HealthBridge

Delivering results...Transforming health care

Quality Reporting for Quality Outcomes

February 19, 2010

HB Background

- One of the nation's largest and most successful community health information exchanges
- In operation since 1997
- Provides secure, real-time electronic health information exchange for Northern Kentucky and Greater Cincinnati area
- Support **HealthLINC**, NEKY RHIO and Collaborative Communities HIE
- One of only a handful of HIE/RHIOs nationwide with cash-positive, sustainable business model

Cincinnati Initiatives-our road to quality reporting

Aligning Forces for Quality (AF4Q)

- Initiative through the RWJF that focuses of a full continuum of health care delivery (2007)
- Multiple phases of the initiative-HealthBridge focused on quality reporting for Management of Chronic Illness and Patient Centered Medical Home pilot
- As part of these 2 pilots, HealthBridge and the Collaborative realized the need for a registry. Reason?
  - Most EHRs could not produce quality reporting
  - Some pilot participants were still paper based
  - Government's focus on Meaningful Use

WellCentive Registry

WELLCENTIVE®
Quality Improvement. Integrated Solutions.

Today is February 16, 2010 Logout

Welcome, **Barb Regan**

Outcome Manager

Alert Manager

System Settings

Manage Users

Report Manager

Why WellCentive Registry?

- All patient, all-payer, all disease registry
- Provides a comprehensive preventive care, chronic disease management system
- Emphasis on interoperability, integration and interfacing
- Comprehensive and versatile reporting capabilities
- Customizable alerts and decision support
- Real-time graphical clinical dashboard
- **Patient Portal**
- **Patient report card**
- **Patient reminders**
- **Patient outreach**
- Integrated PQRI module
- CMS certified registry and sit on the National PCMH Committee

How will the Wellcentive Registry work in my practice?

- **EHR practices**
  - leverage your existing EHR data
  - Interface EHR data to Wellcentive Registry
  - Perform granular Quality Reporting and Disease Management
  - Improve patient outreach through patient education, reminders, alerts, etc.

- **HealthLINC Clinical Messaging practices**
  - leverage your PMS and HealthLINC clinical data
  - Perform granular Quality Reporting and Disease Management
  - Improve patient outreach through patient education, reminders, alerts, etc.

How will the Wellcentive Registry work in my practice?

- **Paper based practices**
  - Interface with PMS or billing system
  - Use as point of care tool.
  - Need to think about electronic solution for EHR to meet Meaningful Use

****NOTE****

- HHS rules for Meaningful Use allow for either comprehensive of modular EHR approach

Outcome Manager- collects administrative and clinical data for total snapshot of your patient

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WellCentive Patient Chart - Windows Internet Explorer

http://wellcentive.com/patientchart.html

WELLCENTIVE® PAY-FOR-PERFORMANCE SOLUTIONS

Today is March 5, 2008 | Logout

Welcome, **Jack Smith**

Outcome Manager

Home » Alerts Summary » Patient Search » Patient Search Results » Care Summary

Patient Info | DIABETES PATIENT - 85 (09/14/1922)

Demographics | Payers | Medical Conditions | Meds | Vital Signs | Care | Immunizations | Labs | Care Summary | Alerts! | Report Card | Patient Forms | Access Log

Summary for:

Medical conditions

1. Congestive Heart Failure (CHF)
2. COPD
3. Coronary Artery Disease (CAD)
4. Diabetes Mellitus Type II
5. Hyperlipidemia
6. Hypertension (HTN)
7. Nephropathy

Meds

1. ACTOS 30 mg 1X/day
2. ALBUTEROL 15 mg 4X/day
3. ATENOLOL 50 mg 1X/day
4. COUMADIN 2.5 mg At bedtime
5. FELODIPINE 5 mg 1X/day
6. LANTUS 45 mg At bedtime
7. LASIX 40 mg 2X/day
8. LIPITOR 80 mg At bedtime

Alert Name
Coumadin Tx, Last INR > 30 Days
Diabetes Type I or II, Flu Vaccine > 365 days
Diabetes Type I or II, No Diabetic Foot Exam
CHF, No LVEF Recorded
Diabetes- No documented Self Management Goal

