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Using Data Registries to Assess Clinical Quality Measures

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Disclosure

- In-kind financial relationship as it relates to the sponsorship of the event.
  - Company: Moda Health / EOCCO
  - Relationship: Health Promotion & Quality Improvement Specialist

Learning Objective

- Describe how to utilize data and registries to outreach to patients for preventative health services.

Clinical Quality Measures

Clinical Quality Measures

- Depression Screening and Follow-up
- Controlling High Blood Pressure
- Diabetes HbA1c Poor Control
- Cigarette Smoking Prevalence
- Weight Assessment and Counseling for Children and Adolescents
- **2019**: Screening Brief Intervention Referral to Treatment (SBIRT)

Patient Registry Options

- Provider Progress Report
  - Outreach rosters for multiple measures
- Arcadia Analytics
  - Outreach rosters for all measures
  - Patient Registry
- Electronic Health Record specific report
  - Data pulled from EHR with lab data

Provider Progress Report

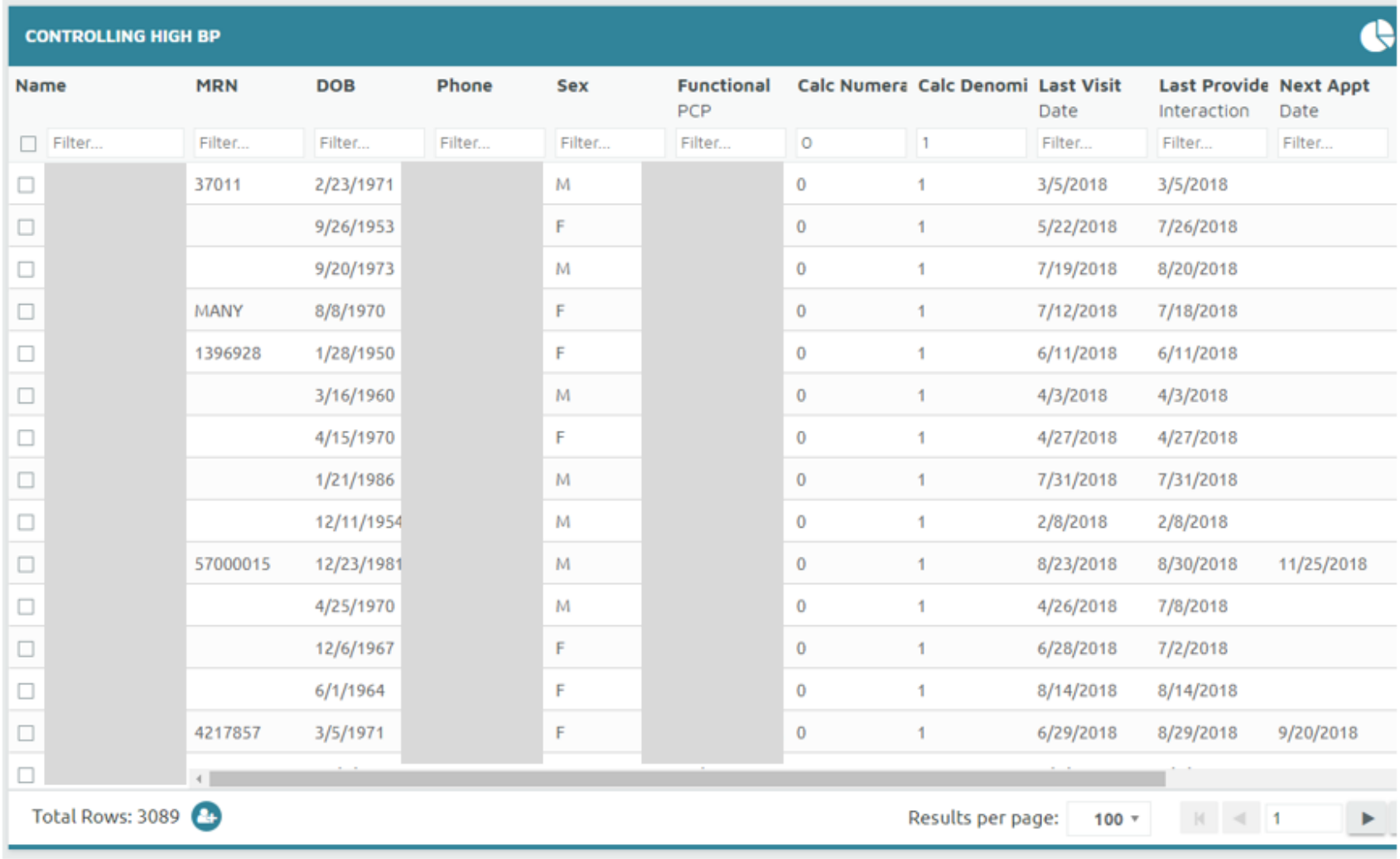
Members Currently Eligible for Diabetes Measure

