

# Clinigence Registry Case Study

## Overview:

Participation in value-based care programs requires an ongoing commitment to increasing quality, reducing cost and improving patient care. Outside reporting (e.g. to CMS, State Medicaid programs and commercial payers) involves the participant's ability to implement the appropriate process and methodology to collect and deliver auditable evidence, no matter where the data resides.

However, due to today's limited healthcare interoperability framework, gathering complete patient data can be difficult and time consuming. Even healthcare systems that have consolidated on a single EHR platform often struggle to abstract data buried in clinician notes and imported documents. For most care delivery organizations, the problem is exacerbated by the multitude of systems where data resides.

Complete and accurate reporting of patient data is critical to program compliance. But at best it represents half the battle. In order to succeed in value-based care, participants must also manage and improve quality. The ability to both improve and report on quality entails gaining real-time access to all sources of clinical data.

Combining quality data from EHR systems with cost and utilization data from claims increases the organization's ability to reduce the total cost of care and maximize shared savings. Although leveraging EHR data for ongoing quality improvement remains a hurdle for many ACOs, others have overcome this challenge and achieved efficient and meaningful clinical data integration that both serves their quality improvement goals and reduces their reporting burden.

## Challenges:

A Large Washington based MSO with more than 1,000 providers in over 100 independent offices, and a community hospital based ACO in Indiana with 63 PCPs in 24 practices and 133 specialists in 23 practices, were both experiencing similar challenges related to annual MSSP GPRO reporting. They both had to contend with manual abstraction and review of patient data from multiple EHRs, consolidation into the CMS web interface and submission of roughly 3,500 patient records including tens of thousands of data points within an 8-week period.

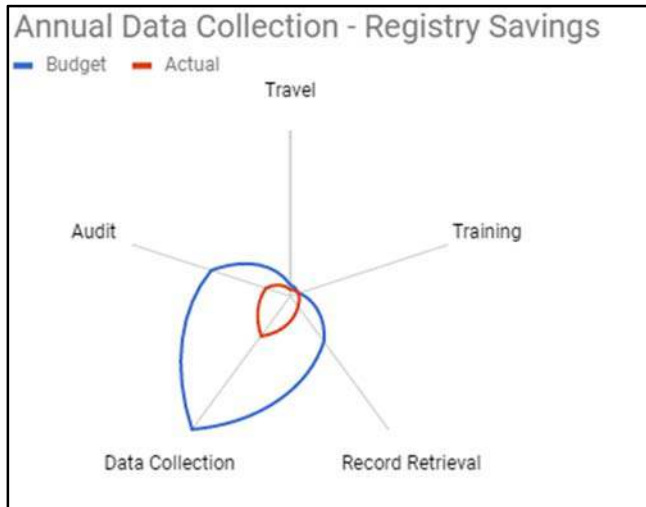
The large MSO counted a total of 49 different EHR platforms. They estimated that it would take 12 clinical and informatics staffers over 4,000 person-hours to pull and consolidate all the data needed for submission. It was an expensive proposition and they needed to find a better way.

The community hospital based ACO, although they had a smaller geographic distribution, experienced similar challenges related to multiple EHRs and manual extraction. Unlike the larger MSO however, they did not have dedicated ACO staff to deploy so they had to engage the staff at the individual practices. Data collection activities interfered with their routine patient care duties which seemed to have a negative effect on data accuracy and caused frustration to many of the clinicians.

## Provider Benefits:

Both organizations engaged Clinigence as a chart abstraction registry tool using various levels of integration. Each achieved results that helped them increase data accuracy, reduce labor costs and improve clinician engagement and satisfaction.

Using the Clinigence chart abstraction registry, the large MSO was able to reduce the project scope by 69% compared to their original estimate. The MSO has also decided to expand its use of the Clinigence chart abstraction tool from MSSP quality data collection to all its Medicaid and commercial payer contracts.



The chart on the left shows how the MSO was able to reduce its budget for the annual MSSP data collection and reporting by 69% using the Clinigence Registry solution. Costs are broken down to the following 5 categories:

1. Record Retrieval
2. Data Collection
3. Travel
4. Training
5. Audit

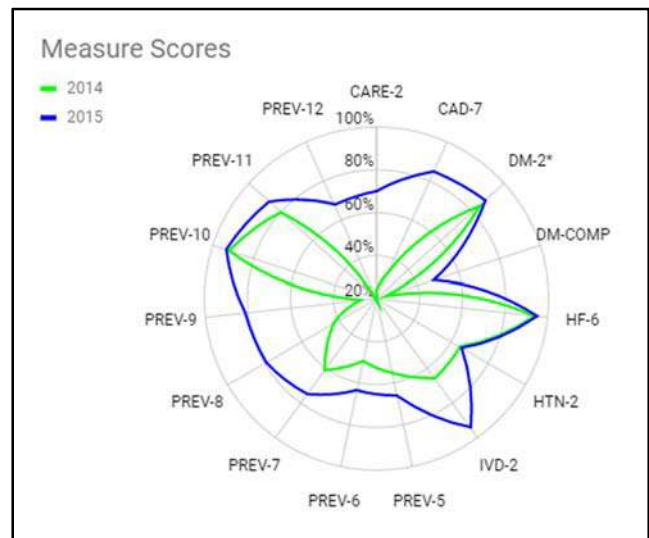
As illustrated, the most substantial savings were achieved in the data collection, record retrieval and audit activities.

The community hospital based ACO elected to use Clinigence’s highly efficient data integration technology to automate the extraction of data from its EHR systems. With 80% of the data pre-populated in the registry and 96% of extracted data

accuracy, clinicians needed to spend minimal time completing and auditing the submission data. The result: dramatic increase in data accuracy, provider engagement and satisfaction. The integration also allowed providers to monitor their performance on an ongoing basis using individual scorecards, leading to a 30% quality improvement.

The chart on the right shows the community hospital based ACO’s quality improvement following the implementation of the Clinigence Registry and its integration with the organization’s EHR systems.

Quality performance is broken down by individual MSSP measure. Notice the dramatic improvement in care coordination (CARE-2) and many of the preventative measures (e.g. PREV-9 and PREV-12).



Both organizations used Clinigence meaningful interoperability to monitor and manage their quality performance. Easy-to-understand dashboards provided the transparency needed to get a clear picture of cost-reduction and quality improvement opportunities while supporting physicians with easily accessible information required to close gaps in care and improve population health.

**Clinical integration and registry solution:**

Clinical integration is the key to successful, quick and effortless annual quality reporting. Additionally, it can help you manage and improve your quality scores by providing access to real-time clinical data aggregated from your EHRs. Understanding that practices utilize EHRs in various ways, Clinigence provides the framework for practices to validate their own data for accuracy and completeness. If a practice uses an alternative charting workflow for a specific measure data point, the Clinigence robust data mapping engine will adjust to the practice’s particular workflow.

Clinigence provides an agile platform based on semantic technologies and a patent-pending “declarative classification engine,” giving practices the ability to map any data point to the requirements of any measure. This technology enables aggregating data from virtually any EHR at a fraction of the cost and time required by other solutions. Moreover, Clinigence adapts to the highly variable EHR charting practices and delivers meaningful reports on both standard and custom measures across multiple EHRs. Where most health IT vendors struggle to provide even the most basic data exchange, Clinigence releases the value of the data locked in your existing and future systems.