Filter from ____ To ____ Refresh

Class	Type	Last Value	Last Date	Last Ordered	Last Date Due	
Vital Sign	Height (inches)	60.0	10-17-2006			View
Vital Sign	Weight	235	10-08-2007			View
Vital Sign	Blood Pressure Systolic	110	10-08-2007			View
Vital Sign	Blood Pressure Diastolic	72	10-08-2007			View
Vital Sign	Body Mass Index (BMI)	45.9	10-08-2007			View

Total Results Found: **42**

Printable View

Done | Internet | 100%

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Easily customize alerts to meet your practice/patient /payer needs

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Today is February 16, 2010

Welcome, **Barb Regan**

Alert Manager

Home » Alert Manager

Alert View/Edit

Current search criteria: **Demographics** | **Patient Status:** active;

- **Demographics**
- **Payers**
- **Initiatives**
- **Medical Conditions**
- **Medications**
- **Vital Signs**
- **Care**
- **Immunizations**
- **Labs**
- **Care Mgt Tracking**
- **Ancillary Services**
- **ER/Urgent Care/Hospitals**

Demographics

First Name	
Last Name	
Gender	
Race	Please select
Ethnicity	Please select
Primary language	Please select
Search by	Age ◉ Age Range ○
Age	> ○ = ◉ < ○ years: months: days:
Age Range	**From:** years: months: days: **To:** years: months: days:
Age Within Dates	**From:** **To:**
Patient Status	Active
Patient Inactive Reason	Please select

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Alert Summary provides real-time evidence based protocol to find gaps in patient care

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Today is January 25, 2010
Welcome, **Jack Smith**
Logout

Outcome Manager

Home » Alerts Sun

Alerts Summary

Dashboard View:

Alert Name	Disease State	Alert Status	View/Edit	Total Patient Count		Alert Type	View Patient List
Possible duplicates		Active		0		System	View Patient List
Age > 19,Cholesterol Screen Last Value> 5 years old		Active		0	refresh	Administrative	View Patient List
A1C > 7		Active		3	refresh	Administrative	View Patient List
Age > 50, Last Colonoscopy > 10 yrs				26	refresh	Personal	View Patient List
Age > 50, No Colonoscopy				341	refresh	Personal	View Patient List
Asthma Action Plan > 1 year old	Asthma, Persiste			7	refresh	Administrative	View Patient List
Asthma, No Asthma Action Plan Completed	Asthma, Persistent	Active		33	refresh	Administrative	View Patient List
BCN, Age > 19,Cholesterol Screen Last Value> 5 years old		Active		0	refresh	Administrative	View Patient List
BCN, Age 12-21 , HME > 1year		Active		1	refresh	Administrative	View Patient List
BCN, Age 12-21, No Well Care Exam		Active		0	refresh	Administrative	View Patient List

De-duping Alert to catch patient duplicates in addition to integrity and validation checks at the point of data acquisition.

Total Alerts Found: **64**

Patient Search | Printable View | Generate Reminder Lett

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Generate patient reminders from your alert lists. Letters or voice over IP phone messages

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To: BETTY ARTIBEE, 04-09-1941

December 23, 2009

BETTY ARTIBEE
1740 VILLAGE DR ,APT 347
MUSKEGON, MI, 99999

Dear BETTY ARTIBEE

Here at Lee Valley Internal Medicine, we are constantly working to preserve and improve the health of our patients.

Our records indicate that you are due for the following care:

- *Urine kidney test*
- *Diabetes Type I or II, Last Serum Creatinine > 6 Months*
- *Diabetic Foot Exam*
- *Diabetes Type I or II, Last LDL > 6 months*

Please contact our office (555-555-5555) as soon as possible in order to arrange for this care.

If the information above is incorrect, please contact our office so that we can update our records.

Thank-you for entrusting us with your health care.

