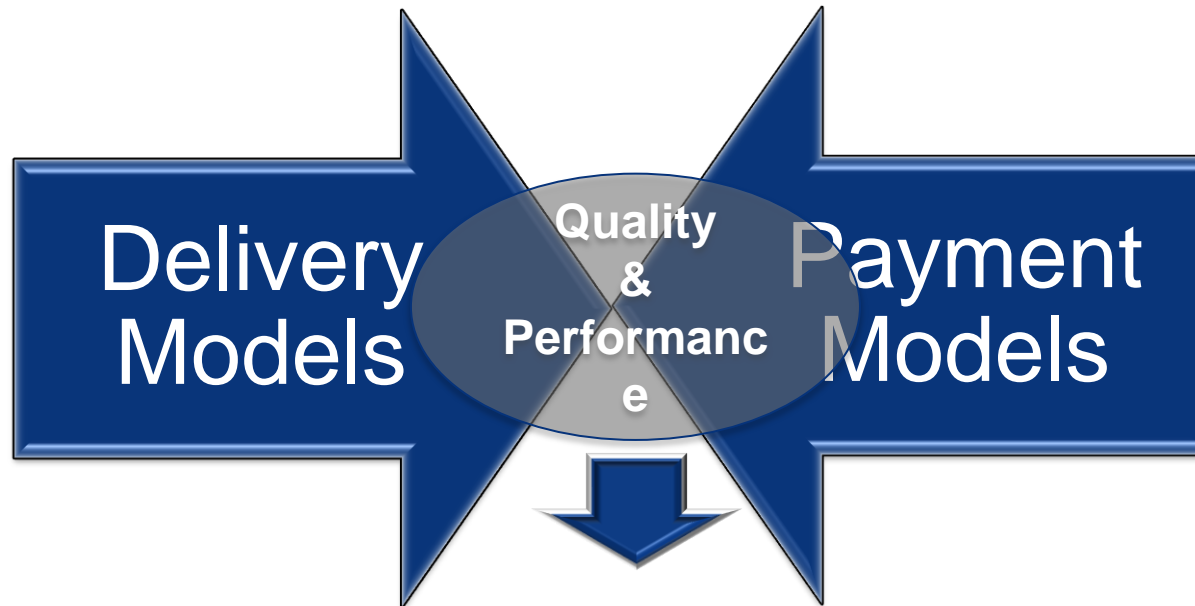


- What is the “information mandate” and why do it?
- How does it work?
- What will it take to be successful?
- Case study – the journey of one organization

New Models Require New Capabilities



Hardwiring Performance to Payment



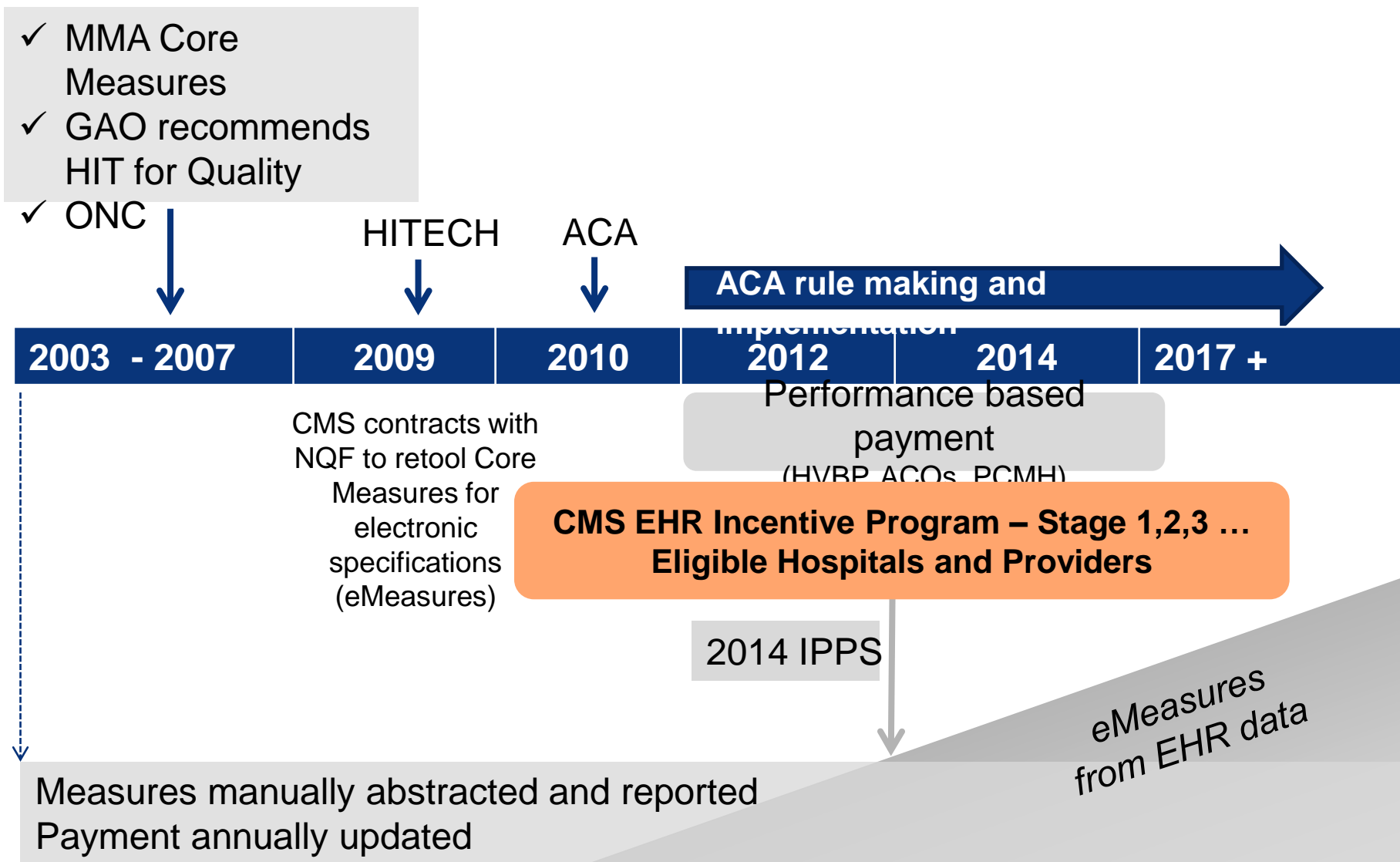
Coordinate and Collaborate

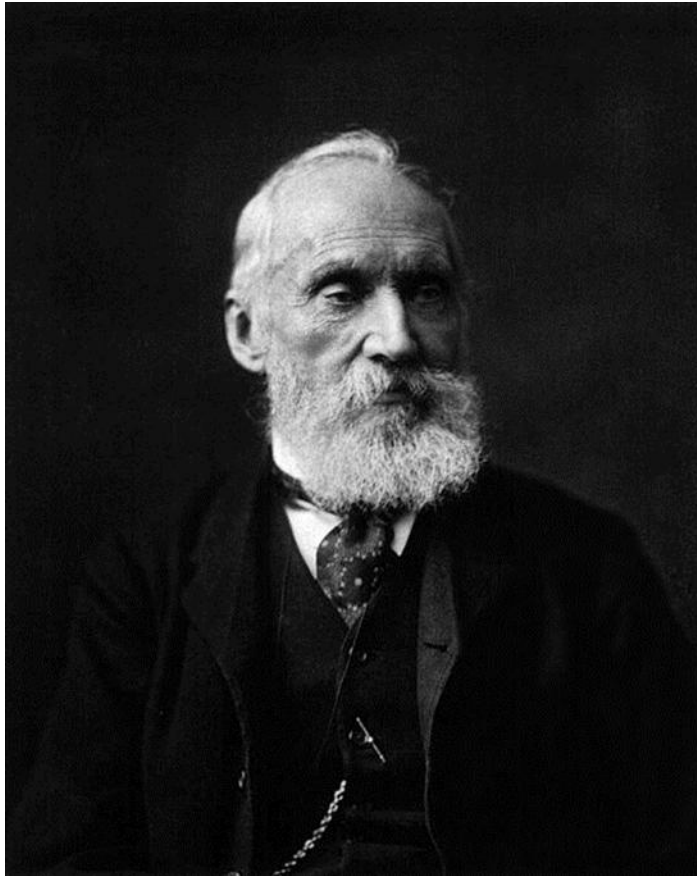
- ✓ Accountable Care Organizations
- ✓ Clinically Integrated Networks
- ✓ Patient Centered Medical Home

