# What's with All the Metrics? Unified Quality Symposium: Types of Data, Measures

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## Outline and Objectives

When finished with this exercise, you should be able to:

- Describe the evolution of the medical record and what clinical documentation represents in healthcare today
- Understand the difference between administrative/claims and clinical data
- Recognize the importance of data registries to an integrated health system delivering population health



#### Who Are We?

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No financial disclosures



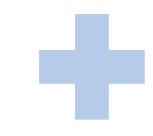
#### Quiz

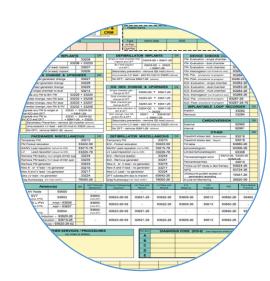
- If we didn't have to record patient care encounter details, would we?
- If there were no rules, what information would you record?

- Why do we have to record the data?
- What would you do with it?



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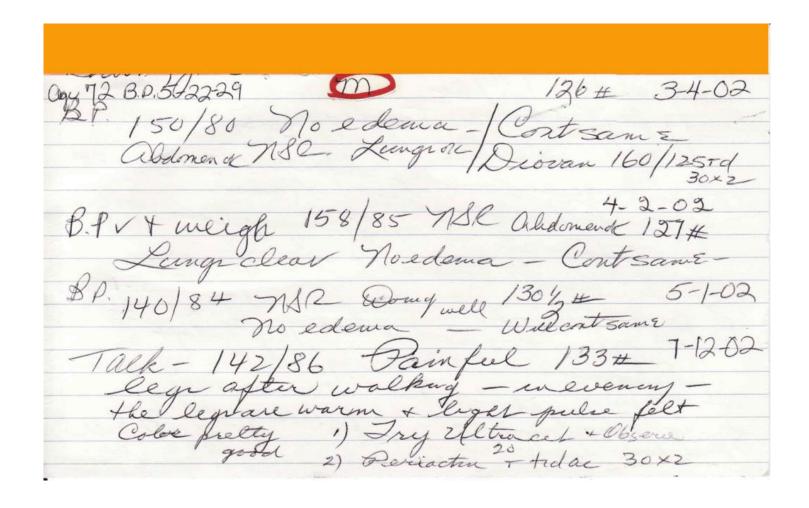


#### Perspectives of Healthcare Data





# A Long, Long, Time Ago...?





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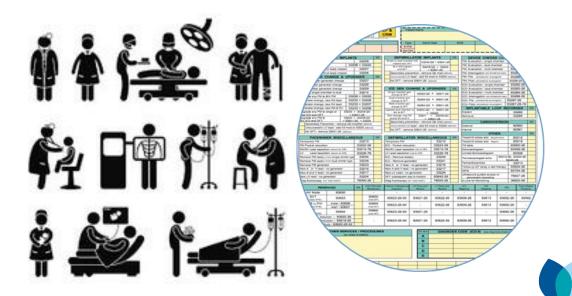
Provider



#### Quiz

 What problem were physicians trying to solve with this data?  What problem were insurance companies trying to solve with this data?





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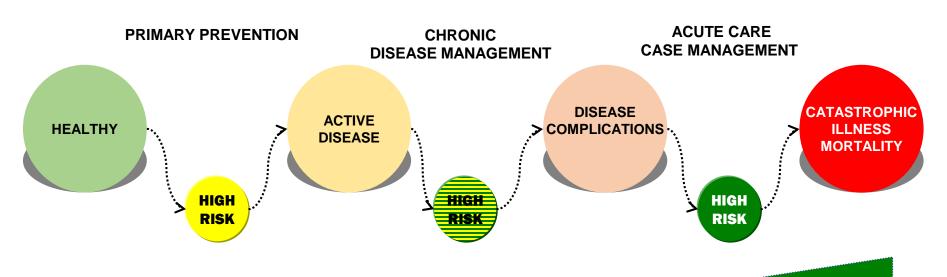
# How Insurers Get Their Data (Hint: From Us)