Jack Smith

Provider Group	The Family Medical Group		
Call Messages			
Introduction Message*	Hi, this is Dr. Barb Regan. Patient First Name · Insert Template		
Patient Confirmation*	If this is <patient name>please press 1 or say "Yes". If not, please have <patient name> contact our office at: 513-555-0000. Patient First Name · Insert Template	Key Option	1
		Voice Option	Yes
Reminder Header	Our records indicate you need to schedule the following tests: Patient First Name · Insert Template		
	Reminders Will Go Here		
Reminder Footer	We would be happy to assist you with all your scheduling needs. If you receive this message between the hours of 9am and 4:30pm, please Patient First Name · Insert Template		
Callback Call Settings			
Enable Callback Call	☑		
Callback Phone*	513-555-0000		
Callback Call Confirmation*	Say Connect or press 0 to transfer call to the office. If after 4:30 pm, please call us at your earliest convenience. We can be reached at: 513-555-0000 Patient First Name · Insert Template	Key Option	0
		Voice Option	Connect

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Patient Report Card

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Dr. Jack Smith - Internal Medicine

Report Card for : DIABETES PATIENT (01-17-1916) on 01-05-2010

Reminders

Diabetes Type I or II, Last LDL > 6 months
Diabetes Type I or II, Last Serum Creatinine > 6
Diabetic Eye Exam
Diabetic Foot Exam
Flu Vaccine
PSA
Urine kidney test

Medications

ACTOS	30.00	mg	1X/Day
ADVAIR DISKUS 250/50	1	puff	2X/Day
ALBUTEROL	2 - 4	puffs	4X/Day As Needed
BENICAR	20.00	mg	1X/Day
LANTUS	45.00	U	Bedtime
LIPITOR	80.00	mg	Bedtime
PLAVIX	75.00	mg	1X/Day

Measure	Last Performed	Last Value	Recent History		Goal	Notes
HbA1C	11-06-2009	8.0	Date Performed	Value	This test reflects the average blood sugar over the preceeding 3 months. Diabetes Treatment Goal < 7 Diabetes Screening Goal < 6	
			03-04-2009	6.2		
			11-07-2008	6.3		
			08-06-2008	6.0		
Urine Micro albumin	02-05-2008				This is a test for early damage to your kidneys due to diabetes	
PSA	11-07-2008	0.7	Date Performed	Value	Prostate Specific Antigen, which	

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Dashboard- real-time reporting on clinical measures by provider and group

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Today is February 16, 2010

Welcome, **Barb Regan**

Report Manager

Home » Reports » Ana

Reports

Apply filter | Reset filter

Time From

Year All | Quarter All | Month All

Time To

Year All | Quarter All | Month All

Payer Test Payer

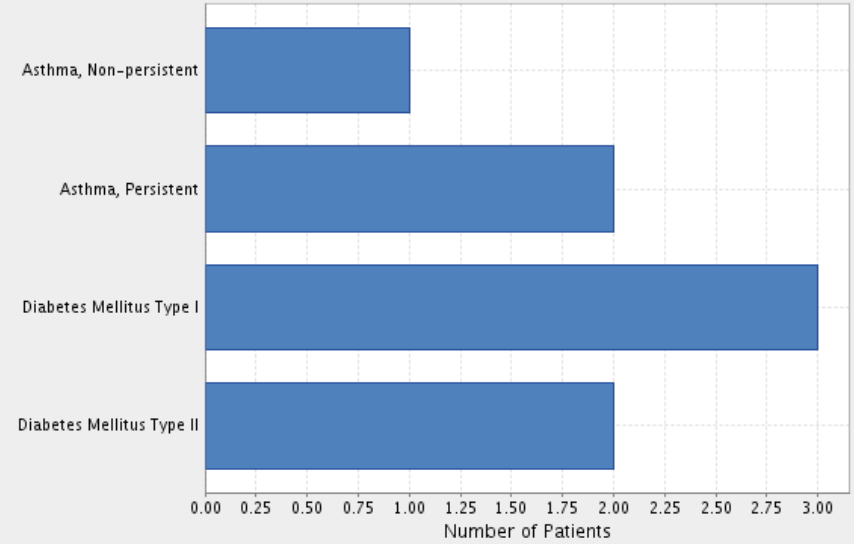
Org. unit

Physician Organization Health Bridge

Provider Group

Dashboard | Reports

Medical Conditions



Measures

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Patient Portal- patients can update their PHR and send secure message to their provider