Contracting

- ✓ Bundled payments
- ✓ Shared Savings
- ✓ Readmission penalties
- ✓ Incentive based payments

Transforming How Quality and Performance Will be Measured





“If you can’t measure it,
you can’t improve it”

Lord Kelvin (Sir William
Thomson)

Get with the Guidelines: Stroke



American Heart Association® | American Stroke Association®
Learn and Live®

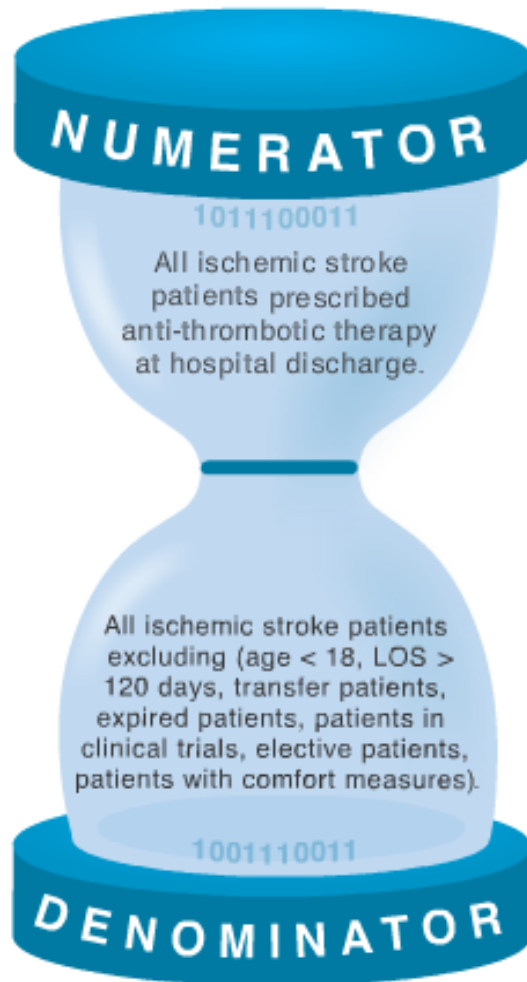


GET WITH THE
GUIDELINES®

- Percent of acute ischemic stroke patients who arrive at the ED at the hospital within 120 minutes (two hours) of onset of stroke symptoms who receive IV t-PA within 180 minutes (three hours) of onset of stroke symptoms
- Percent of ischemic stroke or TIA patients who receive antithrombotic medication within 48 hours of hospitalization
- ✓ ***Percent of ischemic stroke or TIA patients discharged on antithrombotics (e.g., warfarin, aspirin, other antiplatelet drug)***
- Percent of ischemic stroke or TIA patients with atrial fibrillation who are discharged on anticoagulation therapy (warfarin/Coumadin or heparin/heparinoids) unless an absolute or relative contraindication exist
- Percent of patients at risk for DVT who received DVT prophylaxis by the second hospital day
- Percent of ischemic stroke or TIA patients with LDL \geq 100 mg/dL OR on cholesterol reducer prior to admission who are discharged on cholesterol-reducing drugs
- Percent of smokers who receive smoking cessation advice or medication (e.g., Nicoderm or Zyban) at discharge

eMeasures & Analytics Start in the EHR: Getting the Data Right

STROKE 2

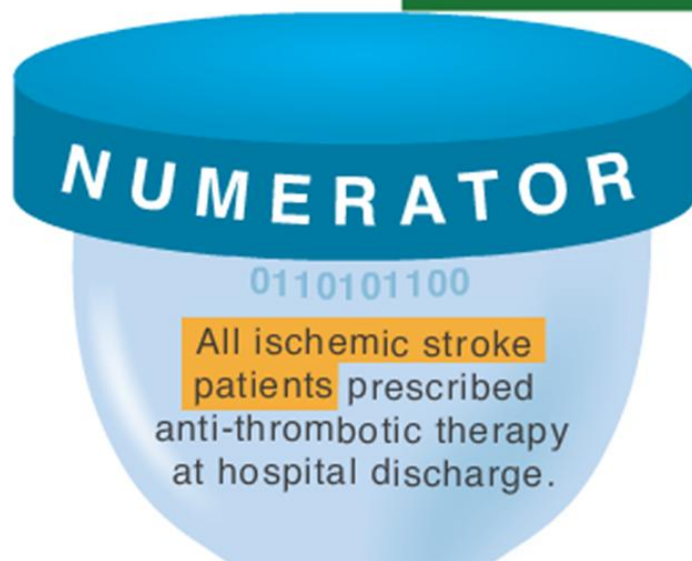
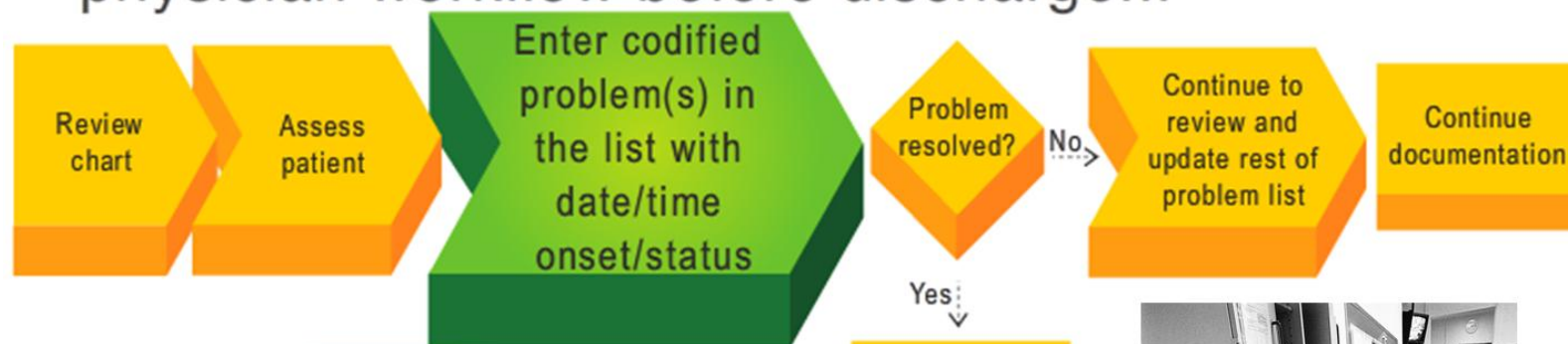


