

# ONLINE

USER GROUP MEETING

Mandalay Bay, Las Vegas | November 1-4, 2015

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Presenter(s):

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Steve Leatt

Topic

**How To Use Your NextGen Ambulatory EHR Data to Enhance the Patient Provider Relationship and Improve Population Health**

Level

101

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# Wayne State University Physician Group (WSUPG)

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# Who is WSUPG...

*The largest multispecialty physician practice group in Southeast Michigan with more than 2000 affiliated physicians providing primary and specialty care.*

# Why is this so Important???

The Medicare Fee Payment Schedule for provider's payment is rapidly changing.

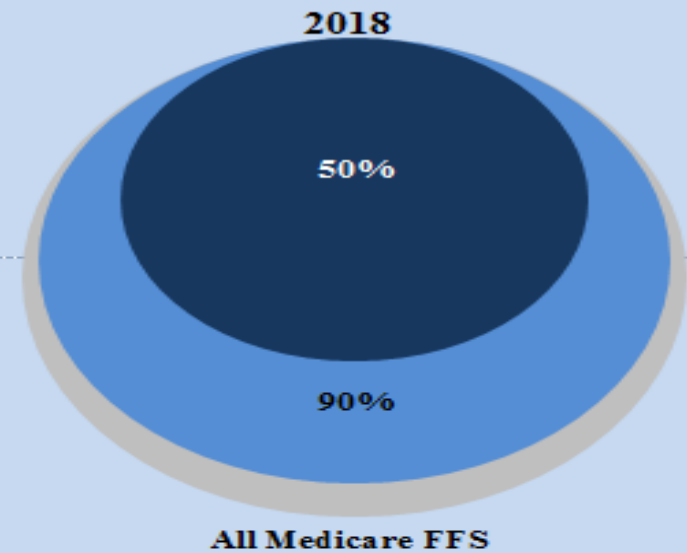
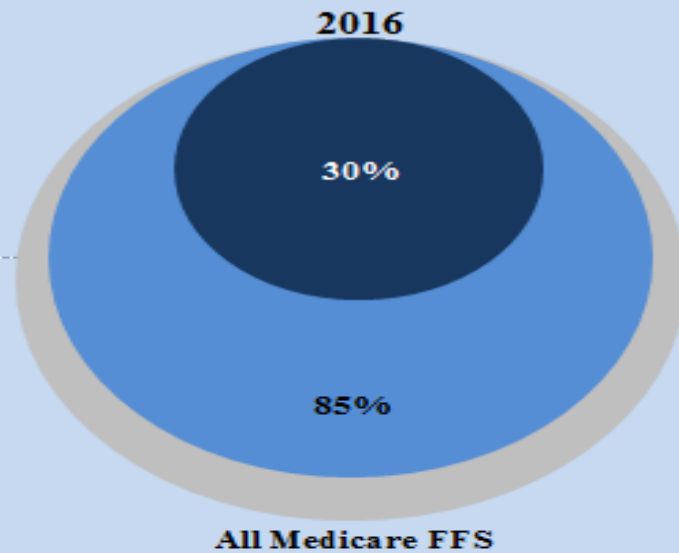
Per CMS, the Medicare Fee for Service Payment schedule will be tied to quality...

- 2014 at a **20% rate**
- 2016 at a **85% rate**
- 2018 at a **90% rate**

# Why is this so important?

## Target percentage of Medicare FFS payments linked to quality and alternative payment models in 2016 and 2018

- All Medicare FFS (Categories 1-4)
- FFS linked to quality (Categories 2-4)
- Alternative payment models (Categories 3-4)



