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| CO | Advancing Heart Health in Primary Care | NM |

EvidenceNOW Southwest is a cooperative of the Agency for Health Care Research and Quality's
EvidenceNOW initiative to advance heart health in primary care.

Time 0: Baseline Data Reporting
Data Reporting Methods to DARTNet

WEBINAR OBJECTIVES

1

ENSW REPORTING REQUIREMENTS

ENSW Clinical Quality Measures
ENSW Data Elements
Reviewing Practice Agreement
Reporting Timeline: Cohort 1

2

GETTING TO KNOW DARTNet

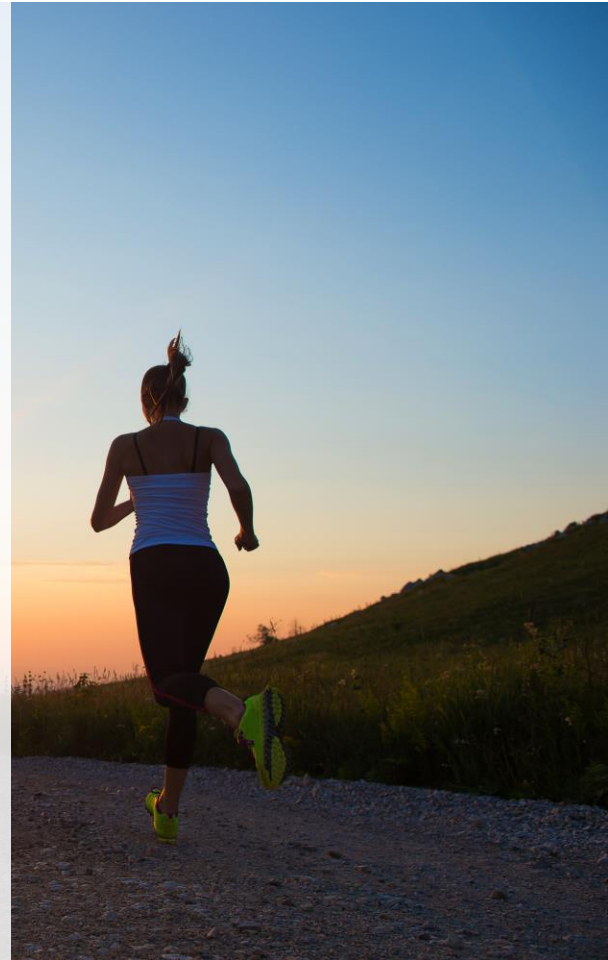DARTNet Institute Introduction
Data Reporting Options

3

ENSW DATA REPORTING METHODS

CQM Source Reporting
Reporting Method Information
Method Breakdown: 101
Contact Info

4

QUESTIONS?

ENSW REPORTING REQUIREMENTS

- Reviewing Practice Agreement
- Reporting Timeline: Cohort 1

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ENSW CLINICAL QUALITY MEASURES

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Topic	Description	NQF	PQRS
A: <u>Aspirin</u>	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period and who had documentation of use of aspirin or another antithrombotic during the measurement period	0068	204
B: <u>Blood Pressure Management</u>	Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.	0018	236
C: <u>Cholesterol Management</u>	Percentage of high-risk adult patients aged >= 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR adult patients aged >=21 years with a fasting or direct Low-Density Lipoprotein Cholesterol (LDL-C) level >= 190 mg/dL; OR patients aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL; who were prescribed or are already on statin medication therapy during the measurement year.	N/A	N/A
S: <u>Smoking Cessation Support</u>	Percentage of patients aged 18 years or older who were screened about tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	0028	226

ENSW Data Elements

- **Patient number**
- **Year of birth**
- Race
- Ethnicity
- **Date of visits**
- CPT codes
- **Diagnostic codes**

- Problem list
- Medications
- BP-Systolic
- BP-Diastolic
- Weight
- Height
- Smoking status

- Cessation referrals
- LDL
- Total cholesterol
- HDL-C
- A1C
- **Gender**

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Practices will work with:
- ➤ Practice Facilitator
- ➤ Clinical HIT Advisor

They are asked to guide practices with extracting and submitting clinical quality measures (CQMs) quarterly (electronically or through chart audit) from baseline through 15 months after baseline

Reported data will be visible to all EvidenceNOW Southwest practices, the evaluation team, the practice transformation organizations and consultants that may be engaged to support the project

ENSW REPORTING TIMELINE: COHORT 1

2015

DEC
31
BASELINE

Practices must have data submitted **2 weeks** following these end-of-quarter dates

2016

MARCH
31
MONTH 3

JUNE
30
MONTH 6

SEPT
30
MONTH 9

2017

MARCH
31
MONTH 15

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GETTING TO KNOW DARTNet

- Introduction
- Data Reporting Options

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DARTNet Institute: An Introduction

DARTNet is…
— A 501(c)3 Organization
— Comprised of 13 national and regional research networks (9 academic partners)
— A standardized data repository for collaborative practice-based research

DARTNet uses third party software applications to:
— Transform multi-sourced data into standardized, actionable health information
— Supports quality improvement activities
— Facilitate collaborative learning and research

Data Option	Cost & Notes
Patient-level EHR data sent to DARTNet by the practice/clinical organization (via flat file)	About 30 hours of personnel time (either onsite IT staff OR a third party).
Practice/clinical organization calculates and provides the numerator and denominator for each metric. Actual numbers are needed, not the percentage complete.	The cost of developing these metrics locally is highly variable. ENSW Numerator/Denominator Instructions are available to describe this data report submission.
Practice will conduct chart audit.	Practice will generate billing file. DARTNet will provide an Excel spreadsheet of patients to be audited based on billing data. See Excel data transfer document.