Build for computerization using standards set by the NQF and CMS

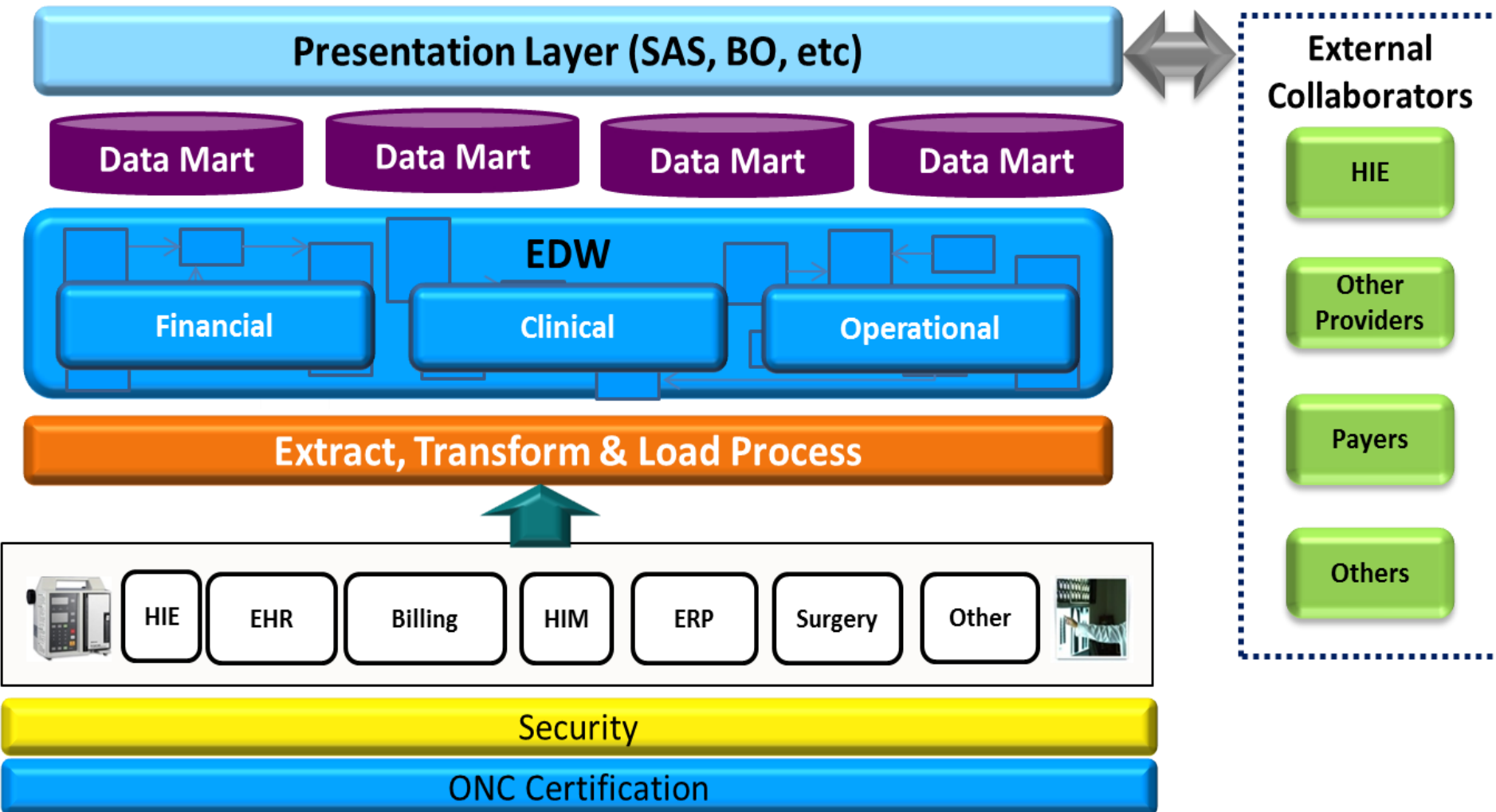
- Definition of ischemic stroke value set (**61** SNOMED CT codes)
- Definition of medication value set (**105** RX Norm codes)
- Exclusion criteria require:
 - **21** Elements
 - **19** Code tables (SNOMED, NUBC, RxNorm)
 - **281** Individual codes

Workflows & Data Needs are Interdependent

Identifying Stroke 2 patients impacts physician workflow before discharge...



Technology & Tools





Value-based Measure Performance

Currently viewing:

Seaside Clinic

View

System

Clinic

Physician

Measure Domains

Clinical

Meaningful Use of Health IT

Patient Experience

Appropriate Resource Use

Other Measures

Providers

James Messink, MD

Robert Boyne, MD

Peter Broxon, MD

John Casada, MD

Asa Gray, MD

Karen Morale, MD

Jeffery Noggler, MD

Timothy Shadley, MD

Maria Vecchia, MD

Margaret Sign, MD

Julio Garzia, MD, MD

Cardiovascular	Rate
Annual Monitoring for Patients on Persistent Medications-ACEI/ARB, Digoxin, Diuretics **	—
Cholesterol Management-LDL Screening	—
Cholesterol Management-LDL Control <100	—
HF: LVEF Assessment (Outpatient setting)	—
HF: Symptom and Activity Assessment	—
HF: Beta-blocker Therapy for LVSD **	—
HF: ACE Inhibitor or ARB Therapy for LVSD **	—
HF: Congestive Heart Failure Admission Rate	—
HF: Post-discharge Appointments for HF Patients	—
HF: Hospital 30-day, all-cause, risk-standardized readmission rate following heart failure hosp.	—
Diabetes	Rate
HbA1c Testing **	—
HbA1c Poor Control >9.0% **	—
HbA1c Control <8.0% **	—
HbA1c Control <7.0% **	—
LDL Screening **	—
LDL Control <100 **	—
Nephropathy Monitoring	—
Blood Pressure Control <140/90 **	—
Optimal Diabetes Care Combination 1 - LDL<100, HbA1c<8.0%, Nephropathy Monitoring	—
Prevention	Rate
Childhood Immunization Status-24-mo Continuous Enrollment: Combination of all Antigens **	—
Immunization for Adolescents-Combination of Tdap and meningococcal **	—
Chlamydia Screening in Women-Ages 16-24 **	—
Evidence-based Cervical Cancer Screening-Appropriately Screened **	—
Breast Cancer Screening-Ages 50-69 **	—
Colorectal Cancer Screening **	—

** CQM measure in the CMS EHR Incentive Program (MU) for Eligible Professionals

Measure Sources:

ACCF/AHA/AMA-PCPI 2011 Performance Measures for Adults with Heart Failure
IHA (Integrated Healthcare Association) California P4P 2012 Measure Set

More

Overview Meaningful Use - EH Meaningful Use - EP Internal Measurement & Analysis Clinical Analytics for Care Coordination

Demo Population Management – Heart Failure “Huddle” Dashboard

TODAY'S Patients – John Casada, MD																
Patient	Disease Stage	Vital Signs				Labs				Consults		Hospitalization				
		Date	BP	Date	Wgt	Date	LDL	HDL	Date	K+	Date	N+	Date	MO	Date	Dx
Smith, A	3	2/12/12	130/74	2/12/12	120	8/15/11	140	60	2/12/12	3.8	2/12/12	135		12/20/11	Arrhythmia	
Hardy, J	3	12/20/11	90/74	12/20/12	98	12/20/11	130	65	12/20/12	3.5	12/20/12	140				
Wells, M	3	2/8/12	130/74	2/8/12	134	2/8/12	136	66	2/8/12	3.4	2/8/12	138	6/18/12	Cardi	12/20/11	Acute MI
Hall, C	2	2/5/12	130/74	2/5/12	134	8/15/11	140	60	2/12/12	3.8	2/5/12	135		12/20/11	Acute MI	
Mark, D	4	5/10/12	140/90	5/10/12	150	5/10/12	200	40	4/10/12	3.3	4/10/12	128	5/10/12	Renal	6/18/12	Acute Exacerb HF

Patient Details – Benjamin Jones									
Medications			Procedures/Diagnostics			Consults			
Med	Dose	Date	Proc/Test	Results	Date	Type	Results		
Lisinopril	20 mg daily		3/6/2012	Chest Xray	Enlarged heart, mild congestion	6/18/2012	Cardiology	Pending	
Metoprolol	125 mg daily		5/22/2012	Cardiac Cath	2 vessel disease				
Lasix	10 mg daily								

