

## "IT'S POPULATION-BASED IMPACT ON OUTCOMES AND INCOME"

# Speaker Bios



#### Peter Cummings, MS Biostatistics, BS Kinesiology

- Data Scientist, Integration & Translation
- Experienced in Population Heath Management, Analytics, and Data Governance
- Loves working with data and data solutions to better understand results for predicting and driving future outcomes



#### Loretta Khangura, MPH, BSN, CHTS-CP, PCMH CCE

- Data Translation & Practice Transformation
- Data Poet
- Decades of experience in Primary Care, Public Health, Health Informatics providing meaningful Business Intelligence to FQHCs to improve clinical processes and outcomes.
- Loretta's passion is playing with data to tell stories and solve every-day problems to improve health. The Potential

# Objectives

- Define at least two ways that your organization will benefit from a formal data governance structure and process
- Understand the unique roles and responsibilities of data governance versus data stewardship
- ☐ Identify at least 2 sources of data access and dashboard visibility and tools for best practices in meaningful visibility and how it empowers you to accelerate value-based transformation success

5/30/2019

#### **Answers**

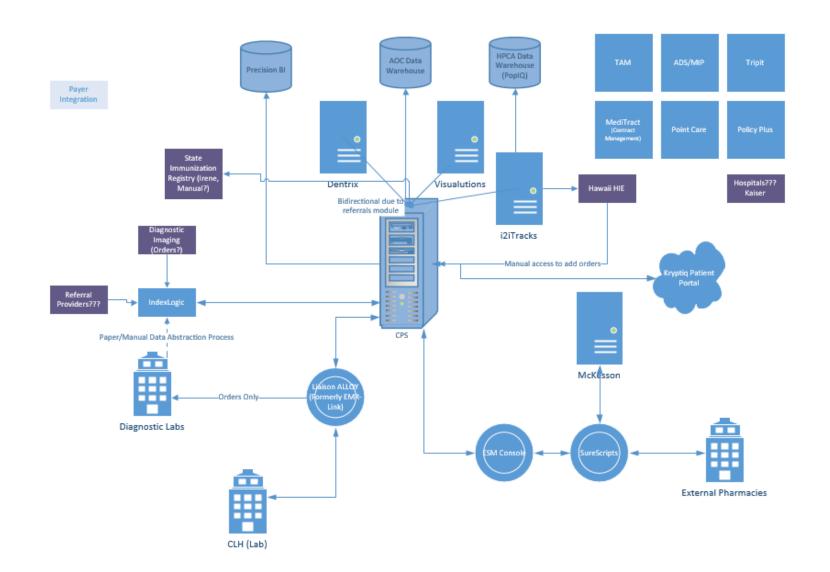
#### ■Ways you benefit

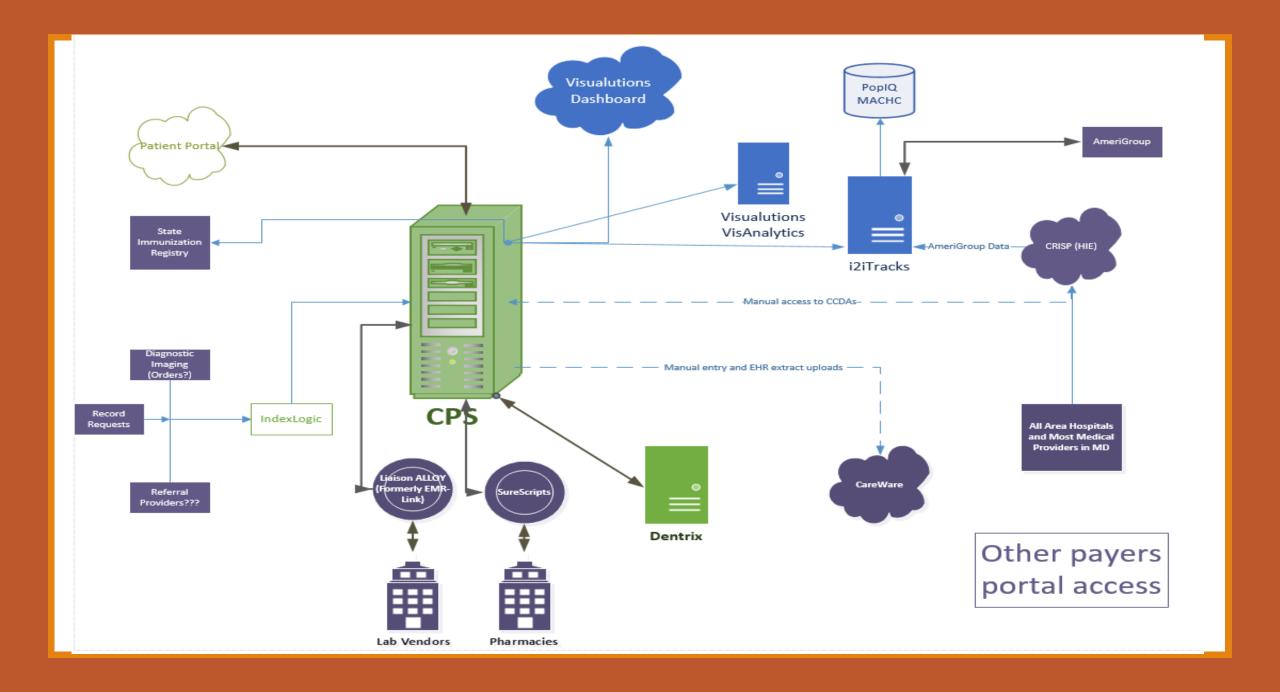
- Save money by reducing duplicate documentation and perpetual report validation and data clean-up (or questioning of the results that you are sharing)
- Valid, reliable access to information that you can share with external stakeholders to generate funding
- Valid, reliable information to help you grow and improve your business and care
- Valid, reliable information to share with internal stakeholders (staff and providers) to energize them by showing them the positive effects they are having on the patients they serve.