- Every invoice (claim) submitted to an insurance company is attached to a diagnosis code, presenting a "complete" view of a patient's medical picture
  - Pharmacy refills
  - Lab and radiology tests
  - Physician office visits
  - Medical procedures
  - Inpatient admissions
  - Emergency Department and Urgent Care visits
- MIB Medical Insurance Bureau, Inc.
  - Consumer reporting agency comprised of 750+ member companies, accounting for 99% of all life insurance policies and 80% of all health insurance policies in the USA and Canada<sup>1</sup>
  - All diagnosis codes are submitted and pooled for access by private membership
  - Founded in 1890 to "ensure the livelihood of their businesses, the solvency of the insurance industry, and the fair and equitable pricing of policies."<sup>2</sup>



**Health Informatics** 

## How Insurance Companies See the World





#### **ADMIN/CLAIMS DATA**

- Track and Manage Cost. Try to Predict Cost and Forecast Premiums.
  - An insurance company that can predict cost is more competitive.
  - In many ways, they know more about our patients than we do.
- Insurance premiums and therefore profitability are determined by claims data....that we
  provide to the insurance companies.



## Summary – What data comprise...

#### **Administrative/Claims**

- Visits
- Physician
  - Name
  - Specialty
- Diagnosis
- Services billed to insurance
  - Lab type
  - Scan type
  - Prescription names, quantity
  - Procedure type

#### **Clinical**

- Vital Signs
- Subjective clinical findings
- Objective clinical findings
- Problem List
- Assessment and Plan
- Lab results
- Scan impressions
- Prescription instructions
- Procedural notes



# A Case Example

John	Bill	Fred
45yo	45yo	45yo
Male	Male	Male
Uncontrolled Diabetes	Uncontrolled Diabetes	Uncontrolled Diabetes

Who is most at risk?



# Group A: Insurance (Claims) Data

	John	Bill	Fred		
Age	45	45	45		
Gender	M	M	M		
Primary Dx	Uncontrolled Diabetes	Uncontrolled Diabetes	Uncontrolled Diabetes		
# A1c readings in past year	3	1	2		
Prescriptions	Metformin	Lantus, Humalog, Metformin	Metformin, Januvia		
Care Visits in last year	PCP x2, Endo x1	ED x2, PCP x4	PCP x1, ED x1		



# Group B: Physician (Clinical) Data

	John	Bill	Fred	
Most recent A1c Value	10.00	10.00 6.70		
Prior A1c Value	8	13	8.35	
Creatinine Value	2.5	0.9	1.3	
Problem List	Carotid Bruit			
Notes		<ul> <li>ED visit due to low blood sugar (improper diagnosis for visit in chart, correct diagnosis in notes)</li> </ul>		

# Group C: Social Data (SDOH)

	John	Bill	Fred
Marital Status	Married	Single	Widower (recent)
Occupation	Physician	IT Analyst	Unemployed, just fired
Diet	Vegan	Vegetarian	
Access to Transportation	Owns car	Owns car	Drove work truck to appts
Personal Notes	None noted	None noted	Abnormal PHQ



#### Quiz

Is the data shrinking or growing?
How do we manage this?





#### Take Care of More. See Fewer.

#### **Primary Care & Prevention**

- The average US PCP Panel is ~2,500 patients
  - A full time work year is 2080 hours
  - (<1 hour per patient per year)</li>
- To manage chronic disease will take ~3-10 hours per day depending on level of control<sup>1</sup>
- To manage prevention per USPSTF will take
   7.4 hours per day<sup>2</sup>
- Some estimates are as high as 21 hours aggregate daily

#### Population Management<sup>3</sup>

- Patients receive 55% of the chronic and preventive services that they need
- There is a mismatch between PCP capacity and the work needed to be done
- Right-sizing panels to accommodate extra work and close gaps would reduce panels to less than 1,000 patients per PCP
- Healthcare costs now represent more than \$600 billion more than would be expected for a country of our size<sup>4</sup>