Dr. Timothy Shadley
Dr. Maria Vecchia

Historical Trends

BP

Weight

Guidelines

Preventive Measures

Education

Recommended Care

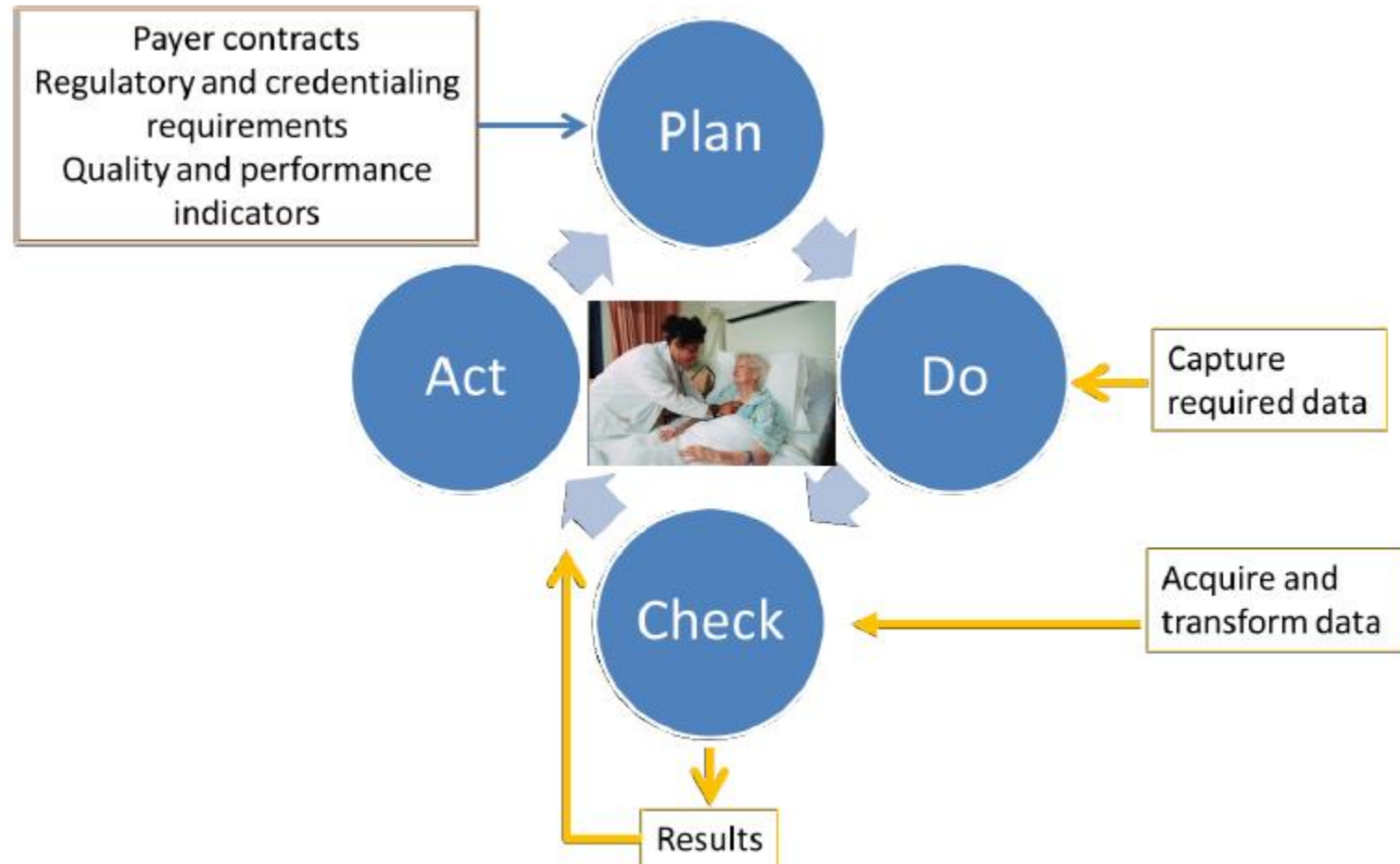
Preventive/Rx Measures	
Blood pressure control	+
Beta blocker	+
Lipid-lowering medications	-
Smoking cessation	-

Education Measures	
Activity-level instruction	+
Diet instruction	-
Medication instruction	-
Weight instruction	+

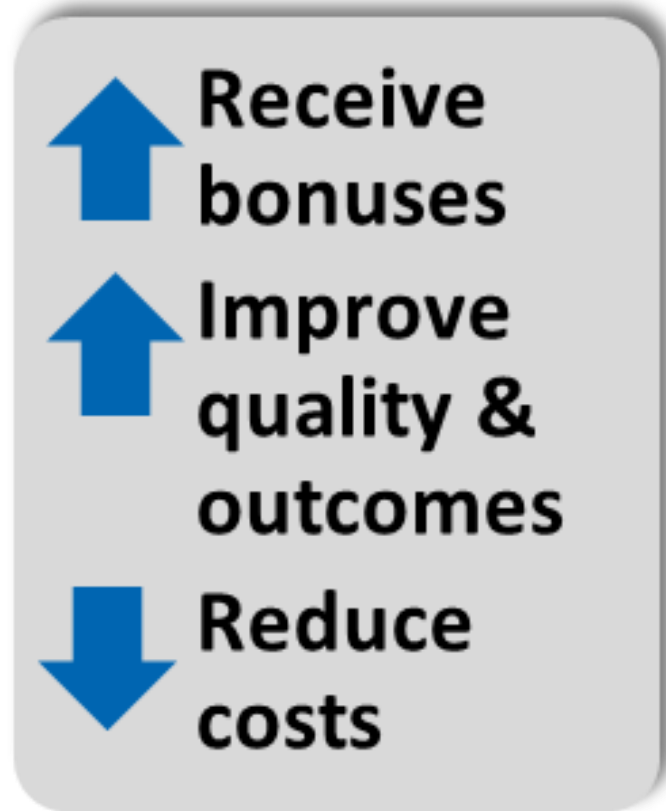
Recommended Care	
Symptom and Activity Assessment	
Referral to HF Care Management Program	
Influenza Vaccination due	

... to improve performance and quality

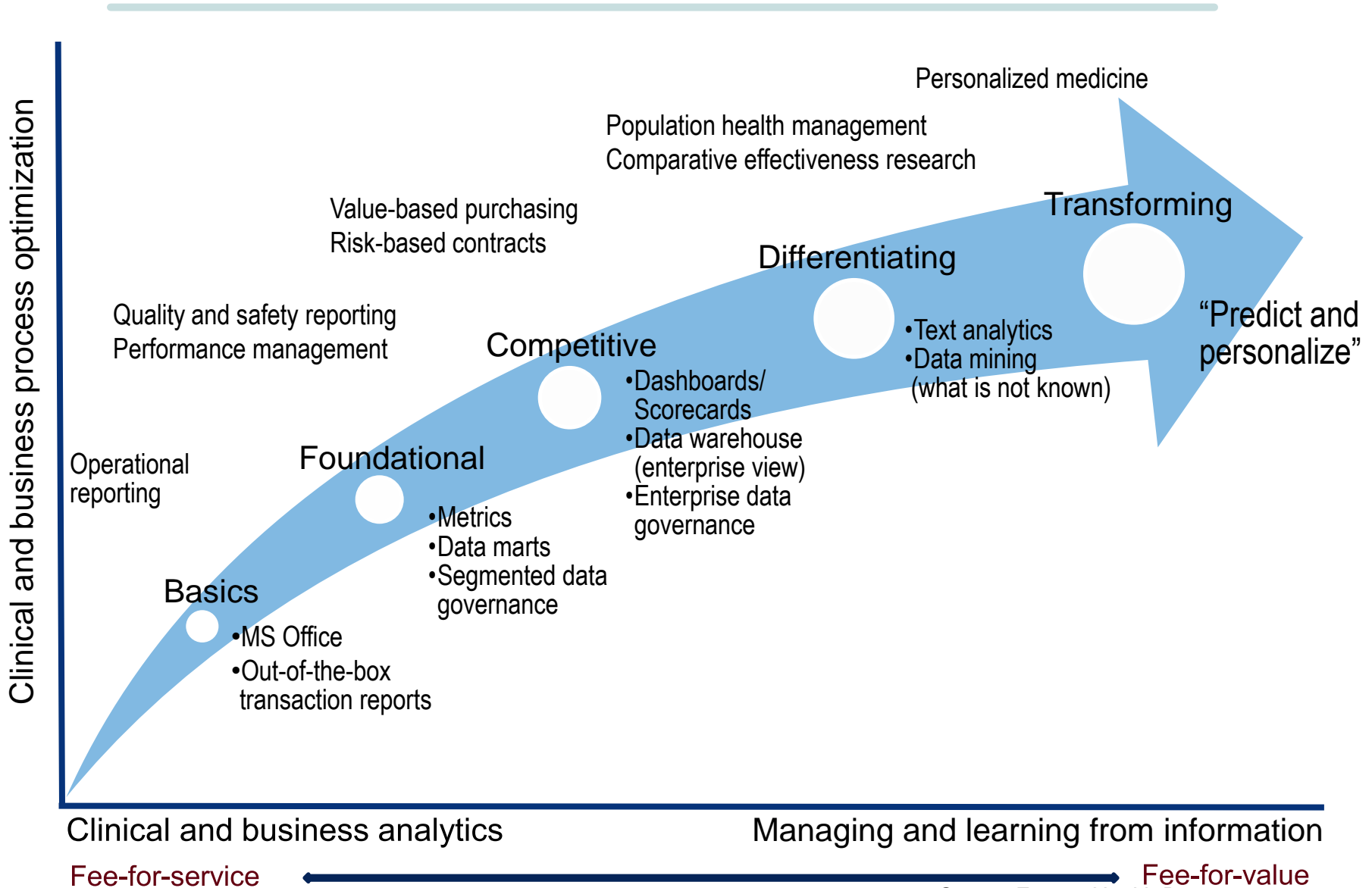
Information-based Performance Improvement...