#### □ Data Governance versus Data Stewardship

- The big picture versus responsibility for individual data points for one key metric.
- □What tools do you have at your disposal?

But where is it?
Where does it come
from?
Where does it go?





# Why Data Governance?

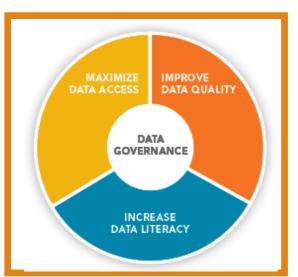
- ■How does this apply to our industry?
- □Whether its HEDIS or UDS or ACO, its all about the group giving money wanting to know if their money is well-spent and if they should continue to provide money that will make a difference in the health of the population being served.
- UDS contains the foundation of common concepts
- □What kinds of conditions are the most problematic for cost and outcomes in healthcare?
- Proving to funders that your patients benefit from coming to see





#### Data Governance

- ■What is data governance?
  - Data governance (DG) is the overall management of the availability, usability, integrity and security of data used in an enterprise. A sound data governance program includes a governing body or council, a defined set of procedures and a plan to execute those procedures.
- □Roles & responsibilities
  - Team
- ■Why is data governance important?
  - Mission and margin success

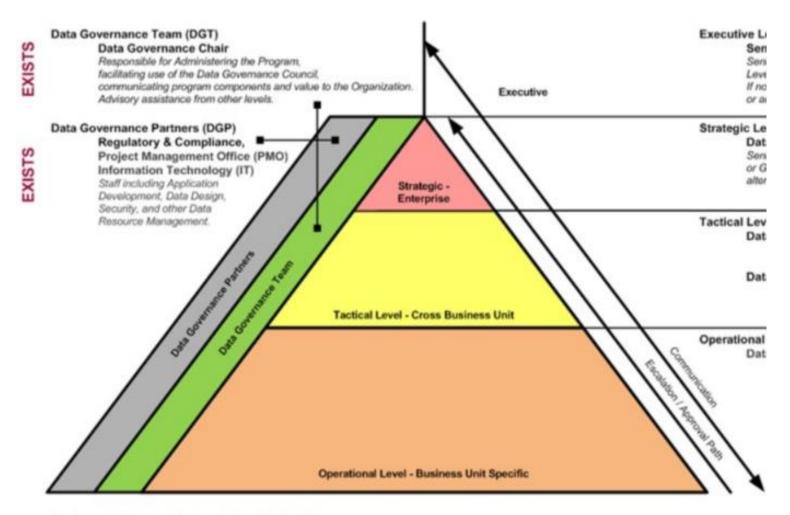








#### Data Governance Operating Model of Roles & Responsibilities



Levels of Data Governance

- Operational
- Tactical
- ✓ Strategic
- Executive

Developed by KIK Consulting - Last Updated 09/04/2013

### Data Governance – Job Title Examples

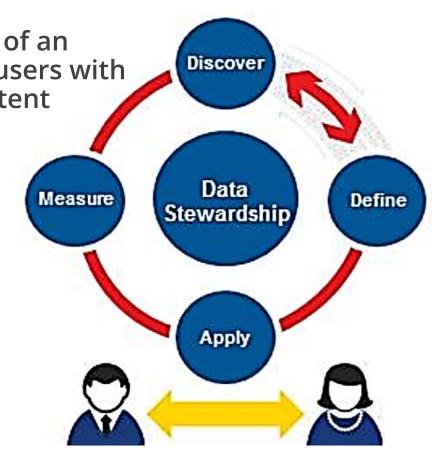
- **☑** Operational
- **✓** Tactical
- **✓** Strategic
- **✓** Executive

## Data Stewardship

■What is data stewardship?

 Data stewardship is the management and oversight of an organization's data assets to help provide business users with high-quality data that is easily accessible in a consistent manner.