EOCCO Incentive Measures - Clinic Name

Reporting Period: Services Incurred 1/1/2018-7/31/2018 as of 7/31/2018

Assigned PCP	Subscriber Id	First Name	Last Name	Birth Date	Gender	Address	City	Zip Code	State	Phone Number	Last Visit	Upcoming Appt
Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	F	XXXX XXXXXX XXXXX	XXXXXX	XXXXX	OR	XXX-XXX-XXXX		
Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	F	XXXX XXXXXX XXXXX	XXXXXX	XXXXX	OR	XXX-XXX-XXXX		
Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	F	XXXX XXXXXX XXXXX	XXXXXX	XXXXX	OR	XXX-XXX-XXXX		
Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	F	XXXX XXXXXX XXXXX	XXXXXX	XXXXX	OR	XXX-XXX-XXXX		
Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	F	XXXX XXXXXX XXXXX	XXXXXX	XXXXX	OR	XXX-XXX-XXXX		
Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	F	XXXX XXXXXX XXXXX	XXXXXX	XXXXX	OR	XXX-XXX-XXXX		
Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	F	XXXX XXXXXX XXXXX	XXXXXX	XXXXX	OR	XXX-XXX-XXXX		
Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	F	XXXX XXXXXX XXXXX	XXXXXX	XXXXX	OR	XXX-XXX-XXXX		
Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	F	XXXX XXXXXX XXXXX	XXXXXX	XXXXX	OR	XXX-XXX-XXXX		
Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	F	XXXX XXXXXX XXXXX	XXXXXX	XXXXX	OR	XXX-XXX-XXXX		
Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	F	XXXX XXXXXX XXXXX	XXXXXX	XXXXX	OR	XXX-XXX-XXXX		
Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	F	XXXX XXXXXX XXXXX	XXXXXX	XXXXX	OR	XXX-XXX-XXXX		

Arcadia Analytics



CONTROLLING HIGH BP

Name	MRN	DOB	Phone	Sex	Functional PCP	Calc Numera	Calc Denomi	Last Visit Date	Last Provide Interaction	Next Appt Date
Filter...	Filter...	Filter...	Filter...	Filter...	Filter...	0	1	Filter...	Filter...	Filter...
	37011	2/23/1971		M		0	1	3/5/2018	3/5/2018	
		9/26/1953		F		0	1	5/22/2018	7/26/2018	
		9/20/1973		M		0	1	7/19/2018	8/20/2018	
	MANY	8/8/1970		F		0	1	7/12/2018	7/18/2018	
	1396928	1/28/1950		F		0	1	6/11/2018	6/11/2018	
		3/16/1960		M		0	1	4/3/2018	4/3/2018	
		4/15/1970		F		0	1	4/27/2018	4/27/2018	
		1/21/1986		M		0	1	7/31/2018	7/31/2018	
		12/11/1954		M		0	1	2/8/2018	2/8/2018	
	57000015	12/23/1981		M		0	1	8/23/2018	8/30/2018	11/25/2018
		4/25/1970		M		0	1	4/26/2018	7/8/2018	
		12/6/1967		F		0	1	6/28/2018	7/2/2018	
		6/1/1964		F		0	1	8/14/2018	8/14/2018	
	4217857	3/5/1971		F		0	1	6/29/2018	8/29/2018	9/20/2018

Total Rows: 3089

Results per page: 100

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Registry Tracking

- Monthly registry tracking spreadsheet
- Keep the registry length manageable
- Allow for friendly competition between teams
- Provide awards or incentives to staff