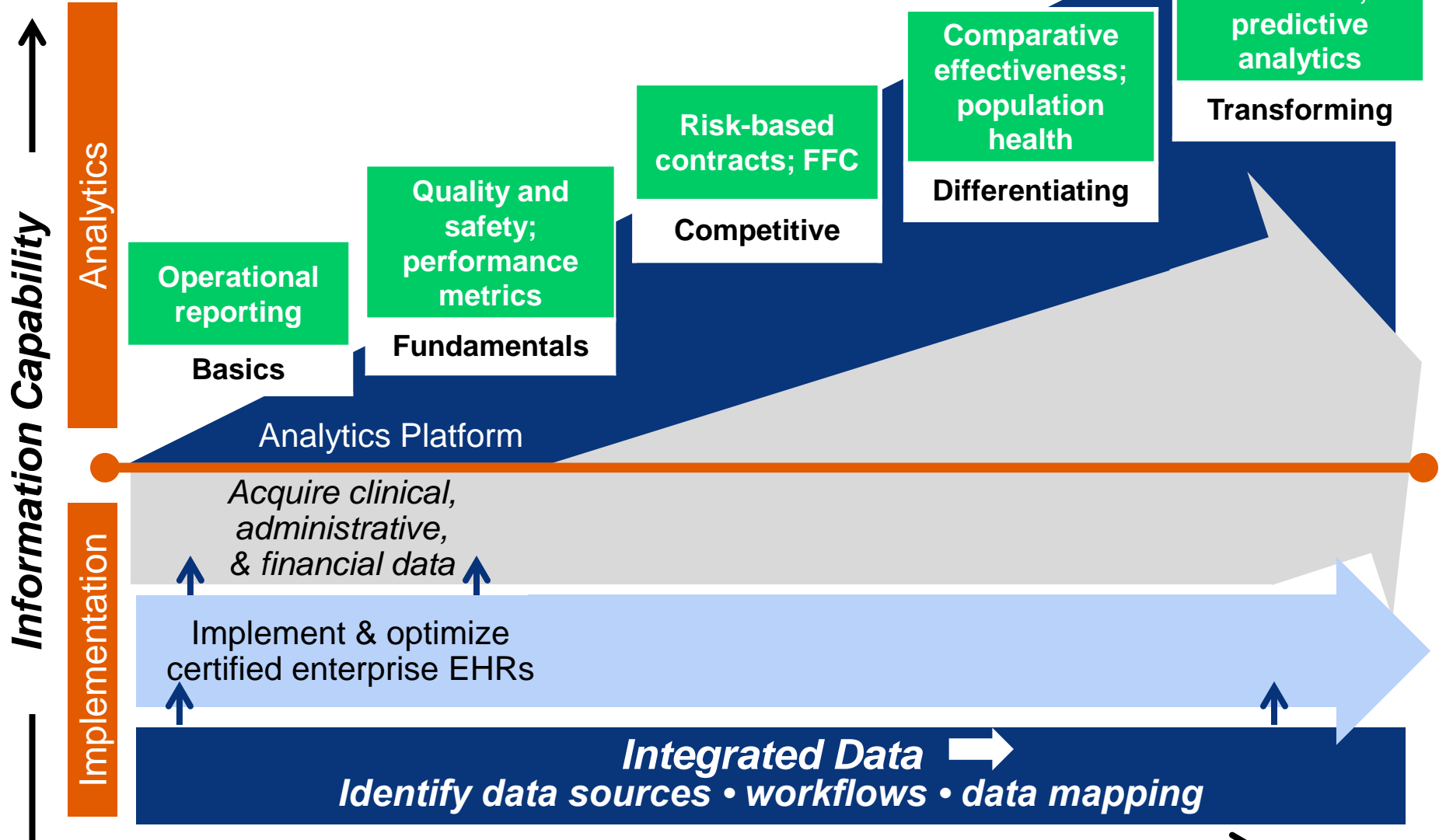
...Leads to ...