- □Roles & responsibilities
  - Individuals
- ■Why is data stewardship important?
  - Mission and margin success

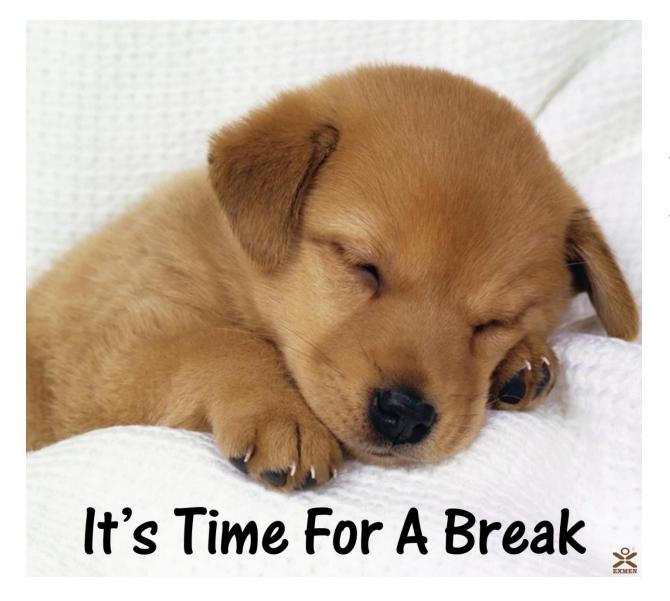


# Stakeholders & Metric Impact

- Measure definitions may vary based on stakeholder
  - Payers (HEDIS)
  - NCQA (PCMH)
  - HRSA (UDS)
  - CMS (Medicare ACO)
  - Promoting Interoperability Program (HIE, EHR...)
  - Internal (Quality and <u>Leadership</u>)

## Another way to think about it...

- □ Is the data reliable, accurate and available to support your organization's needs?
- □Are the applications to gather and use the data appropriate and available?
- □ Is the infrastructure to support and secure the applications and associated data appropriate and reliable?
- □Do all those that need access to the information have access to it with the appropriate level of security access?
- □Do all those that need to access information and/or interpret the data knowledgeable in the use of the applications they use?
- □Are we using the right application for the right work?



# **Break Time**

1:30pm to 1:40pm

Y'ALL' COME BACK NOW



Real vvolla Applications of Data Governance

# What Are We Measuring and Why?

#### HEALTH CENTER PROGRAM GRANTEE DATA

#### PROCESS (UDS – TABLE 6B)

Volume/Productivity (UDS-Table 6A)

- □BMI screening
- □Colorectal cancer screening

2020 UDS Proposed New Measures:

- □ Diabetes: Eye Exam (CMS131)
- □ Diabetes: Foot Exam (CMS123)
- □ Diabetes: Medical Attention for

Nephropathy (CMS134)

#### OUTCOMES (UDS – TABLE 7)

- □ Diabetes HbA1c poor control
- ☐ HTN control
- ☐ Baby birthweight

# Working w/Payers & Value-Based Contracting

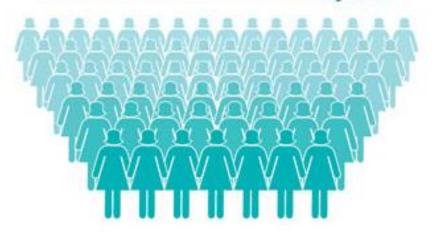
#### Stakeholders, Metric Visibility & Impact

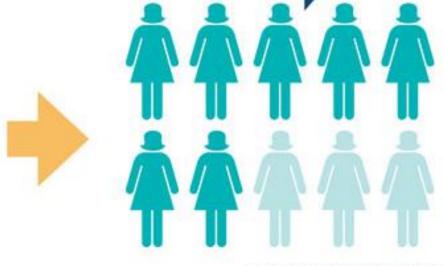
- □ Payer communication and expectations...
  - ☑ How to access data for required audience?
  - ☑ How to deliver data to required audience?

# Measure Definition Examples (who you see)

- ☐ Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (Line 12), CMS155v6
  - Measurement standard(s): eCQM = 3 vs. UDS = 1
  - No logical difference
  - Counseling for nutrition AND physical activity how are these documented and reported?
- ☐ Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Line 14a), CMS138v6
  - Measurement standard(s): eCQM = 3 vs. UDS = 1
  - Logical difference on when tobacco cessation must occur
  - Current tobacco user status with multiple data sources?

In 2012, 8 million women were not screened in the last 5 years.





7 out of 10 women

who were not screened had a regular doctor and health insurance.

SOURCE: Behavioral Risk Factor Surveillance System, 2012.

#### How HPV infection can lead to cervical cancer

It could take years to decades

Normal cervical cells

(Most infections do not

Precancers (May still go back to normal)

Cervical cancer

### - It's Time for an Exercise -

**Define CMS124v7** 

# CMS124v7 Cervical Cancer Screening

- ✓ Initial population
- Exceptions
- ✓ Exclusions
- ✓ Numerator definitions

# Measure Definition ... Examples...

**HOW MANY ELEMENTS CAN BE MAPPED TO A SINGLE CONCEPT?** 

### Who **IS** seen vs. **SHOULD** be seen?

#### <u>Cervical Cancer Screening (Line 11), CMS124v6 – Inclusion Criteria</u>

Women 23 through 64 years of age with a medical visit during the measurement period.

<u>NOTE</u>: Include women born on or after January 1, 1954, and on or before December 31, 1994.

<u>NOTE</u>: \* Use age 23 as the initial age to include in assessment. See Specification Guidance for further detail.