# Impetus for Change

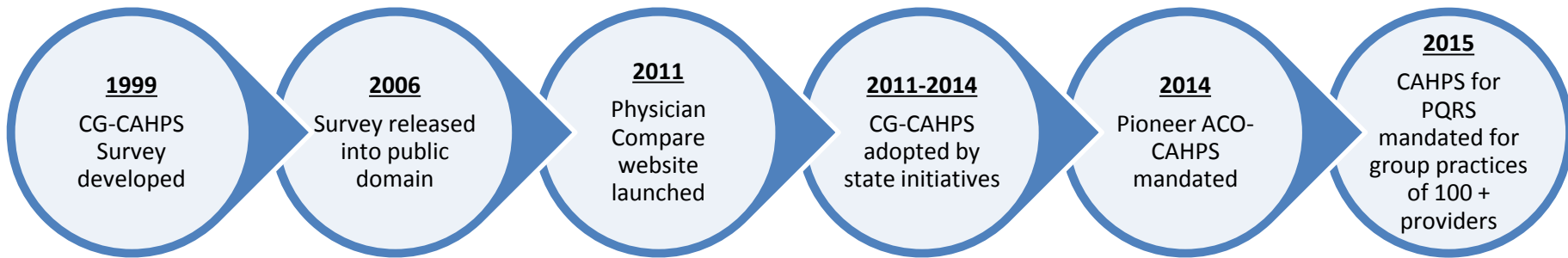
Provider behavior increasingly influences BCBSM, BCN, and Blue Cross Complete success

- Revenue influenced by appropriate coding
- Revenue and/or rankings depend on performance on Healthcare Effectiveness Data and Information Set (HEDIS) and Clinical and Group Consumer Assessment of Healthcare Providers and Systems Measures (CG-CAHPS)
- Individual market more easily influenced by physician preference
- Medical expense trend management, always important, increasingly so in more competitive market, as well as discount erosion





# CG-CAHPS Program Timeline



\*Currently in play for reporting phase, with pay for performance coming next.

Accountable Care Organization ( ACO)  
Physician Quality Reporting System (PQRS)

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# WSUPG Proposal: Clinical Analytics for NextGen

A proposal to invest in a solution that will fill a critical gap to analyze data and build a framework for reporting EMR data from NextGen while leveraging the significant investment in our current Business Intelligence (BI) tools

# The WSUPG team...

The LPA Clinical Analytics Implementation Team consists of:

- Quality Subject Matter Expert (SME) – Me!
- Technical SMEs – Head of the Data Warehouse/BI Team
- Data Warehouse Team
- EMR Team
- Project Management Office - Project Manager
- Data Quality Assurance Team
- IT Leadership – CIO, Deputy CIO
- Junior Sponsors – Manager Informatics, Manager Business Analytics
- Senior Management Sponsors – CEO, VP of Quality & Patient Safety
- Clinical Leadership and front line staff
- Clinical Consultant – Vice Chair of Family Medicine

Robust Cross  
functional  
Project Team

Wide  
leadership  
support and  
engagement

Clinical  
team



# Business Problem That Needed A Solution

- Up until late 2014, UPG could not adequately extract appropriate clinical, quality and physician performance data from its EMR system
- Data was housed in multiple EMR systems
- Without data, WSUPG could not measure, manage or report on critical clinical metrics
- Lack of this information was resulting in a significant impacts to clinical outcomes, patient satisfaction and engagement, finances via efficiency with workflows
- There was a considerable need to get this functionality implemented not just from a fiduciary perspective but also from a patient safety and quality of care perspective

# Provisions of the Solution

This solution **will** provide:

- A framework to capture data from NextGen by moving and expanding patient data into the data warehouse making the data relatable to other systems
- The ability to make EMR content more easily accessible for reporting and analysis through Cognos 10 without impacting the performance of NextGen
- Availability of some prebuilt reporting created by LPA that can be expanded and altered to meet specific needs

Out of the box, this solution **does not** provide the following:

- All dashboards and visualizations to meet the complete needs of reporting from NextGen
- Risk stratification of patient population
- An encounter-based decision support system

# Functionality Gained

1. **Data backend hooks** into NextGen database where it is often confusing and difficult to abstract data
2. **Simple interface** to access needed fields and filters through Cognos
3. **Prebuilt reports** that address basic chronic conditions and PQRS measures
4. **Queries that can be customized** to conditions and payors, providing the ability for the first level of retrospective and proactive monitoring of attributed populations
5. **Ability to drill down** to physician and patient level data for audits
6. Opportunity to **merge scheduling/billing data with EMR** at the record level in one cohesive interface
7. Means to **address outstanding reporting requirements** to regulatory bodies and partner payor organizations
8. **Daily** provider dashboards

# Risks and Costs of Not Implementing

- HEDIS “**money on the table**”
- Money on table is **time sensitive** and, for certain programs, drawing down as competitors lay claim to quality rewards and market share
- **Public reporting** of quality measures will be directly communicated to our patients and future customers
- CMS will be publicly reporting **individual physician and group level performance** whether we can proactively report out to our providers or not
- **Flying blind** in terms of our clinical performance and quality measures is a disservice to our patients and could be hard to justify from certain legal perspectives



