

Clinical Data Analytics

Breakout Session Notes

April 26, 2012; 10:45am – 2:00pm ET

Attendees: Dawn Alayon, Dana Alexander, Kathleen Aller, Itara Barnes, Sheri Campion, Imran Chaudri, Chengjian Che, Brandon Crosser, Mindy Dobkin, Joe Francis, Jeff Garner, Sharon Giarrizzo-Wilson, Cecilia Hahn, Patrice Holtz, Lois Krysa, Gerard Livaudais, Mary McCall, Karen Nielsen, Ted Palen, Kim Schwartz, Jill Shelly, Marsha Smith, Chris Snyder, John Song, Mary Thompson, Donna Thompson, Sarah Tonn, John White

NQF Staff: Beth Franklin, Anisha Dharshi

Vignette - Ted Palen, MD, Kaiser:

- Background: how to translate research into practice
- Need to have the patient at the center of considerations for eMeasures
- Slide 12
 - Safety/quality alerts depend on principle data standards in the background to avoid conflict between charts and the system
 - Need to work with community resources to define such metrics (community-level screenings/interventions and subsequent follow-up/retesting)

Vignette – Chris Snyder, DO, Peninsula Regional Medical Center presentation:

- Incentives to continue to prove that systems work, that taking data and translating it for why is important to physicians does lead to greater success. Physicians challenging the reliability and safety of the system only helps the system improve.
- Need to make sure that reports and outputs show easily and quickly what is clinically meaningful for providers
- Changing across the country – physicians and nurses are helping to make financial decisions for systems
 - AHRQ mantra: “Nothing about us without us”
- Common problem: data rich and knowledge poor

Deliverables to HHS

1. Best practice examples
 - a. Standardize process for matching patient condition to actual diagnosis
 - b. Sepsis
 - c. Processes/Workflow
 - d. Code systems
 - e. Culture
 - f. Outcomes measures to improve clinical practice
 - g. Discreet data to drive patient outcomes
 - h. Docs want to see success – tell them over and over again what is
 - i. Ordering Dilaudid at Peninsula changed the behavior of providers ordering habits
2. Gaps/Challenges
 - a. Defining measures → educating vendors → uniformly implementing
 - b. Have not been able to validate eMeasures via Stage 1

- c. Competing systems within settings (hospitals)
 - d. No clinical analytics around data going in
 - e. Need standard measures/eMeasures that are outcome-oriented for all systems
 - f. To create eMeasures, measure developers need to understand better the various vocabularies that are required for eMeasures
 - i. Need incredible amount of resources and then a continued understanding of the code sets
 - g. Need to align payment structures with documentation in a record (built off guidelines based off evidence)
 - i. → Attach guidelines to eMeasures
 - h. “Clearing the murky water”
 - i. Level of detail entered by a provider for use with measures – some are more granular than other with data captured they are reading
 - j. Patients are not reading the publicly available data and those who do don’t always understand the data
 - k. Time to enter the data
3. Opportunities/Recommendations
- a. Robust educational tools for consistent implementation
 - i. Code sets -> QDM -> MAT -> EHR
 - b. How do you get the group together to identify one area for measures – how do you get to the one formula? Gather groups to get to the first round
 - c. Simple metric for private practice/specialty care to drive the process
 - d. Low hanging fruit – Coumadin, INR
 - e. Capturing patient reason is necessary to under why something occurred or didn’t occur
 - f. Using data over and over again to drive patient centered outcomes
 - g. Vendor challenges: Time in and time out on the box for users
 - h. ‘Evidence generating medicine’ – using the e-matrices captured to generate the evidence – management while studying
 - i. Challenge the med schools, informatics schools, vendors to stimulate creative notions on how to do it

Additional Points

- Leveraging structured vs. unstructured data
- VA success stories – 100% electronic – if system goes down in trouble – 2nd generation problems – too many clinical messages –
- Time motion studies to understand workflow
- Usability is crucial
- Real-time feedback – when putting data in system it should provide you with immediate feedback
- Communicating appropriately – get rid of noise – computer is a tool