### Who you **SEE** vs. **SHOULD** see?

#### Cervical Cancer Screening (CCS) - Inclusion Criteria

Product Lines: Commercial, Medicaid (report each product line separately)
Ages: Women 23 - 64 years of age as of December 31 of the measurement year.
Continuous Enrollment:

- Commercial The measurement year and the two (2) years prior to the measurement year
- Medicaid The measurement year

Allowable Gap: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a M-caid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months (60 days) is not considered continuously enrolled).

Anchor Date: December 31 of the measurement year

**Benefit: Medical** 

**Event/Diagnosis: None** 

# Standard of Care vs. Metric Definition

- Leadership responsibility
  - Definition examples
    - —ADA for diabetes management
    - —JNC 8 for hypertension blood pressure control
    - —Add BCS due to ACS vs. USPSTF vs. UDS vs. HEDIS and how does an organization determine what their standard is vs. what they are required to report?
  - Quality monitors progress/status
  - Organizational level vs. site-level vs. team-level vs. individual provider performance
  - Calendar year vs. trailing year vs. quarter vs. month

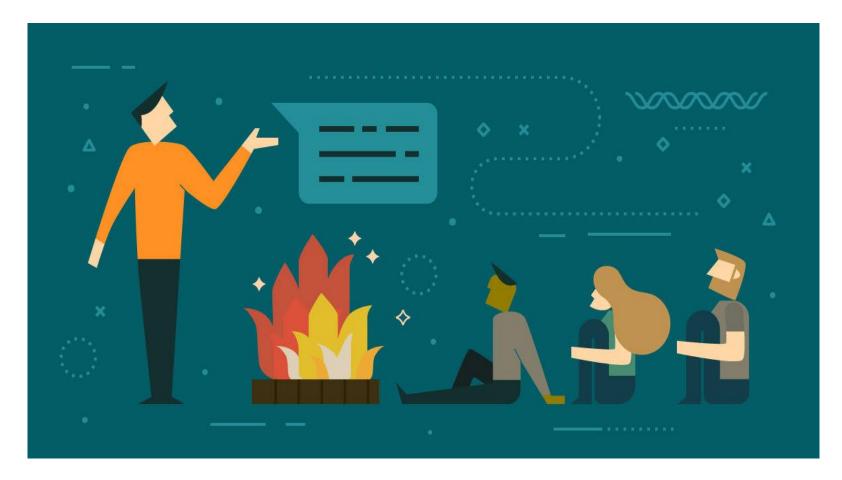
6/11/2019 24

#### Meaningful data is...

- ✓ Accurate
- **☑** Reliable
- **☑** Relevant
- **☑** Complete
- **☑** Timely

Practical, 9707 Perfect!

### Can My Data Tell a Story?



#### Data Governance & Stewardship Best Practices (examples of successes and failures)

- **☑**Understanding data platforms
- **☑**Understanding data definitions
  - —Elements & data sources
  - —Metrics
- **☑** Data maintenance
  - —Continuous monitoring
  - —PDSA
- ✓Where are you in your journey?
  - —Where to start?
  - —Achievable goals
- **☑**What's next?
  - —Expand successes and values



6/11/2019 26

#### Act Plan State objectives • Adopt, adapt or abandon Make predictions based on what was learned • Make conditions explicit • Build knowledge into next Develop plan (5W's, How) PDSA cycle Study Do • Complete analysis & synthesis Carry out the test under • Compare data to prediction in plan different conditions • Record under what conditions Document problems, could the result be different surprises, and observations • Summaries what Begin analysis was learned

# Quality Improvement: Be Strategic

#### PDSA Breakout Session – 15 mins

#### PDSA design

- 1) Which quality measure needs improvement? Why? What difference will it make to your patients or the financial health of your organization?
- 2) What are you going to improve in the data? (accuracy, relevancy, reliability, completeness or timeliness)
- 3) What changes are you going to test and how will you measure the results of the change?
- 4) Have one team member designated to present a brief summary of your PDSA

6/11/2019 28

#### Accelerating Value-Based Care Coordination

#### Setting strategic priorities

- ■Whole-person data collection & community involvement strategies
  - Improving patient outcomes
  - Reducing/avoiding unnecessary costs
- Optimizing reimbursement models
  - Measure crosswalk
  - Setting priorities
  - Standardization

# Leveraging Technology

- □ Software solutions
  - Integration
    - —Mapping/configuring
  - Migrations and impact (EHS, general)
    - —Re-mapping/configuring, other considerations
  - The right tool for the job?
  - Azara
- Software utilization and enhancement
  - CPT II code automation
  - Form & template development & maintenance
  - Reports & Dashboards
    - —How to interpret, represent and present different data/data sets appropriately



# Leveraging Technology –EHR Migration

Example – *Greenway's Accelerated SuccessEHS Migration* 

- ■New system?
  - Migration and ongoing support considerat
- □ Data backload?
- ■Data backup?
- Hardware/software requirements
- Reconfiguration
  - Internal
  - External
- Interfaces



6/11/2019 31

# How HIC can help you...

We can provide you with advanced capabilities resources and multi-level industry experience to help formalize and navigate the pathway to a successful SuccessEHS to Intergy/Other EHR migration