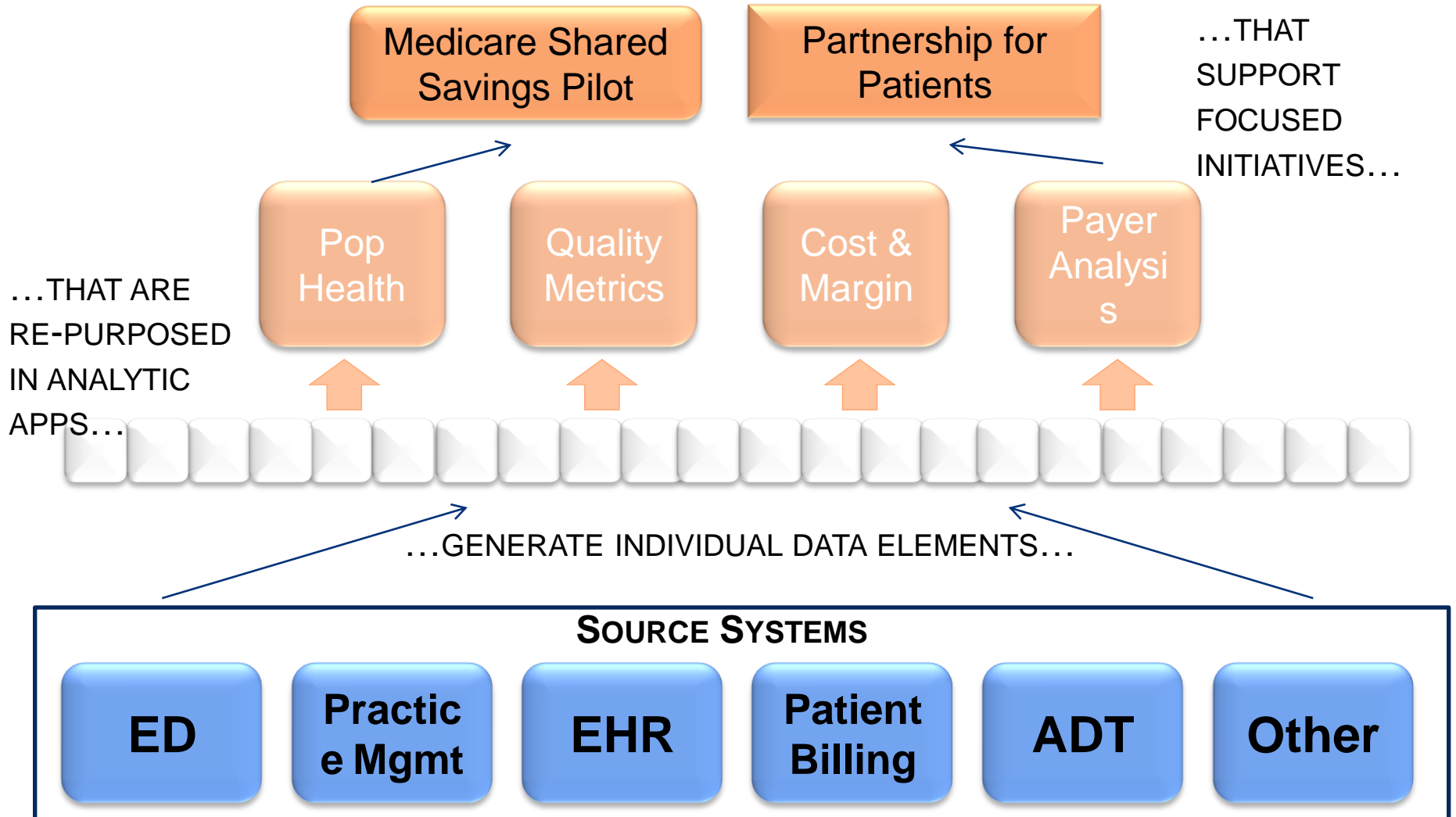
Health Analytics Maturity Model



The Journey from Volume to Value

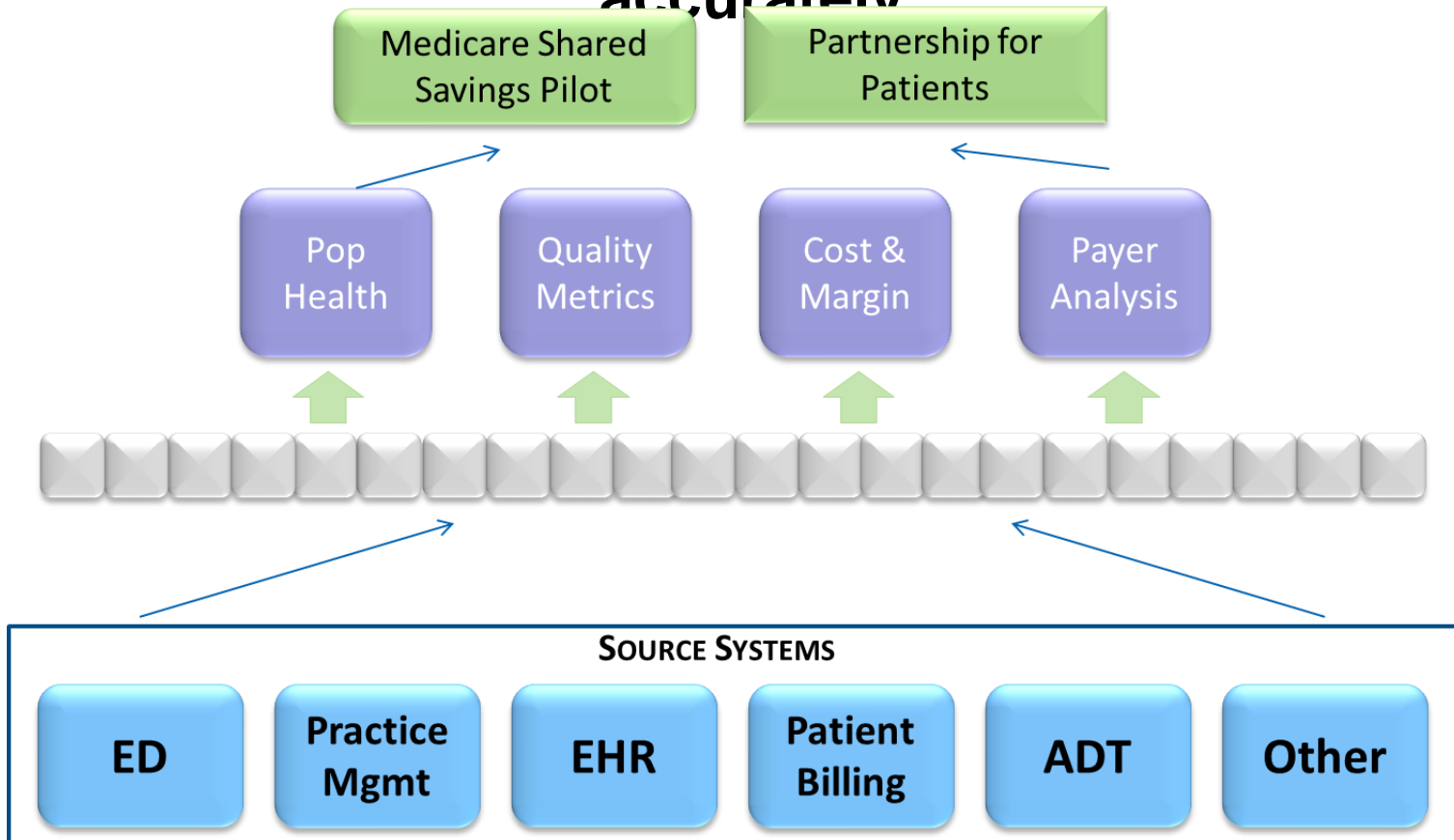


Anatomy of a Data Element – From Source to Re-purpose



Role of Data Governance

...to here consistently and accurately



Data governance makes sure data gets from

Multi-dimensional Assessment and Plan

Dimensions

1) Organizational Alignment

- Enterprise-level strategy
- Alignment of Business / IT strategic goals

2) Information Culture

3) Clinical Integration

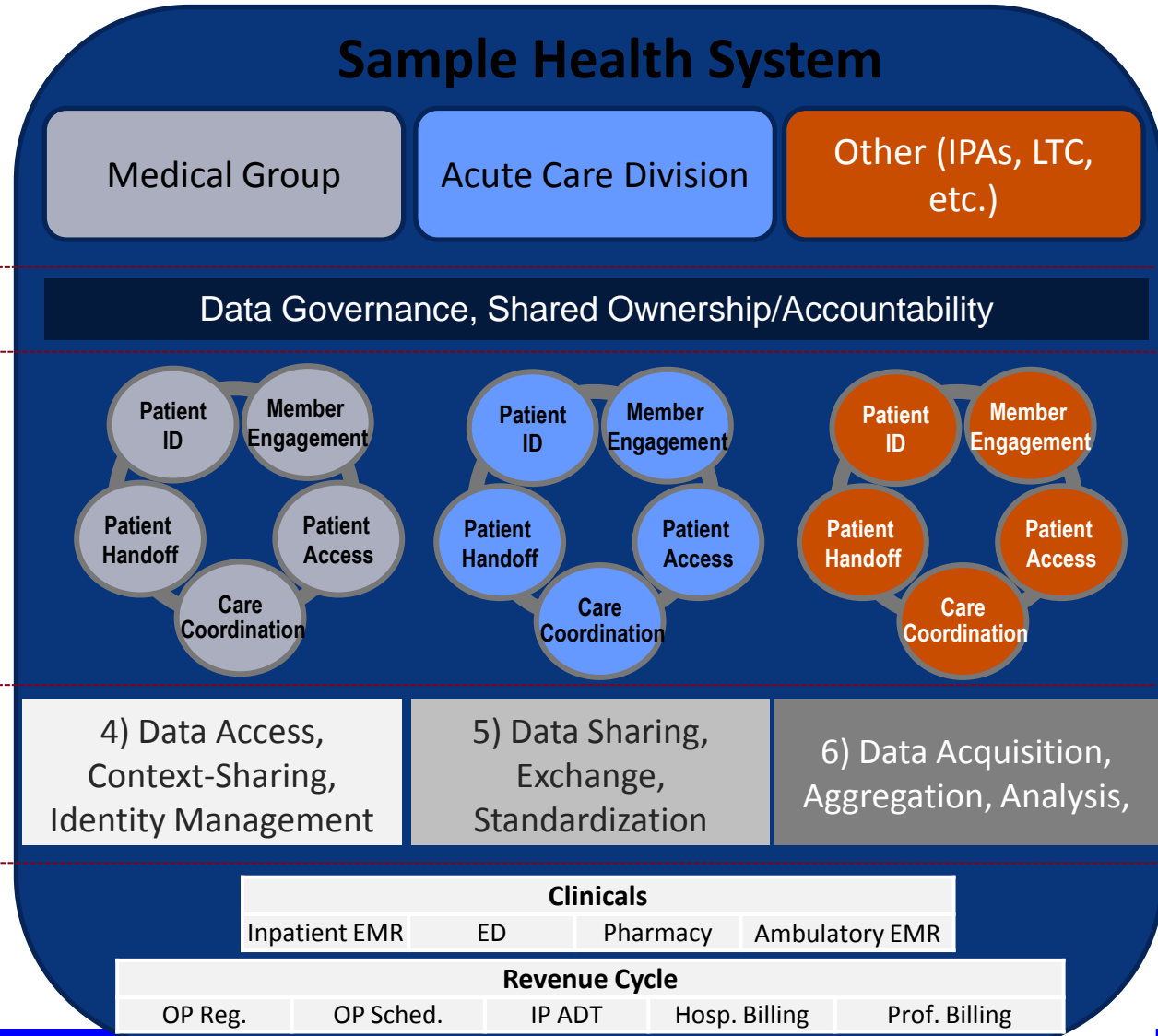
- Enterprise-level workflow optimization
- Cross-continuum care coordination
- External community linkages
- Patient-Centric Care