Preferred ↑ **Less preferred:** ↓

Additional DARTNet Data Offerings

Patient-level EHR data shared with DARTNet via DARTNet's Meaningful Use Attestation	Depending on number of eligible providers, installation $350 to $1200 and monthly fee (established by EHR vendor) $2-15 per eligible provider. Currently only available through athenahealth, Cerner, eClinicalWorks, Meditab. Possible future availability for NextGen.
Practice/clinical organization allows installation of PCTH Inc data extraction system. This system will encrypt and move all EHR data to a secure, encrypted cloud location.	Pricing not finalized. Expect installation of $2500 per clinical organization (not per practice) with annual fees of $1500 - $2500 dollars. This approach is undergoing testing and will be available to selected EHR vendors. Practice must have access to and administrative rights over the EHR database.
Practice/clinical organization installs the KPN Quality Suite, which provides point-of-care decision support and clinical registries.	DARTNet installs this software for $10,000 – 11,000 and manages it for a minimum of $2500 per year, increasing depending on the size of the clinical organization and the services purchased.

ENSW DATA REPORTING METHODS

- CQM Source Reporting
- Reporting Method Info
- Method Breakdown: 101
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CQM SOURCE REPORTING

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(Depending on practice determination found in Practice Survey/DQIP)	From CQM Report			
Data Source	**Aspirin** (NQF 0068)	**Blood pressure management** (NQF 0018)	**Cholesterol management** (New)	**Smoking cessation support** (NQF 0028)
Patient-level data: Direct practice connection to DARTNet OR another organization who will capture data elements and calculate measures (e.g. HIE, NM PCA, etc.)				
***Practice-level data**: Numerators/Denominators from a non-EHR registry				
***Practice-level data**: Numerators/Denominators from EHR certified by ONC in 2014 or after				
***Practice-level data**: Numerators/Denominators from EHR certified by ONC prior to 2014				
Patient-level data: Chart audit - using EHR data				
Patient-level data: Chart audit - paper health record				

*Practices that can only generate provider-level reports MUST 1) Create unique denominators and 2) Ensure that the same patient does not report for multiple providers in the practice.

CQM SOURCE REPORTING

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(Depending on practice determination found in Practice Survey/DQIP)	From CQM Report			
Data Source	**Aspirin**	**BP**	**Cholesterol**	**Smoking cessation**
Patient-level data: Direct practice connection to DARTNet OR another organization who will capture data elements and calculate measures	Covers all metrics – no combos	Covers all metrics – no combos	Covers all metrics – no combos	Covers all metrics – no combos
*Practice-level data: Numerators/Denominators from a non-EHR registry	Metric by metric	Metric by metric	Metric by metric	Metric by metric
*Practice-level data: Numerators/Denominators from EHR certified by ONC in 2014 or after	Metric by metric	Metric by metric	Metric by metric	Metric by metric
*Practice-level data: Numerators/Denominators from EHR certified by ONC prior to 2014	Metric by metric	Metric by metric	Metric by metric	Metric by metric
Patient-level data: Chart audit - using EHR data	Metric by metric	Metric by metric	Metric by metric	Metric by metric
Patient-level data: Chart audit - paper health record	Must do all metrics by audit	Must do all metrics by audit	Must do all metrics by audit	Must do all metrics by audit

*Practices that can only generate <u>provider-level reports MUST</u> 1) Create unique denominators and 2) Ensure that the same patient does not report for multiple providers in the practice.

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How do I do this though, really…?

- Sending Patient-Level Data via
  - Direct connection to DARTNet means:
    - Practice or another organization will send DI flat files by the 0, 3, 6, 9, 15 month dates
    - Use <u>ENSW Set Up Guide</u>
  - Chart Audit means:
    - For EHR, you generate reports with necessary data elements & submit to DARTNet's email
    - For paper charts, use <u>ENSW Chart Review Form</u>

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How do I do this though, really…?

- Sending Practice-Level Data (Num/Denom) via:
  - Non-EHR Registry:
    - Use practice's preferred format
    - Or ENSW NUM-DENOM Template (*still in development*)

  - EHR certified before/in/after 2014:
    - Contact EHR Vendor

- ✓ Contact DARTNet when:
  - Sending patient-level data
    - ○ Direct practice connection to DARTNet
    - ○ Another organization who will capture data elements and calculate measures
- ✓ Contact EHR vendor when:
  - Sending practice-level data
    - ○ EHR certified by ONC in 2014 or after
    - ○ EHR certified by ONC prior to 2014
- ✓ Contact DFM team when:
  - Needing Chart Audit Protocol and Review Form
    - ○ EHR data
    - ○ Paper health record

THANK YOU

QUESTIONS?

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