<sup>&</sup>lt;sup>1</sup>Østbye T, Yarnall KS, Krause KM, Pollak KI, Gradison M, Michener JL. Is there time for management of patients with chronic diseases in primary care? Ann Fam Med. 2005;3(3):209-214. <sup>2</sup>Kimberly S. H. Primary Care: Is There Enough Time for Prevention? American Journal of Public Health April 2003: Vol. 93, No. 4, pp. 635-641. <sup>3</sup>Altschuler J, Margolius D, Bodenheimer T, Grumbach K. Estimating a reasonable patient panel size for primary care physicians with team-based task delegation. Ann Fam Med. 2012;10(5):396-400.

## How do We Prepare to do this in Healthcare?

- Focus on Developing Our Clinical Data<sup>1</sup>
  - Improve data accuracy and completeness
  - Increase discrete data through structured workflows
  - Focus on physician workflows which, when substantially varied, obscure efforts to reduce errors and increase efficiency
  - Simplify documentation. Burdensome documentation requirements drive physicians to use templates and copy/paste which reduces data accuracy
- Recognize the role of the EHR & Clinical Data Registries
  - The Healthcare Industry is on the verge of meaningful analytics<sup>2</sup> Leverage the
    disease management and disease prevention advantages of clinical data registries
    in a problem-focused manner
  - Develop clinical data registries and integrate with claims data for a more real-time, holistic and valuable view of the patient

### What is a Clinical Data Registry?

- Systematic clinical compilation of patient data
  - Usually by disease or care goal (i.e., hypertension, cancer screening)
  - Designed for a specific purpose
- Resource for patient management and quality improvement
- Support tool for physician and care team at a population level
- Engine driving clinical decision support
- Integration point of claims, clinical and patient-entered data

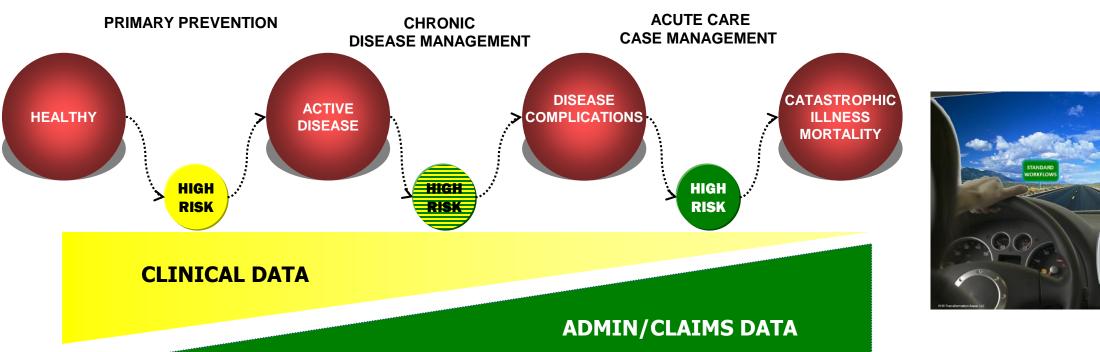


#### Uses for Clinical Data Registries

- Track the course of a single disease (e.g., diabetes)
- Measure alignment of therapy with standard of care (e.g., eye exam)
- Integrate data from multiple health systems, claims and patiententered sources into one uniform record
- Pre-fetch data for immediate availability in reports and analytical tools, dramatically reducing the time requirement for knowledge delivery
- Provide a "source of truth" to drive clinically-integrated care



## Registries: WIIFM? (Hint: Actionable Data)



Customized **Epic EHR** 

- Clinical Data integrated with Claims data gives whole picture, beyond the EHR
- Population-based tools are designed for advantages over single-patient data
- Care for large numbers of patients requires enhanced speed and efficiency for planning
- Integrated tools empower clinical teams to extend physician care, all on same page



#### Summary

When finished with this exercise, you should be able to:

- Describe the evolution of the medical record and what clinical documentation represents in healthcare today
- Understand the difference between administrative/claims and clinical data
- Recognize the importance of data registries to an integrated health system delivering population health





