AGENDA
- Introduction
- Truven Role in CHIPRA Project
- Data Assessment
- Measure Development
- Quality Reporting
- Lessons Learned
- Next Steps
- Questions & Discussion

DATA ASSESSMENT
- Data Findings
- Missing data fields impacting at least 3 measures (e.g., no pharmacy or revenue codes)
- Some EMR data not reflecting procedure coding
- Eligibility data only available for Medicaid population
- Wide variation in data entry processes across practices
- Dates of birth (impact age)
- Multiple Patient IDs (overstated population counts)
- Diagnosis and procedure code documentation (impacts measure calcs/81/888)

MEASURE DEVELOPMENT
- Measured Evaluation
- Measured Findings
- Assessed data availability and reasonability
- Completed measure development for 13 measures which were feasible with current data
- Identified alternative data sources to supplement missing data elements for completion of remaining measures.
- With currently available data only 13 measures can be calculated (out of 21).
- When compared to baseline results, EMR data results are lower.
- Immunization data is sparsely reported (50%)
- Measures with good results from EMR data include:
  - Access to Care
  - Well Child Visits

PROVIDER REPORTING EXAMPLE

Report will be call-out monthly for previous submitting data.
QUALITY REPORTING

Initial Reporting
- Created and delivered 6 initial quality reports
- Discussed results with practices to better understand data issues and EMR coding
- Identified options for alternative versions of measures including:
  - Observation Coding
  - Related Criteria

Looking Ahead
- Complete coding for remaining measures when data is available
- Understand similarities and differences in baseline data
- Examine other EMR components for better reporting of services delivered
- Enhance report format with additional notations and documentation

LESSONS LEARNED
- Most EMRs are not pediatric "friendly"
- The practices' EMR alone does not constitute a complete medical record
- EMR data differs from traditional claims data in that it is:
  1) Incomplete
  2) Inconsistent
  3) Redundant
- Multiple or various EMR systems make it difficult to extract and use data
- Standardized ways of recording data related to pediatric core measures will be essential to achieve the full potential of using EMR software for quality improvement work
- Continued examination of documentation procedures, practice flow and EMR format to develop recommendations for changes to EMR templates to facilitate reporting is needed
- Some of the necessary initiatives (adapter builds, site connectivity, etc.) have been slower than expected due to:
  1) EMR system transitions
  2) Meaningful use requirements
  3) Climate

NEXT STEPS
- Work with CareEvolution on:
  - Receiving additional practices
- Improve Data Measurement by:
  - Supplementing data to minimize current data quality issues (e.g., missing ROCs)
  - Developing new methods to capture text from EMR documentation (e.g., BMI checklists)
- Enhance Practice-level Reports through:
  - Developing metrics that are better supported through EMR data (e.g., revised criteria)
  - Adding numerators and denominators
  - Including additional footnotes
  - Delivering monthly reports
- Assisted Practices to Utilize Reports by:
  - Identifying opportunities for measure improvement through additional POIPA cycles

QUESTIONS & DISCUSSION