Meaningful Use of Patient-Generated Data

CAPE REGIONAL MEDICAL CENTER
DSRIP PROJECT UPDATE

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Meaningful Use of Patient-Generated Data in EHR

Goals Include

- Promote patient engagement through various means, including the integration of patient-generated data into clinical care documentation and quality measures
- Referral coordination between providers
- Shared decision making
- Adherence reporting—Blood Pressure, Eye exams, Lipids, Foot Exam, AIC
- Collaborative Care
- Shared Care Plans
- Team Outcomes
- Data analysis
- Clinical improvement
- Population focused improvement
## Electronic Measures vs. Manual Abstraction

<table>
<thead>
<tr>
<th>Manual Abstraction</th>
<th>Transformed into measure specifications</th>
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</thead>
<tbody>
<tr>
<td>• Data Documented in patient record (Capture)</td>
<td>• Data must be codified (Codify)</td>
</tr>
<tr>
<td>• Manual Review by abstraction/coding staff (Interpret)</td>
<td>• Structured data must be entered in EHR by clinician (Capture)</td>
</tr>
<tr>
<td>• Data manually extracted and calculated for reporting (Calculate)</td>
<td>• Electronically extracted data for calculations and reporting (Calculate)</td>
</tr>
</tbody>
</table>
Collaboration

- DSRIP Team Members
- Care Management
- Quality Improvement
- Information Technology
- External Partners IT
- Cape Physicians Nurse Navigators
- Health Care Providers
- Outpatient Diabetes Center
- Administration
- Key Steak Holders
- Community Partners
Challenges

- Multiple Documentation Systems - Fragmented
- Difficult for Care Management

- Cape Regional Medical Center (CRMC) - Meditech, Soarian
- CRMC Care Management – Allscripts Care Management
- Cape Regional Physicians Association - Allscripts / Professional Practice
- Emergency Department - Allscripts/ED
- Quality Improvement - Outside Vendor
- Diabetes Education - Soarian for Inpatients
  Outpatients transitioning to Soarian
- Cape Regional Physician Association Nurse Navigators

Allscripts Profession EHR
Meaningful Use EHR

- Eliminating manual data abstraction and labor costs which can enable the CRMC DSRIP Project to redistribute resources to improve care

- Eliminating the inaccuracy of manual data identification, abstraction and measures calculation

- Preparing for future electronic submissions

- Understanding measure failures and isolating gaps in care with timely, detailed analytics that have been integrated into hospital workflows

- Quantifying outcomes for an entire patient population instead of a patient sampling
GOAL: INITIATE CHANGE FOR PATIENT IMPROVEMENT

Identification of Needs
Consistent Real Time Data

Reaching out for additional services to meet our needs
In an effort to improve care coordination and better inform the staff members of both CRMC and their reporting partner, CRPA, CRMC outpatient clinic shall be implementing the Capture Tool, more specifically, Capture's ability to absorb, normalize, and real-time reporting to effectively manage the DSRIP population. NJHitec shall be setting up real-time data feeds at each of the hospital and reporting partner practices to provide the DSRIP participants with real-time numerator and denominator data. This will give CRMC the ability to effectively reach out to those target patients and intervene as clinically necessary. Since the Capture Tool is also present in the reporting partner practices, this tool will also serve to inform CRMC and its reporting partner when a DSRIP patient has been seen or even if a numerator had been performed. In an effort to save cost and provide better, timely, and accurate care, the Capture tool provides CRMC with the most up-to-date numerator and denominator data, as well as, consolidates DSRIP data across the entire DSRIP network.
Real Time Data Collection

PERFORMANCE MONITORING

UNDERSTANDING DATA WORK FLOW
WHAT THE DATA Represents
HOW TO MAKE DATA MEANINGFUL
Project Implementation Update

- Partners: Cape Regional Physician Associates

- Education and Training: Diabetic Foot Assessment
  - Conducting Exam
  - Documenting Exam in the Allscripts EHR
### Project Implementation Update

<table>
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<tr>
<th>Processes</th>
<th>Barriers</th>
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<tr>
<td>- Educate provider team on conducting diabetic foot exam</td>
<td>- Scheduling time with providers during high influx of patients</td>
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<td>- Purchase of tools needed to perform and distribute to practices</td>
<td>- Assuring the comprehensive exam is done with accuracy</td>
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<tr>
<td>- Educate providers on documentation in Allscripts EHR</td>
<td>- Improving the 60 “clicks” required to document in EHR</td>
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Project Implementation Update

- Data Abstraction Problematic
- NJHiTech has teamed with our CRPA IT department recently to help with data abstraction tool
- Downloaded Data was not “CLEAN” as it did not represent providers accurately (if primary care was outside of CRPA, specialists would be named)
- Manual abstracted data, based on 2014 attribution list has Diabetic Foot exams being done on 35 of 218 eligible or 16% of the time year to date
- Education on exams began in June/July of 2015: data moving forward will be more helpful to determine if providers are implementing foot exams.
Thank You!

Questions