# How We Accomplished this: The WSUPG Clinical Warehouse

# Who is LPA Software Solutions

## Who is LPA

- Rochester NY based Business Analytics consulting firm
- Focused on Healthcare industry
- IBM Premier Business Partner

## Healthcare Clients

- Small to large Provider Groups (25 – 1,400 providers)
- University based health systems
- Hospital based health systems
- BCBS Payers

## Solutions

- Clinical Reporting Framework
- Chronic Disease Analytic
- Financial planning, cost allocation modeling and revenue cycle management

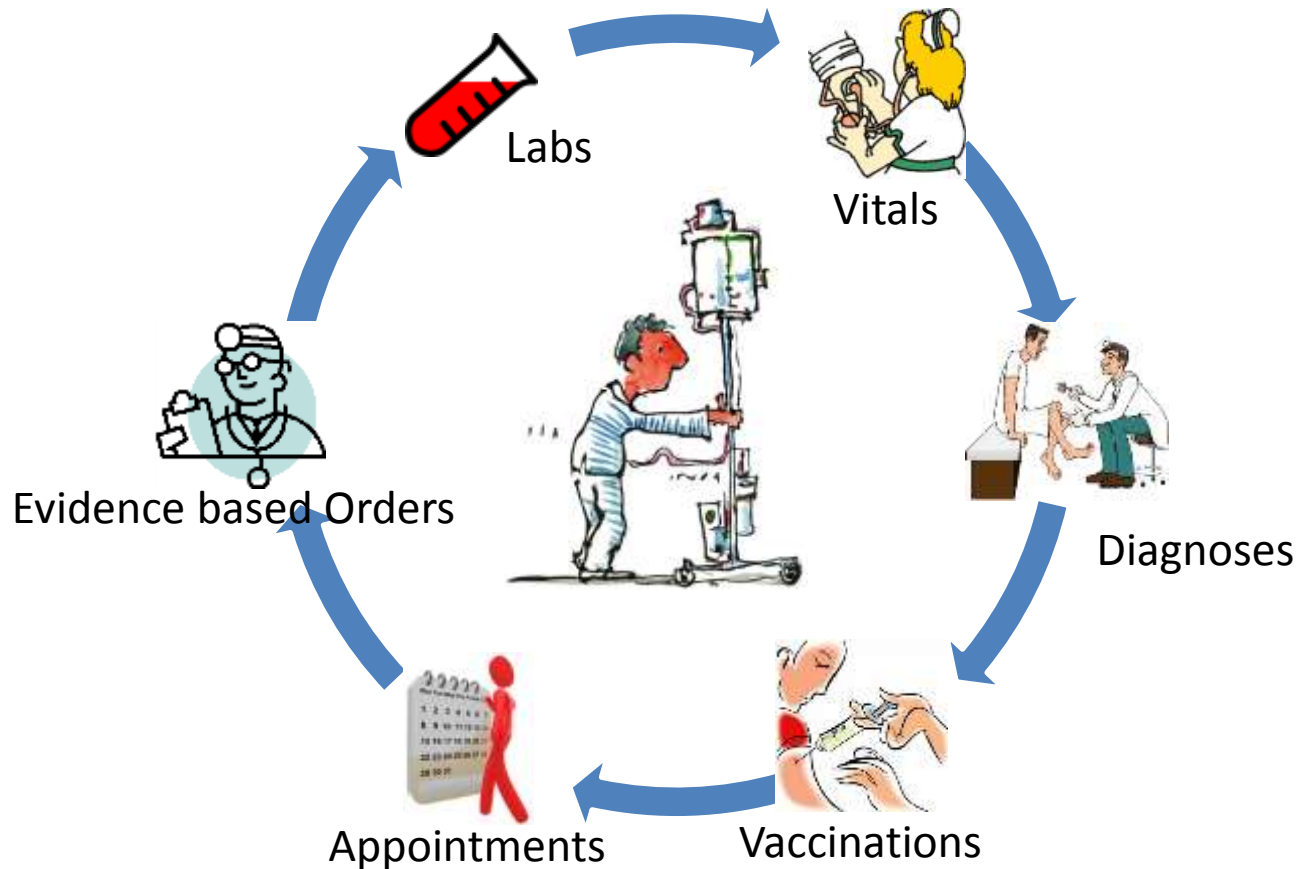


**Authorized  
Software Value Plus**  
Business Analytics Solution  
Business Analytics  
Information Management

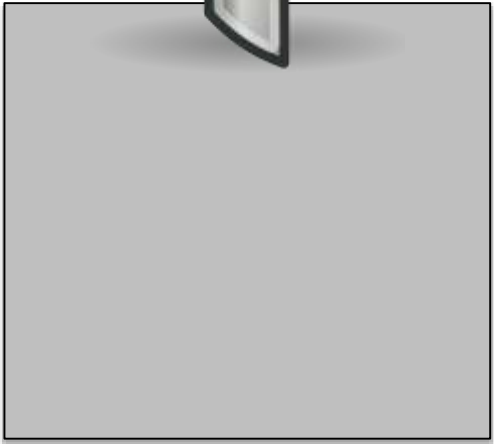
**Authorized PureSystems**  
PureData System

**Beacon Award**  
Finalist 2013

# WSUPG Clinical Warehouse



# Appointments



# Appointments

# Vaccinations



## Vaccinations

## Appointments



# Diagnoses



Diagnoses

Vaccinations

Appointments



# Evidence Based Orders

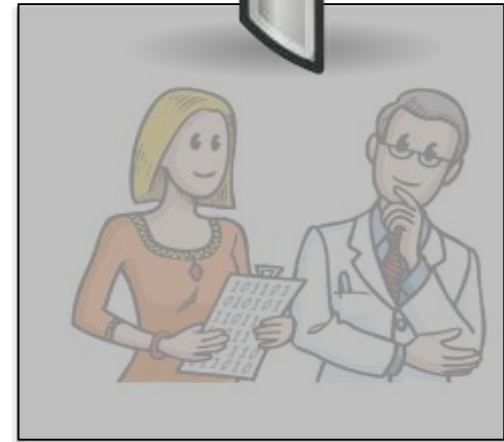