4) Front-End Integration

5) Health Information Exchange

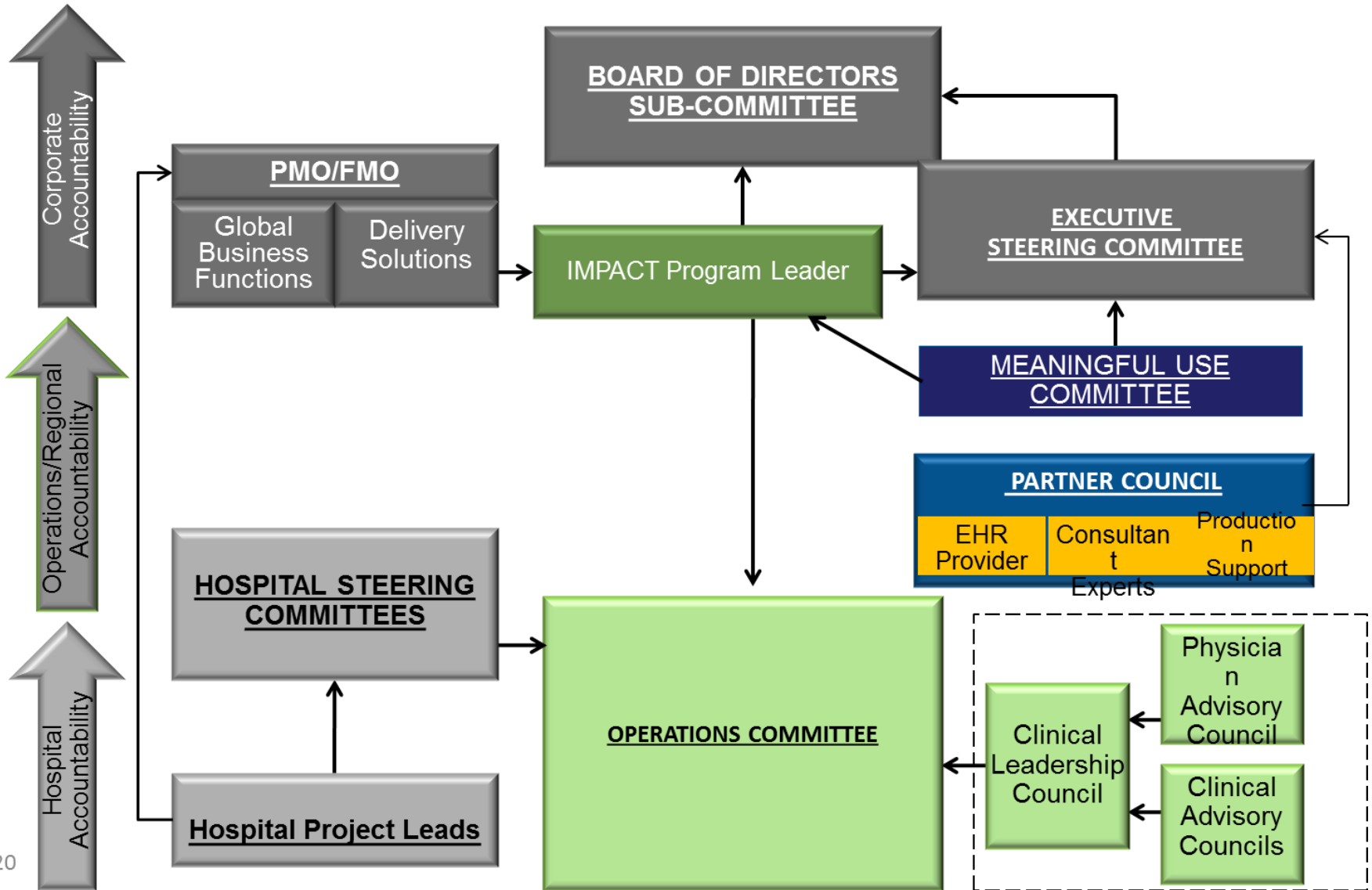
6) BI / Analytics

7) Core Systems Environment





A CASE STUDY



Based on an eMeasure foundation

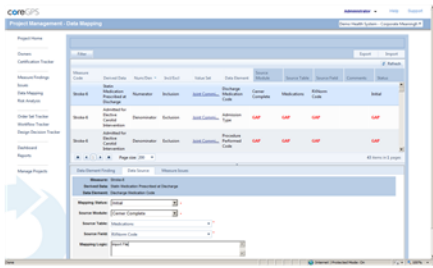
eMeasure (Stage 1) Requirements

Attest to CMS



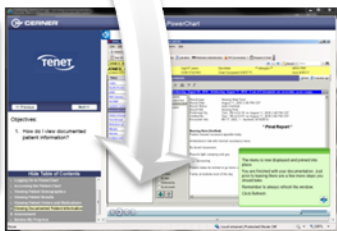
Drives – design decisions & build (workflow, data elements, order sets, content)

Data Tool



Provider Uses a Certified EHR

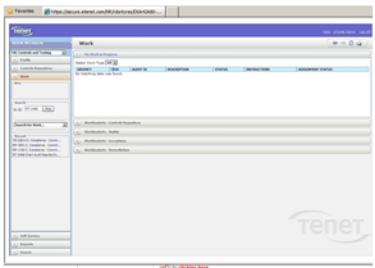
PBAR*
Cerner*
EDW*



Successfully passed CMS EHR Attestation Audit

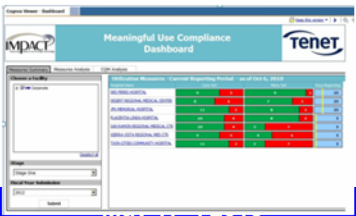
Document Compliance & Evidence

Attestation Documentation Module



Monitor & Track Compliance

eMeasures Dashboard



Data populates Enterprise Data Warehouse

EDW*

* Certified

Driving performance improvement: A Meaningful Use Dashboard



Cognos Viewer - Dashboard

Boberg, Carol [Log Off](#) [About](#)

Keep this version | Add this report



Meaningful Use Compliance Dashboard



Measures Summary | Measures Analysis | CQM Analysis

Choose a Facility

Corporate

[Deselect all](#)

Stage

Stage One

Fiscal Year Submission

2012

Submit

Utilization Measures - Current Reporting Period - as of Oct 6, 2010

Hospital Name	Core Set		Menu Set		Days Reporting
DES PERES HOSPITAL	9	5	9	1	35
DESERT REGIONAL MEDICAL CENTER	8	6	7	3	35
JFK MEMORIAL HOSPITAL	11	3	8	2	35
PLACENTIA LINDA HOSPITAL	10	4	8	2	5
SAN RAMON REGIONAL MEDICAL CTR	10	4	3	7	5
SIERRA VISTA REGIONAL MED CTR	9	5	4	6	5
TWIN CITIES COMMUNITY HOSPITAL	11	3	3	7	5

- Able to identify areas of risk in a timely manner and test PI process using EHR data
- Conduct root cause analysis
- Carry out improvement through training, communication, process change and/or system fix

12-Jan-2011

What's Next ...