- 1) Provide insight and weigh priorities that help put practices on the right path to migration success (i.e. understanding key features and value-add, hosted vs on-premise, lessons learned/referrals, etc.)
- 2) Help establish realistic expectations and facilitate team readiness to migration success
- 3) Help minimize practice disruptions caused by migrations/transitions to other EHRs
- Work with teams to develop and execute on a promising best practices migration project plan
- 5) Work with teams to develop a customized transition timeline and facilitate stakeholders readiness for migration and innovation success
- Facilitate and drive integration/conversion success (practice, financial, clinical, document/imaging)
- 7) Engage and/or support meaningful contact negotiations empowering clients
- 8) Prepare practice and teams for go-live readiness

# Leveraging Technology – Azara

- Data access!
  - Now what?
- Data sharing
  - Considerations
    - —Across an organization
    - —Across a network of organizations

### **Data Dictionary**

- ☐ How does your vendor give visibility to what is mapped where?
- ■Within the application?
- □PDF document

#### **Table of Contents**

1 Contexts	5
Appointment Patients	5
Clinical Patients	5
Financial Patients	5
Claims Summary	5
2   Object Definitions	6
•	
Immunizations	
Contraindications	
Immunizations Inventory Tracking	
Varicella History	
Medications	8
Discontinue Reason	11
Medication Renewal	11
Allergies	12
Medications Route	
Medications Deleted	
Sample Details	
HIV/AIDS Tx	
Medication Requests	
CCHIT	15
Problems - Diagnosis	15
Encounters for a Specific Problem	17
Orders	18
Orders  Delinquent Orders	
	20
Delinquent Orders	20
Delinquent Orders	20 21
Delinquent Orders Order Attachments Deferred Orders Patient Data	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags Deferred Consults	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags Deferred Consults Patient Demo	
Delinquent Orders Order Attachments Deferred Orders  Patient Data Order Flags Deferred Consults Patient Demo Orders Not Performed	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags Deferred Consults Patient Demo Orders Not Performed	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags Deferred Consults Patient Demo Orders Not Performed HL7 Errors	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags Deferred Consults Patient Demo Orders Not Performed	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags Deferred Consults Patient Demo Orders Not Performed HL7 Errors	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags Deferred Consults Patient Demo Orders Not Performed HL7 Errors	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags Deferred Consults Patient Demo Orders Not Performed HL7 Errors Vitals Notes	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags Deferred Consults Patient Demo Orders Not Performed. HL7 Errors  Vitals Notes Results Encounters	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags Deferred Consults Patient Demo Orders Not Performed HL7 Errors  Vitals Notes Results Encounters	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags Deferred Consults Patient Demo Orders Not Performed. HL7 Errors  Vitals Notes Results Encounters Unlocked Encounters Clinical Note	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags Deferred Consults Patient Demo Orders Not Performed. HL7 Errors  Vitals Notes Results Encounters Unlocked Encounters Clinical Note Element Review	
Delinquent Orders Order Attachments Deferred Orders Patient Data Order Flags Deferred Consults Patient Demo Orders Not Performed. HL7 Errors  Vitals Notes  Results Encounters Unlocked Encounters Clinical Note Element Review Clinical Summaries	



**Greenway Success Practice Analytics** 

# Telephone Calls...... Message Log..... Telephone Calls 7.0 Changes..... Flags Misc Index

#### Success Practice Analytics: Data Dictionary - Clinical

Transition of Care/Referral41	
Care Anywhere42	
Round Module	
PDA 43	
ACOG43	
OB History	
Antepartum Monitor	
Medcin	
Progress Notes Generator47	
New Drug Category	
First Data Bank	
EHR Requests	
Questionnaire	
Patient Time Tracking	
Ryan White	
Antepartum Info	
Demographics	
Funding Sources	
Screenings	
Tests	
Services	
Users53	
Patient Portal54	
PCMH Reporting55	
CEM	
PCMH Clinical Summaries	

#### **Table of Contents**

Patient

Doctor of Record..... Chart Numbers ......

Pat Address.....

Pat Codes......
Pat Default Guarantor......

Def Guar Demo.....

Def Guar Address....

Def Guar Alt....

Other Chart Numbers ......

Pat Alt Address ..... Pat Birth Info.....

Def Guar Employer ......

Def Guar Flags ......
Pat Emergency Contact 1 ......

Pat Guardian.

Pat Rec Keep .....

Patient Privacy/Consent

Pref. Method of Communication .....

Pat Misc Demo.....

Patient Balances

Pat Emergency Contact2 ..... Pat Contacts ..... Pat Father

Pat Active Policies...

Patient UDS.....

Privacy .....