Orders

Diagnoses

Vaccinations

Appointments



# Vitals



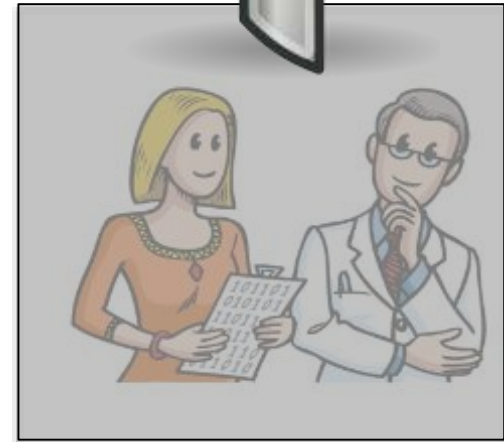
Vitals

Orders

Diagnoses

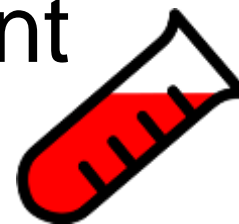
Vaccinations

Appointments





# 360° Views of Patient



Labs

Vitals

Orders

Diagnoses

Vaccinations

Appointments



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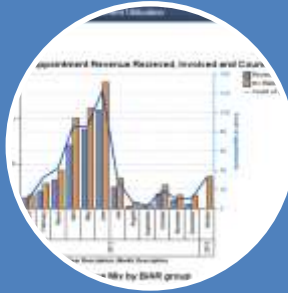
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one

# Visualizations



Standard  
Reports



Analytics



Ad-Hoc



# Project Lifecycle



Project  
Kick off



Initial  
Go Live



Today



Futures

# The Pre-Visit Dashboard

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# Key Points:

## Quality case for clinical reporting tool:

- Provides providers and clinical staff a snapshot of the patient prior to scheduled appointment
- Includes faculty and residents schedules
- **Adult** and **Pediatric** checklists available
- With Cognos license can drill into patient for more detailed information