Diabetes Recall Example

Members Due for Diabetic Services

Provider Name

Staff Member Name

Due Date: Friday, September 28, 2018

	Assigned PCP	Subscriber Id	First Name	Last Name	Birth Date	Last HbA1c Date	Last HbA1c Value	Foot Exam Date	Retinal Eye Exam	Nephropathy Screening	Result of Call
1	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	14	XX/XX/XX	XX/XX/XX	XX/XX/XX	VM 9/12/18
2	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	12.1	XX/XX/XX	XX/XX/XX	XX/XX/XX	Appt 10/2/18
3	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	10.6	XX/XX/XX	XX/XX/XX	XX/XX/XX	VM 9/12/18
4	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	10.2	XX/XX/XX	XX/XX/XX	XX/XX/XX	Appt 10/5/18
5	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	9.7	XX/XX/XX	XX/XX/XX	XX/XX/XX	
6	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	9.6	XX/XX/XX	XX/XX/XX	XX/XX/XX	
7	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	9.2	XX/XX/XX	XX/XX/XX	XX/XX/XX	
8	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	8.7	XX/XX/XX	XX/XX/XX	XX/XX/XX	
9	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	8.2	XX/XX/XX	XX/XX/XX	XX/XX/XX	
10	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	8.1	XX/XX/XX	XX/XX/XX	XX/XX/XX	
11	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	8	XX/XX/XX	XX/XX/XX	XX/XX/XX	
12	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	8	XX/XX/XX	XX/XX/XX	XX/XX/XX	
13	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	7.8	XX/XX/XX	XX/XX/XX	XX/XX/XX	
14	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	7.3	XX/XX/XX	XX/XX/XX	XX/XX/XX	
15	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	7.2	XX/XX/XX	XX/XX/XX	XX/XX/XX	
16	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	7	XX/XX/XX	XX/XX/XX	XX/XX/XX	
17	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	6.8	XX/XX/XX	XX/XX/XX	XX/XX/XX	
18	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	6.5	XX/XX/XX	XX/XX/XX	XX/XX/XX	
19	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	6.3	XX/XX/XX	XX/XX/XX	XX/XX/XX	
20	Last Name, First Name	XXXXXXXX	First	Last	XX/XX/XX	XX/XX/XX	6.1	XX/XX/XX	XX/XX/XX	XX/XX/XX	

Recall Tracking Example

Team Awesome

Provider: John Doe

October Recall	Type of Recall	Number of Patients	Number Reached	Number Scheduled	Percentage Scheduled	Completed
10/1/2018	Diabetic Recall	15	14	6	43%	Yes
10/8/2018	Hypertension	15	13	8	62%	Yes
10/15/2018	Diabetic Recall	15	15	2	13%	Yes
10/22/2018	Hypertension	15	15	9	60%	Yes
10/29/2018	Diabetic Recall	15	15	10	67%	Yes
		Totals	**72**	**35**	**49%**	

November Recall	Type of Recall	Number of Patients	Number Reached	Number Scheduled	Percentage Scheduled	Completed
11/5/2018	Hypertension	15	12	8	67%	Yes
11/12/2018	Diabetic Recall	15	14	10	71%	Yes
11/19/2018	Hypertension	15	12	7	58%	Yes
11/26/2018	Diabetic Recall	15	15	9	60%	Yes
		Totals	**53**	**34**	**64%**	

December Recall	Type of Recall	Number of Patients	Number Reached	Number Scheduled	Percentage Scheduled	Completed
12/3/2018	Hypertension	15	14	8	57%	Yes
12/10/2018	Diabetic Recall	15	13	12	92%	Yes
12/17/2018	Hypertension	15	14	9	64%	Yes
12/24/2018	Diabetic Recall	15	15	10	67%	Yes
12/31/2018	Hypertension	15	12	9	75%	Yes
		Totals	**68**	**48**	**71%**	

Clinic Examples

- Population health management tool
- Clinic specific workflows

Billing for Chronic Care Management (CCM)

- Originally for Medicare only, now expanded to Medicaid
- CCM billing requirements
  - Physician or qualified health care professional
  - At least 20 minutes per month
  - Patient must have 2+ chronic conditions to last at least 12 months
  - Chronic condition must place patient at risk of death, acute exacerbation, decompensation, or functional decline
  - Comprehensive care plan established, implemented, revised, or monitored
  - Patient consent

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