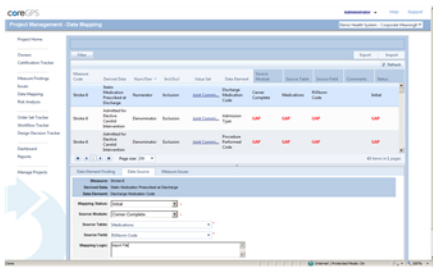


**Value based
Purchasing
Pay for
Performance
Initiatives**

**eMeasure
Requirements
Stage 2
VBP**

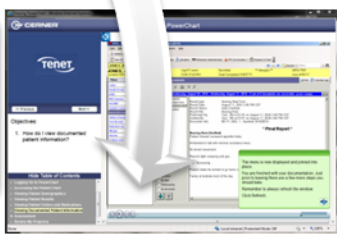
Drives – design decisions & build (workflow, data elements, order sets, content)

Data Tool



**Provider Uses a
Certified EHR**

PBAR*
Cerner*
EDW*



**Data populates
Enterprise Data
Warehouse**

EDW*

**Monitor & Track
Compliance**

eMeasures Dashboard

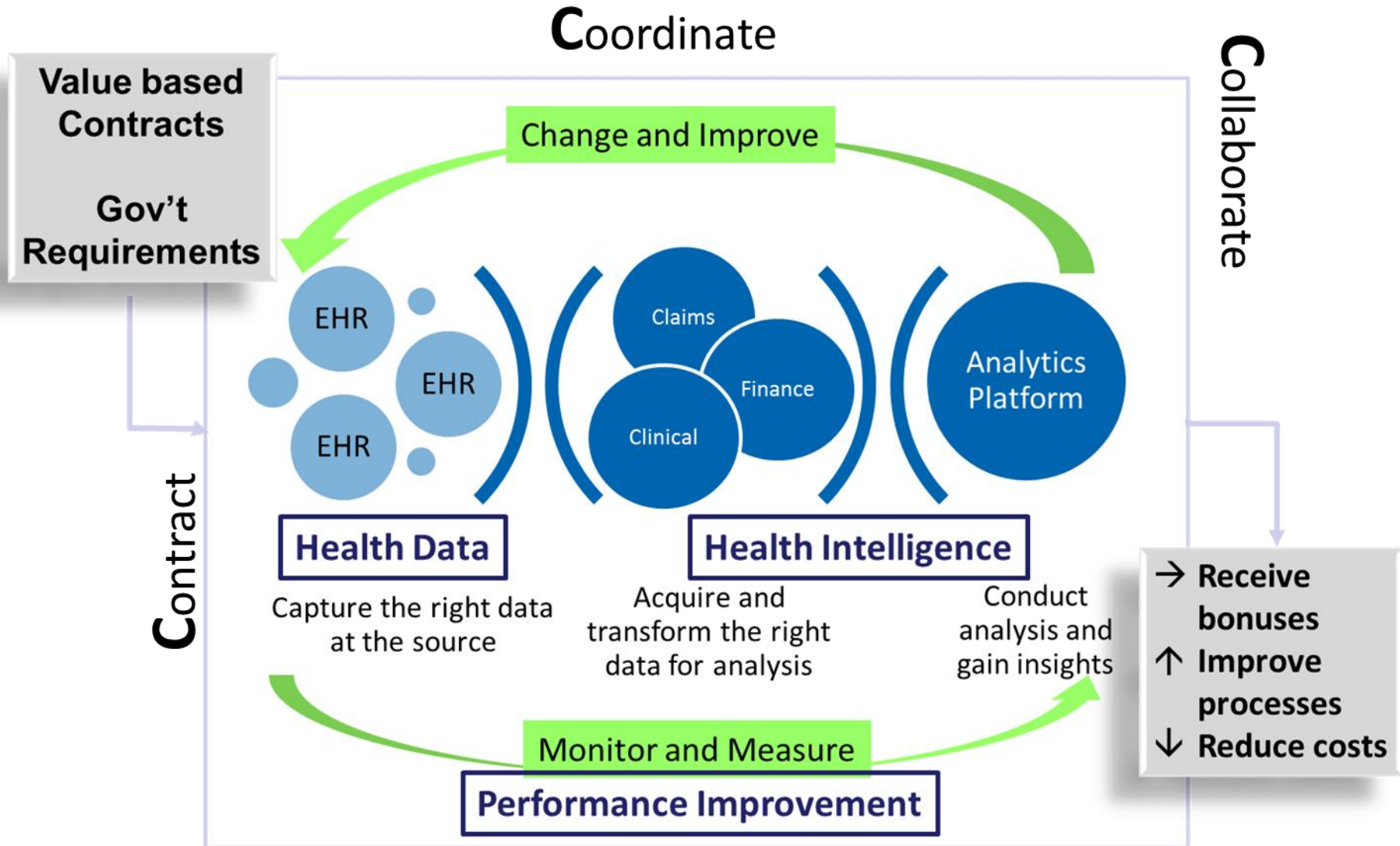


*Attest to CMS
Stage 2*

*Document
Compliance &
Evidence*

* Certified

The New Fundamentals



References:

White Paper: A World Evolving Toward Value

Video: eMeasures

<http://www.encorehealthresources.com/>

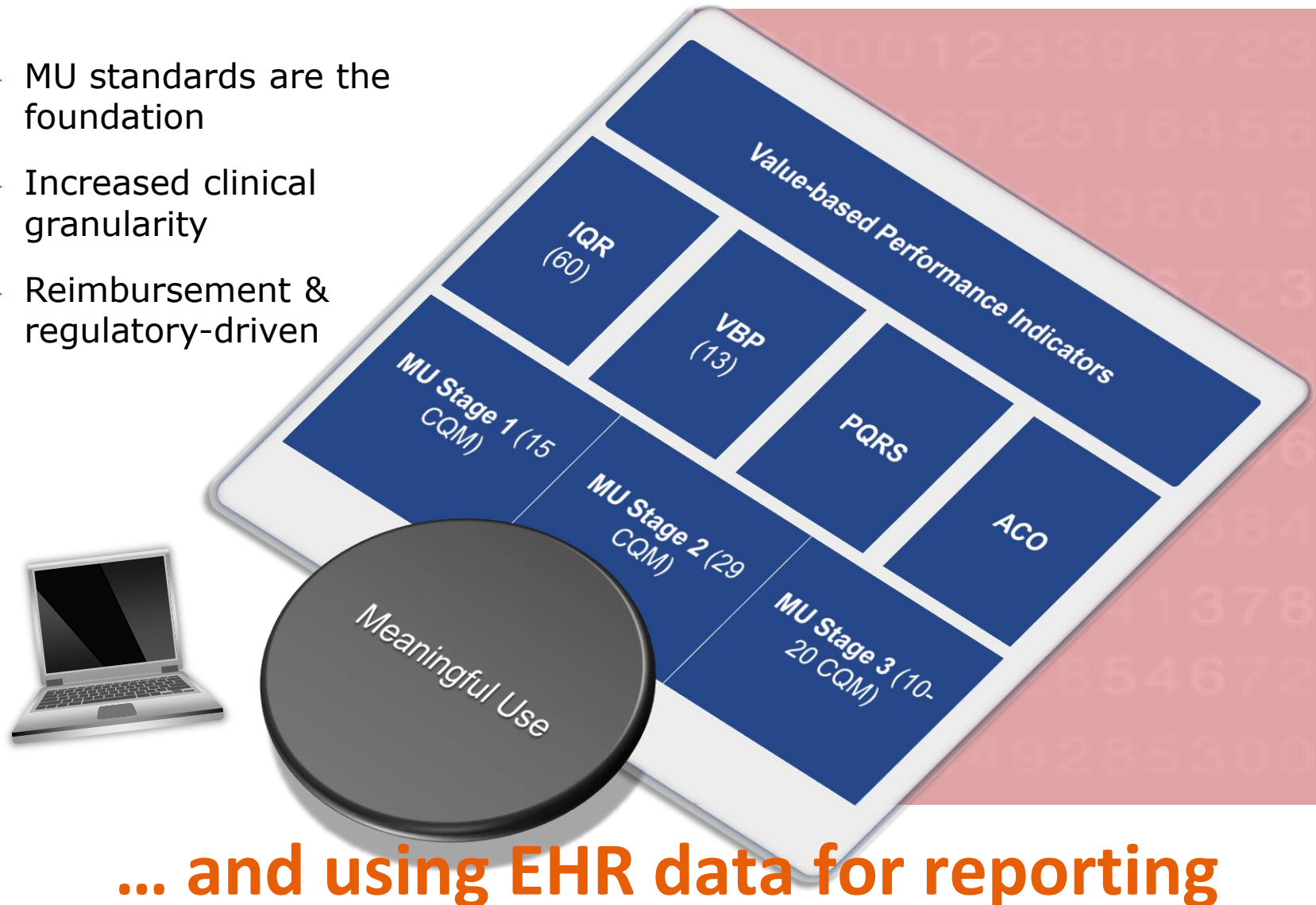
THANK YOU

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beckert@encorehealthresources.com

MU is the foundation for clinical eMeasures ...

- MU standards are the foundation
- Increased clinical granularity
- Reimbursement & regulatory-driven



... and using EHR data for reporting

Agenda