## Pre-visit Dashboard report

- Goals
- Implementation
- Tools

# Goals

- Allowing physician to concentrate on disease management not gaps in care
- More face to face conversation between the patient and provider
- Patient engagement and self management
- Pre-planned visits
- Improve quality metrics
  - Patient satisfaction and experience
  - Clinical outcomes
  - Financial outcomes
  - Staff and provider engagement

# The Cost of Poor Engagement

**125,000 deaths** per year due to medication non-adherence  
**\$290 billion** per year in avoidable medical expenditures due to patients not taking their medications cost the US

**42.4%** of healthcare executives believe patient engagement is the greatest challenge to population health management



Nationalresearch.com 07/24/2015

# The Pre-Visit Dashboard Rollout

- ✓ Rolled out across all General Medicine and Family Medicine providers and residents
  - ✓ Approx: 250 providers
- ✓ Next step is ObGyn , Endo and Cardio
- ✓ For providers and residents:
  - ✓ Arrives the morning of the appointment
- ✓ For Clinical Managers:
  - ✓ Report for all providers
  - ✓ Receives report for patients scheduled three days ahead to facilitate chart prepping and planned visits



# Snapshot of Dashboard

Medicine Rochester

											Diabetic Section		Woman's Health		
Age	Immtrac Number	Start Time	Flu Vaccine	Tetanus Vaccine	Pneumococcal Vaccine	Cholesterol	Last BP	Colorectal Screen	Advanced Directives Screen	Depression Screen	Diabetes Controlled	Screening Date	Mammogram	Cervical Cancer	Bone Density
61	-	8:50 AM	10/04/2013	10/25/2013	01/04/2013	11/12/2013	146/84	-	01/27/2014	03/28/2013	n/a	02/10/2014	-	01/01/2007	-
35	-	9:10 AM	-	-	-	n/a	157/83	n/a	-	-	No	09/14/2013	n/a	-	n/a

			Last HbA1c		Last LDL		BMI		Date of Last			Blood Pressure				
Age	Last Visit	Next Appt.	Result	Date	Result	Date	Score	Class	Microalbumin Test	Foot Exam Screening	Eye Exam	Last Reading	Average (Last 3)	Flu Vaccine	Pneumococcal Vaccine	HepB Vaccine
35	08/12/2014	08/29/2014	7.9	09/14/2013	-	-	50.9	Obese	-	-	-	157/83	1	-	-	-

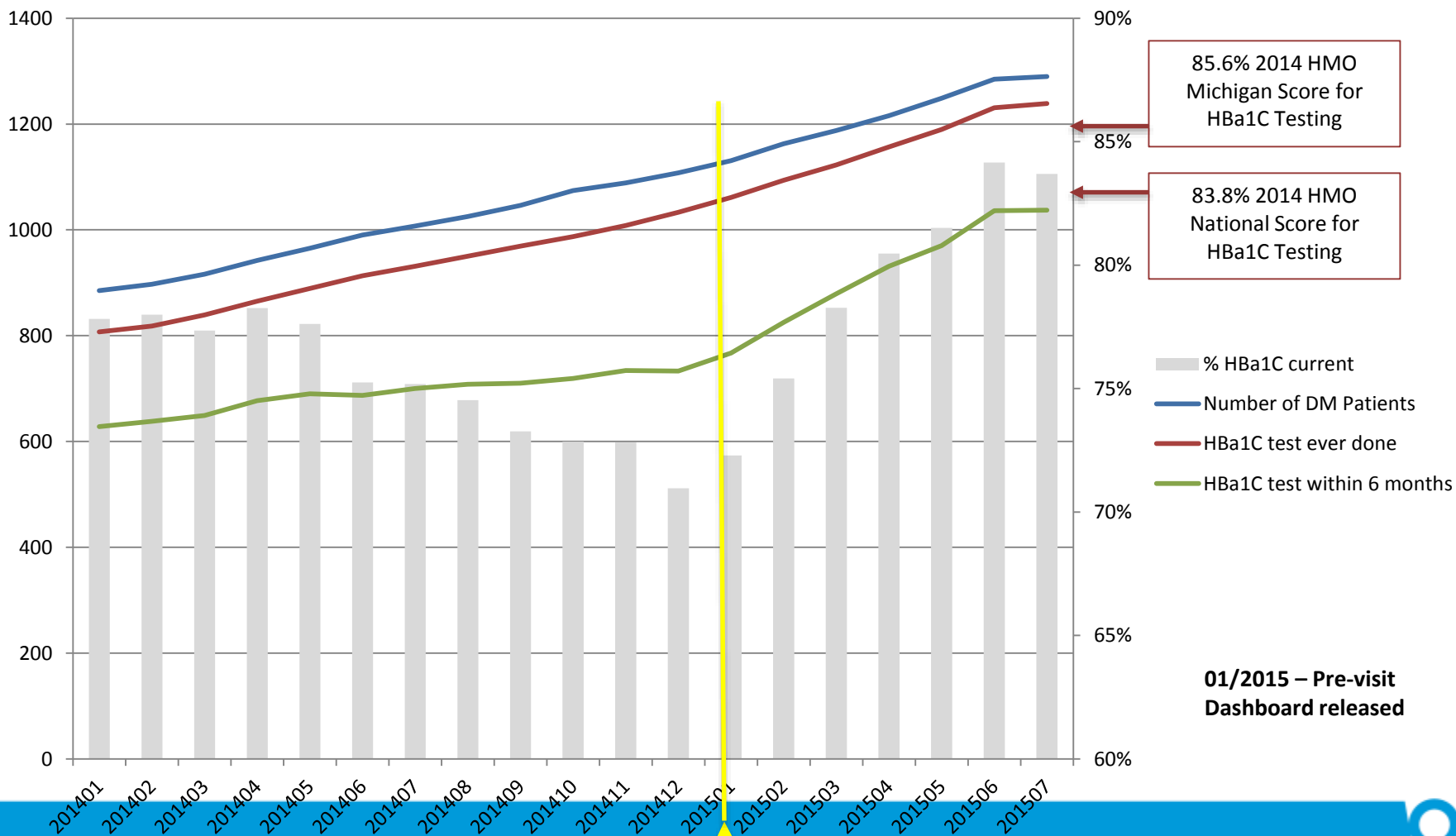
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# How do we improve?