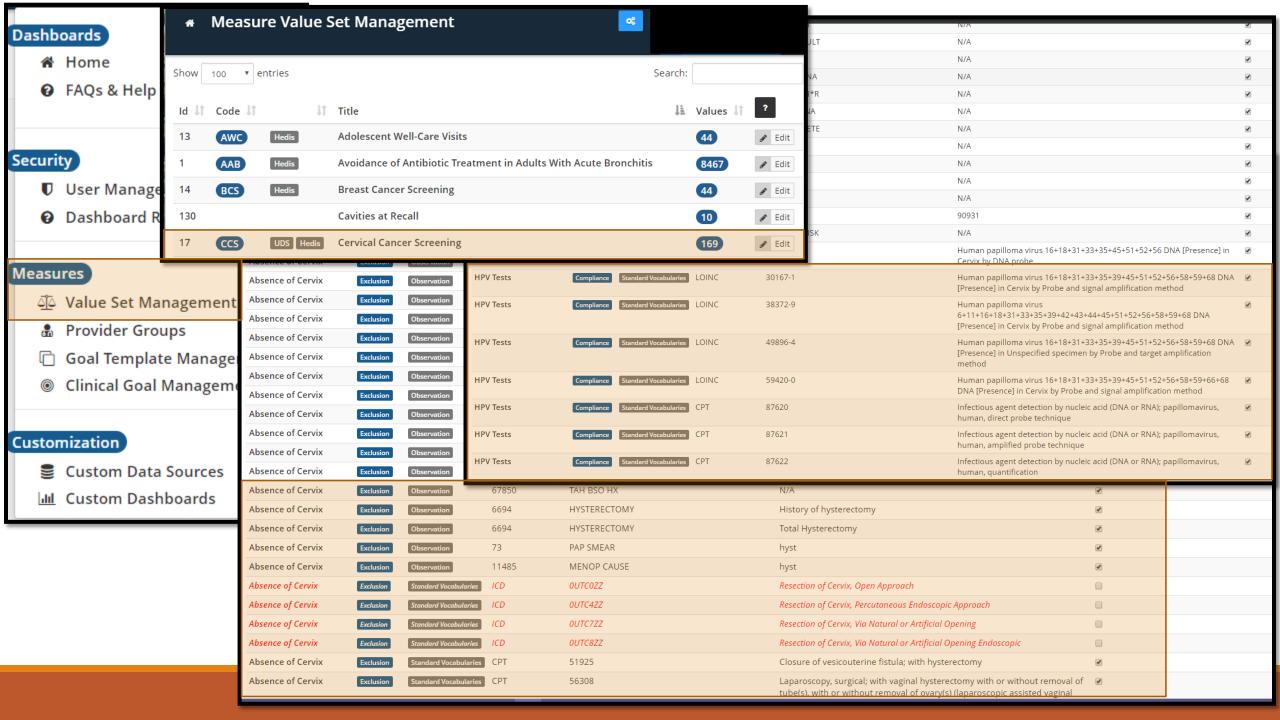
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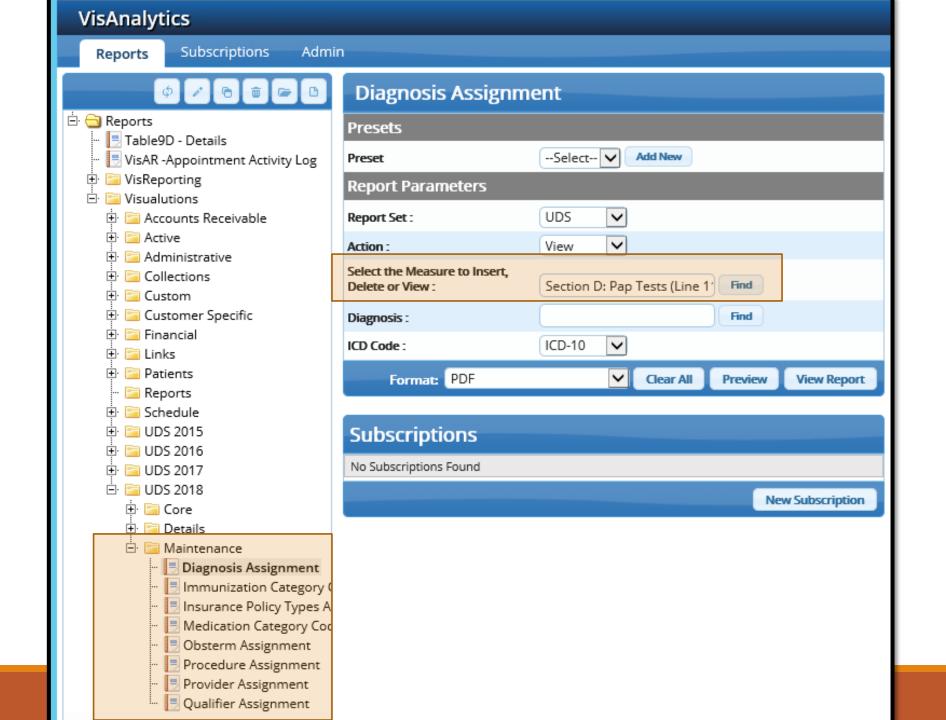
1	Contexts
	Appointment Patients
	Clinical Patients
	Financial Patients
	Claims Summary
2	Object Definitions
Data	base
Auth	orizations
Acco	unting Periods and Dates
	Period Detail
	With Assoc Pmts/Adj/Rev
	Acct Period Misc
	Financial Class Detail
Visits	s (Claims)
	Visit Diagnosis
	Visit Admission Data
	Claim Data
	Claim Errors
	Policy Details
	Claim Measures
	Prof Data
	Inst Data
	Dental Data
	NJ EPSDT
	Primary Insurance
	Primary Policy Details
	Secondary Insurance
	Secondary Policy Details
	Tertiary Insurance
	Tertiary Policy Details
	Visit Referring Provider
	Referring Provider Addresses
	Visit Other
	NJUCB NJUCB Diagnoses
	-
	Visit UDS Claim Filed History
	Filed Claims
	Provider Numbers
	Transaction (TCN) Detail
	Visit Exam Provider
	Visit Exam Provider Address
	Visit Exam Provider Contact Info
	Visit Exam Provider Record Keeping
	Visit Exam Provider IDs