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Today is February 16, 2010 Logout

Welcome, **DIABETES PATIENT**

My WellCentive Chart

PQRI Manager

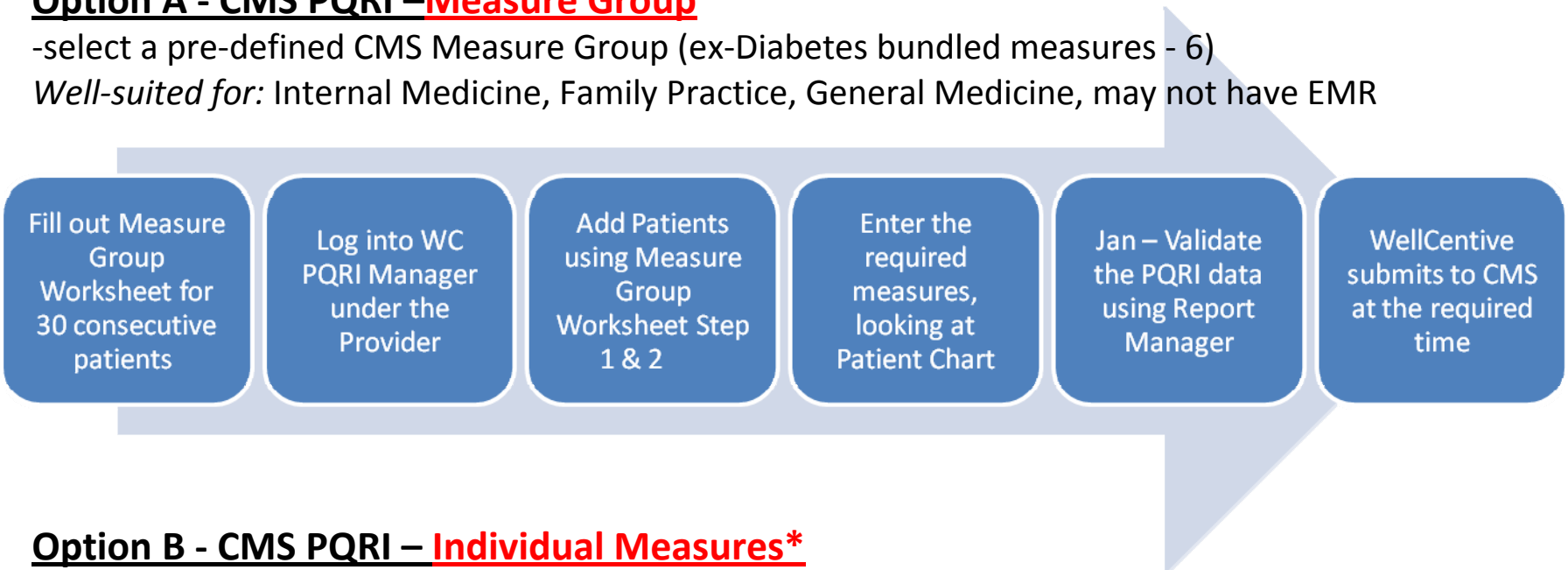
- Support of all 153 individual measures, all measure groups and reporting periods
- Review submission reports before sent to CMS
- Data captured from ANY source including hospitals
- Wellcentive Registry purchase NOT required
- Paper based offices can easily use the Measurement Group reporting
- Can receive 2 percent of your TOTAL Medicare FFS receipts for 2010 PQRI program
- Primary and Specialists can report

HealthBridge Registry *powered by WellCentive* - PQRI Options

Option A - CMS PQRI –Measure Group

-select a pre-defined CMS Measure Group (ex-Diabetes bundled measures - 6)