- Improve Provider / Patient interaction
- Improve clinical workflows
- Standing orders
- Pre-planned visits
- Effective documentation in discrete fields
- Timely data

# Internal Medicine PCP's Diabetic Population Analysis for the Pre-visit checklist Implementation

## Current IM-Gen Med\* Diabetic Patients with HbA1C Tests



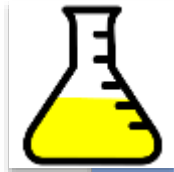
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\* 1290 Active DM patients seen over time by IM Gen Med providers as of 08/13/2015

# Improved quality metrics



Microalbumin

- 2014  
33%
- 2015  
42%



Blood Pressure Controlled

- 2014  
29%
- 2015  
31%



HgA1C Control

- 2014  
50%
- 2015  
61%

01/01/2014 to 12/31/2014 - 1746 Diabetic Patients seen

01/01/2015 to 06/30/2015 - 1301 Diabetic Patients seen

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# Lessons Learned

- You can not effect population change unless you know who the population is
- Allowing physicians a tool to fix gaps in care prior to the patient's appointment allows more face to face time with the patient
- Tool paid off within six months of implementation

# Key Take Away Points

- All providers are measured on Quality, Cost and Patient Satisfaction with patient experience of the patient population they serve.
- Dashboards allow providers time to focus on their patients
- How American's choose their physicians is based on a few key items:
  - Physician treats them with dignity and respect
  - Physician listens carefully to their concerns
  - Physician is easy to talk to
  - Physician takes their concerns seriously
  - Physician willing to spend enough time with them
  - Physician truly cares about the patient & their health



**88%**

**of consumers trust online reviews as much  
as they trust personal recommendations**

BrightLocal  
2014 Local Consumer Review Survey



**1/3**

**of patients who used online reviews  
chose their doctor based on positive reviews**

JAMA Feb 2014

Journal of the American Medical Association



# Session Survey

Please take a moment to complete a brief survey regarding this session.

1. Open your ONE UGM Mobile App (please note: you must have already logged in and accepted the “Terms of Use” to access this feature)
2. Click the **Navigation Button** at the top left of the screen
3. Select “**Sessions**”
4. **Search** for and select this session
5. From the sessions details screen, select “**Survey**” at the bottom right of the screen
6. Remember to hit “**Save**” at the bottom of the survey once you have answered the questions

Any Questions?

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