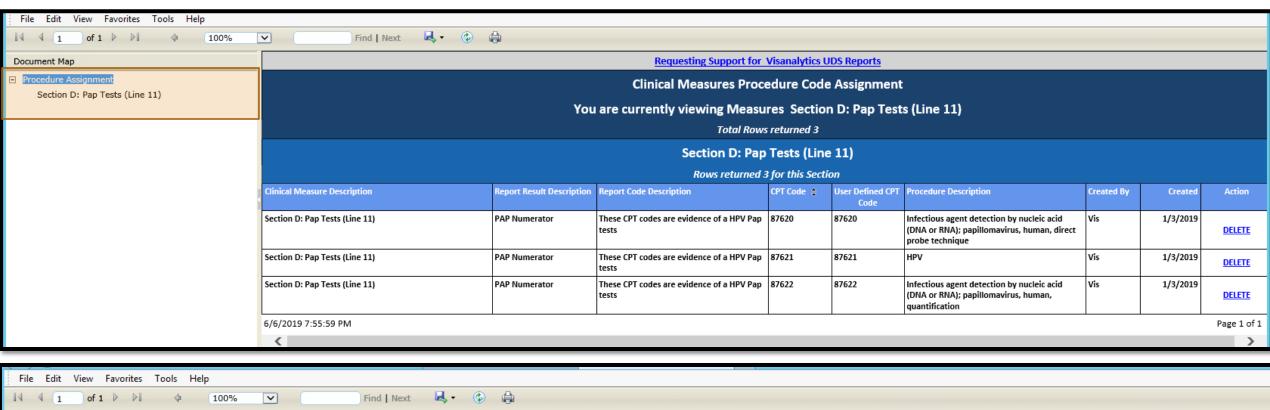


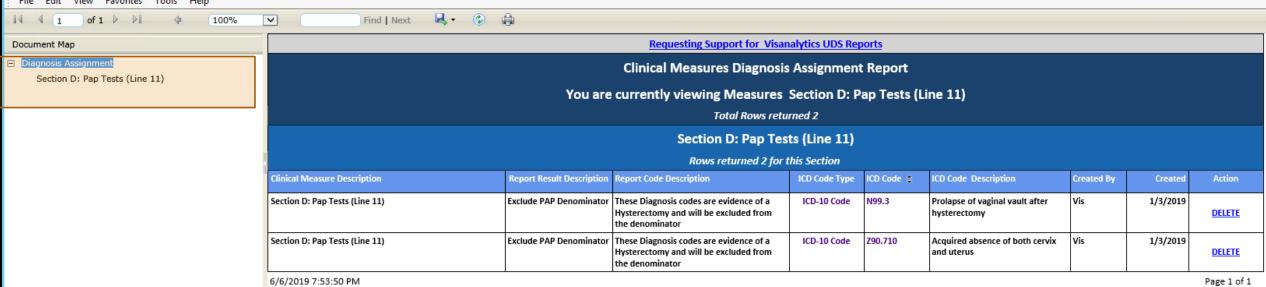
**Greenway Success Practice Analytics** 

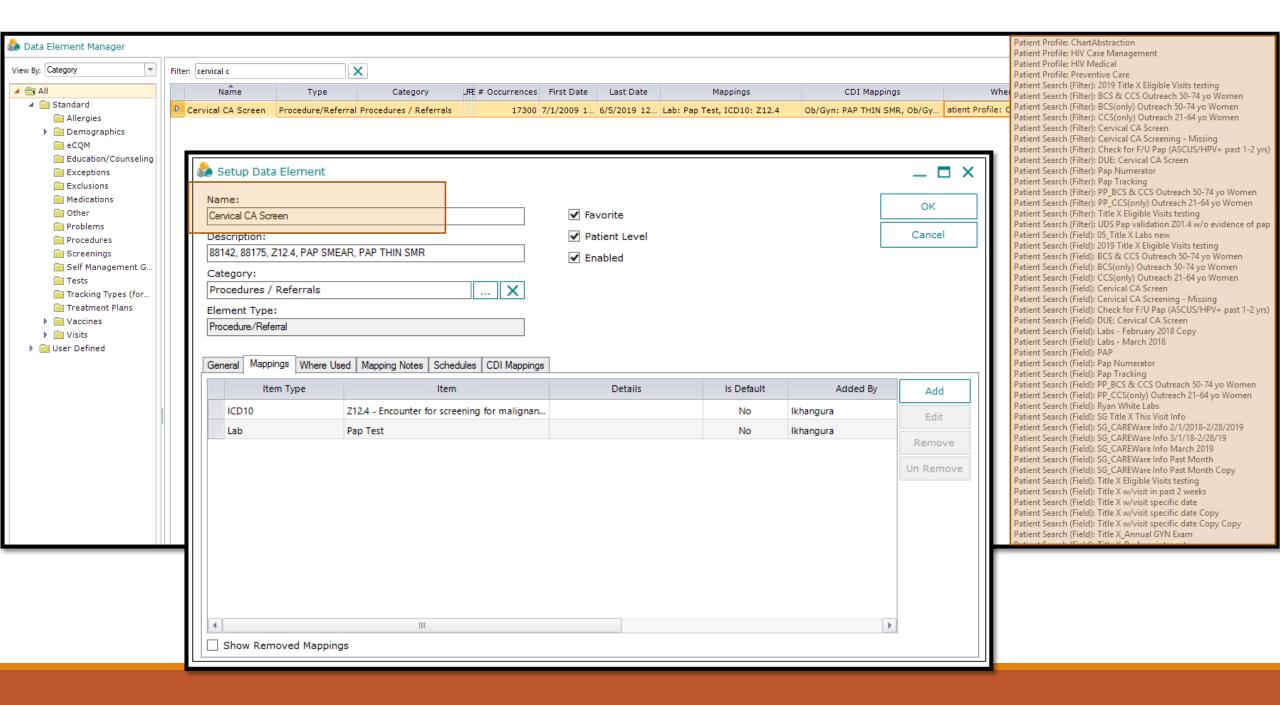
# Success Practice Analytics: Data Dictionary Practice











# Leveraging Technology – Innovation and Automation (example ... Why Automate CPTII Codes)

#### **HEDIS** Misses:

- Claim has incorrect diagnosis code
- Exclusion diagnosis code is omitted on claim
- Claim does not indicate test was done during the measurement year
- Claim will not provide result

#### **QCPT II Codes:**

- Decrease administrative burden of office staff during HEDIS Season
- Internal CQI
- P4P programs and incentives

#### □CPT II Code Automation

Ensures efficient entry of CPT II codes and reduces documentation burden

6/11/2019 41

# Addressing Emerging Issues (Example OUD)

Overcoming the Challenges and Barriers of Opioid Use Disorder

- Opioid use has become a national crisis