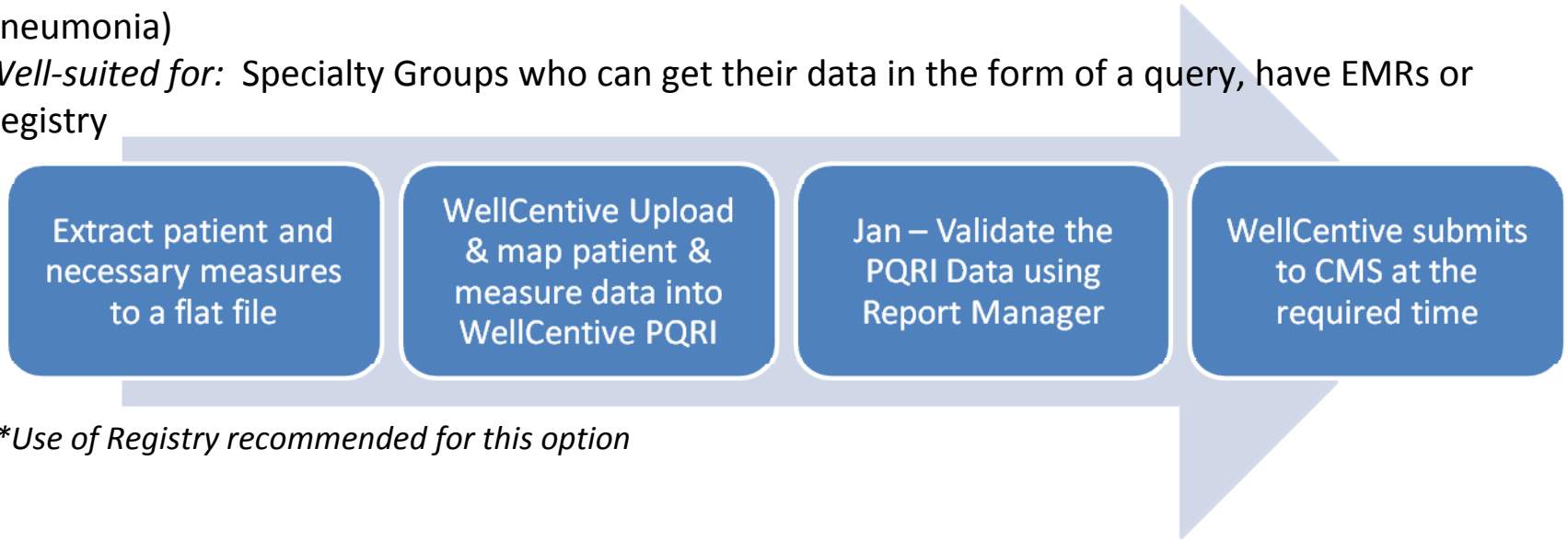
Well-suited for: Internal Medicine, Family Practice, General Medicine, may not have EMR



Option B - CMS PQRI – Individual Measures*

-80% of Medicare Population for 3 Measures (ex-3 measures for Community Acquired Pneumonia)

Well-suited for: Specialty Groups who can get their data in the form of a query, have EMRs or Registry



**Use of Registry recommended for this option*

PQRI Manager- 30 patient Diabetic Measure Group

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WellCentive - Patient Search Results - Windows Internet Explorer

https://app.wellcentive.com/PQRI-2009/preparePqriReportManager.do

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Today is February 15, 2010 Logout

Welcome, **M. Husain Jawadi**

Report Manager

Home » Reports

Reports

Report Number	Name	Refresh	View
# 1	1 : Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus	Refresh	View
# 2	2 : Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus	Refresh	View
# 3	3 : Diabetes Mellitus: High Blood Pressure Control in Diabetes Mellitus	Refresh	View
# 117	117 : Diabetes Mellitus: Dilated Eye Exam in Diabetic Patient	Refresh	View
# 119	119 : Diabetes Mellitus: Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients	Refresh	View
# 163	163 : Diabetes Mellitus: Foot Exam	Refresh	View

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Questions???

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