

THE HEALTH  COLLABORATIVE

CHT-Innovation Pilot Summary

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VISION

To make health and healthcare a competitive advantage for Greater Cincinnati and the communities we serve.



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Goals

- Produce clinical data reporting with cost; specifically:
 - CCD and/or QRDA
 - Which measures could be produced
 - Simple data collection
 - Scalable & automated solution
 - Patient matching
 - Benefits and limitations

Goals - continued

- Providing information to consumers
 - Identify how to best display value – quality and cost together
 - Vet this proof of concept with key advisors

Current Environment

- Public Reporting
 - Yourhealthmatters.org
 - Manual process
- Health Information Exchange (HIE)
 - Robust technology stack but no eCQM solution

Clinical Data Format Analysis

Function	QRDA Cat I	CCD
MU Requirement for EHR to generate	Yes	Yes
Simple for EHR to configure	No	Yes
Less Privacy Issues	Yes	No
Ability to generate multiple measures per document type	No	Yes
Ability to use document for many other uses	No	Yes

Clinical Data – “Digital Exhaust”

- Source: Health System utilizing Epic
- DIRECT method utilizing existing MirthMail
- Approximately 6,000 CCD's daily
- CCD's extracted, processed against MPI and stored for later use

Cost Data – Custom Work

- Source: Self insured health system
- Custom flat files for
 - Member file
 - Claims files
- sFTP collection
- Files processed against MPI and stored for later use

eCQM Processing

- Open Source / Freely Available Tools
 - **Measure Authoring Tool** – author eCQM to produce HQMF
 - **Value Set Authority Center** – official vocabulary sets
 - **BONNIE** – eCQM testing tool
 - **Cypress** – MU testing tool
 - **popHealth** – eCQM engine

eCQM + Cost Combining Process

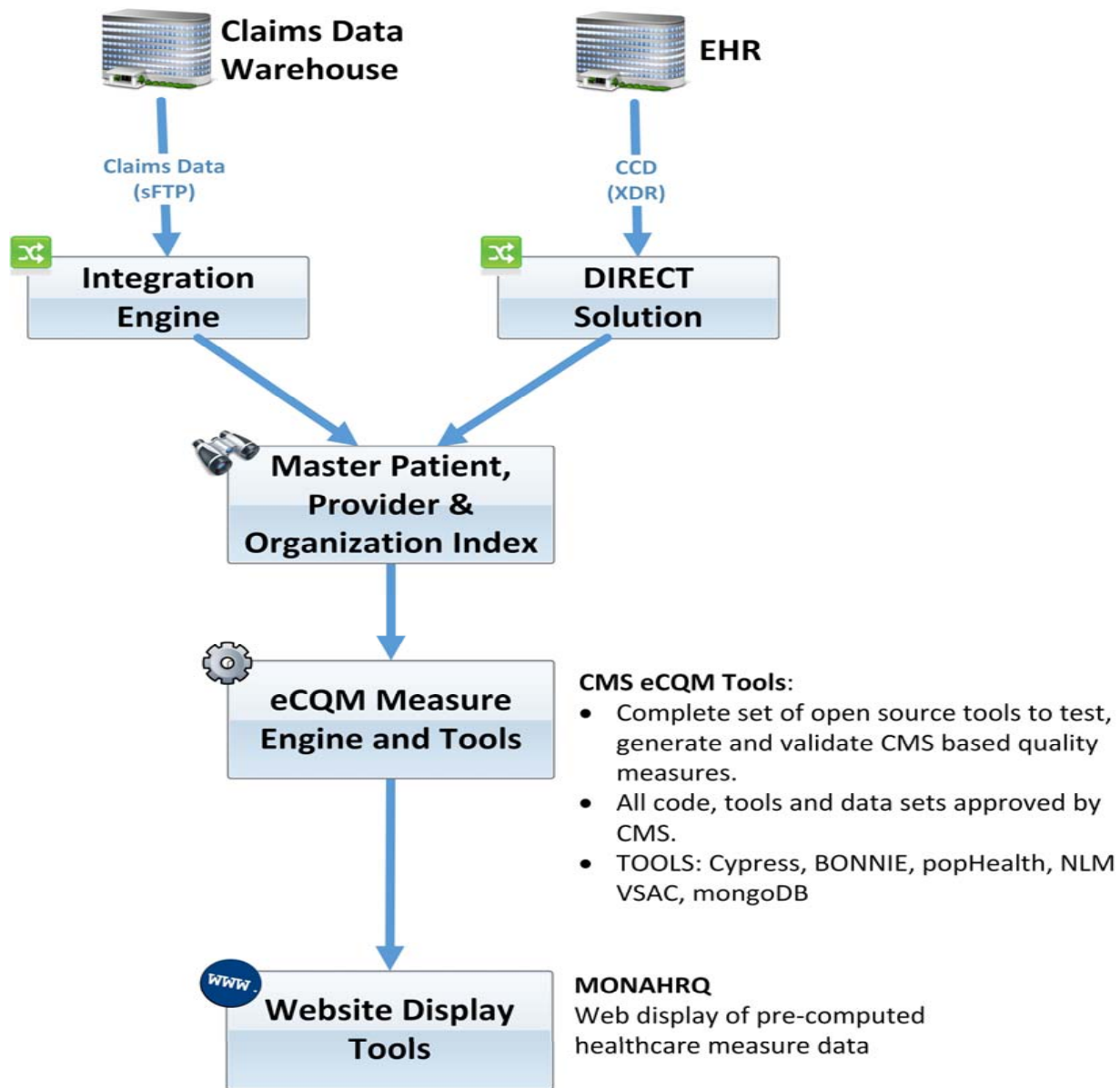
1. Generate the measure
2. Locate the Enterprise Patient ID in numerator and denominator
3. Locate EID from Cost data set
4. Include cost in measure

Measure Summary by Practice

Location	% of Patients with HBA1C > 9	Average Cost Per Patient with HBA1C > 9
Outpatient Clinic	2%	\$1,346.68
Family Practice Clinic	4%	\$1,031.97
Primary Care Clinic	10%	\$5,526.19
ALL CLINICS	5%	\$3,645.05

Consumer Display - MONAHRQ

See how your selected Practices compare for ratings:				
				
<small>> Where do these ratings come from? Practice ratings for your selected practices (last updated on Thu, 01/02/2014 - 11:06)</small>				
	Health Topic	Quality of Care	Cost of Care (least = \$)	Patient Experience
Practice A	Diabetes Care	 AVERAGE	\$	 BELOW AVERAGE
Practice B	Diabetes Care	 BETTER THAN AVERAGE	\$\$\$	 AVERAGE
Practice C	Diabetes Care	 BETTER THAN AVERAGE	\$\$	NOT ENOUGH DATA TO REPORT



Findings – the good

- CCD is a very good, multi-use source to generate quality measures. We were able to generate 93 CMS measures with this data set.
- Freely available software DOES exist for critical components eCQM processing & display

Findings – room for improvement

- Obtaining legal agreement for this reporting is challenging
- Some commercially available software was required
 - MPI
 - Data normalization
 - DIRECT
- While freely available software is available, there is risk of lack of future development