- Providers must be able to access patient opioid use prior to prescribing these medications
- □Some EHR systems are able to launch reports directly from the patient's chart
  - i.e. Appriss can be accessed directly from the NextGen Medication Module
  - Evidence of this report is captured within NextGen's Advanced Audit tool

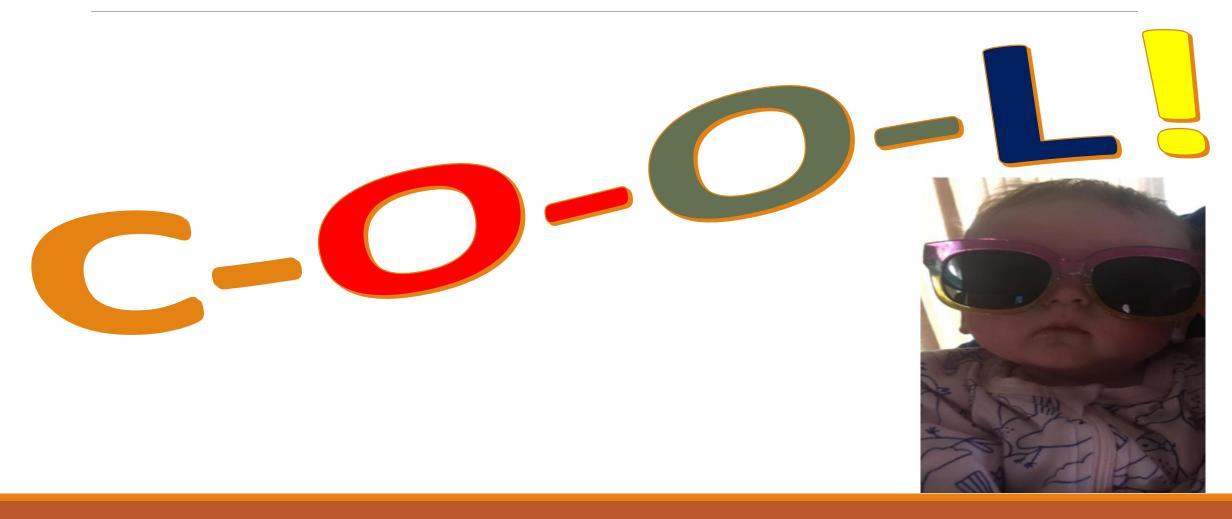
6/11/2019 42

# Did we Meet our Objectives?

- Define at least two ways that your organization will benefit from a formal data governance structure and process
- Understand the unique roles and responsibilities of data governance versus data stewardship
- ☐ Identify at least 2 sources of data access and dashboard visibility and tools for best practices in meaningful visibility and how it empowers you to accelerate value-based transformation success

5/30/2019 43

# In closing, "Data Governance Can Be..."



6/11/2019 44

# Q&A – 10 mins

6/11/2019 4



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6/24/2019 46