Data Management at the Network Level
California Comparative Analytics Project (CCAP)
CCAP Working Group
Panel Discussion
Topics

• Introduce Panel
• Summary of CCAP Effort in 2012
• Panel Discussion: Successes, Challenges, Lessons Learned
• Audience Q & A
Panel

- Christy Rosenberg, Executive Director, Community Clinics Health Network, Council of Community Clinics
- Ray Parris, CIO Golden Valley Health Centers, Central Valley Collaborative
- Margie Powers, Project Director, Blue Shield of California Foundation
- Janice Nicholson, CEO i2i Systems
CALIFORNIA COMPARATIVE ANALYTICS PROJECT (CCAP) 2012
Background

• Since widespread adoption of electronic health records (EHRs) in the health sector, demand for analytic capacity to mine EHR data has increased dramatically to support quality and performance improvement and pay for performance (P4P)

• Analytic needs range:
  – Basic: EHR report generation (queries, standard reports, data exports)
  – Advanced: Proactive care support, CQM computation, tabular and graphical trending, drill-down to center, site, provider levels, comparative/benchmarking, statistical testing, predictive analytics

• Health Center Networks have been challenged to build sustainable analytic capacity to meet these new demands
P4P Measures Focus

- **UDS**
  - 12 quality of care measures
- **Meaningful Use Program**
  - 64 clinical quality measures by Stage II
- **Patient Centered Medical Home**
  - 4 core, 3 optional CQMs
- **Health Plan Incentives**
  - 50%+ of incentives quality measures
- **Health Center Controlled Networks**
  - Achieve HP2020 goals for UDS measures, PCMH recognition
- **Accountable Care Organizations**
  - 32 quality measures by year 3
California Comparative Analytics Project (CCAP)

- Network analytics demonstration project sponsored by Blue Shield California Foundation & i2i Systems
- Clinical, operational, and finance data
- Data brought together from 5 different EHRs
  - NextGen, ECW, HealthPort, Allscripts and Epic
- 4 Consortia/Networks participated; 20 Health Centers
CCAP By the Numbers

• 4 Consortia/Networks
• 20 Health Centers
• 135 sites
• 650,000 unduplicated patients/year
• 2.7 million visits per year
• 20% of health center volume in California

<table>
<thead>
<tr>
<th>Measure Domain</th>
<th>Key Measures/Measure Sets</th>
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<tbody>
<tr>
<td>Clinical</td>
<td>Meaningful Use, PCMH, HEDIS, Healthy People 2020, PQRI, All Heart, and RISE</td>
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<tr>
<td>(30+ measures)</td>
<td></td>
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<tr>
<td>Operational</td>
<td>No Show Rate, Cycle Time</td>
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<tr>
<td>(2 measures)</td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>Operating Margin, Days Cash on Hand, Current Ratio</td>
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<tr>
<td>(3 measures, BSCF high priority set)</td>
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PopIQ Analytics Platform Deployed

Clinical Quality Measures (CQMs)

Insert targets to flag high and low performers

Publishing facilities
PopIQ Measure Trending

Trend HbA1c > 9 measure over time by publisher type
PopIQ Dashboard

Display multiple CQMs side-by-side
CCAP Successes

• Has advanced analytic capacity at the consortia/network level
• Has provided CQM, operational and finance measures reporting at the state, network, center, site level
• Has enabled access to California health center data for comparison leading to more local sharing of data and best practices
• Has prepared networks, in particular HCCN grantees, to begin focusing on improvement right away vs. spending time to put analytic capacity in place
• Has catalyzed a data-driven culture shift among network’s including use of data for outreach and advocacy
• Has informed refinement of the analytics platform and services by vendor; there is now improved automation of data mapping and reports that decreases set-up burden on health centers and networks
CCAP Challenges

- Was difficult for CCAP participants to allocate resources to the project considering other priorities at play
- There was an unexpected learning curve with use of operational and financial measures; required additional communication and forums with finance leaders
- It was difficult to mobilize resources at the network and clinic level to validate data; clinics feared using data they did not trust
- It was difficult at the network level managing to center level EHR data challenges and lack of familiarity with EHR clinical content
- It was a challenge working with EHR systems that are not easily interoperable; required extra resources and cooperation from vendors that have very closed systems
Recommendations & Next Steps

• Continued focus on data validation and role of data advisor in health centers to ensure data quality
• Continued training on use of platform to leverage reporting efficiencies at network and health center level
• Focus on use of data for improvement and best practice sharing to achieve higher levels of performance
• Explore operability with other devices (e.g., iPad) to make data more accessible to all levels of staff
• Share the accomplishments, learning and opportunities identified in this project to further investment in building data capacity
• CCAP Phase II?
CCAP Phase II?

- Scale up to include all centers within Consortia/Networks – 65 health centers
- Continued refinement, data validation of clinical, operational, finance measures
- Demonstrate scalability of network analytics
- Evaluate ROI

North CA (NCCN) 4 ctrs
Central Valley (CVHN) 17 ctrs
L.A. (CCALAC) 28 ctrs
San Diego (CCC-SD) 16 ctrs

i2iPopIQ Global Health Management System

i2iSystems Solutions for Creating Healthier Populations
All 4 CCAP Participants Received New BSCF Funding!

Data Capacity for Community Health Center Consortia ($1,065,000):
This group of grants is focused on enabling California’s community health center consortia to: build their data capacity; effectively utilize electronic tools for data collection, reporting, analysis, and exchange; and leverage data to measure clinical, financial, and operational performance. Funds will support the following organizations:

- Community Clinic Association of Los Angeles County (Los Angeles County)
- Council of Community Clinics (San Diego, Imperial, and Riverside Counties.)
- North Coast Clinics Network (Humboldt, Trinity, and Del Norte Counties)
- Central Valley Health Network (Northern Central Valley and Inland Empire)
- Coalition of Orange County Community Health Centers (Orange County)
- Community Health Partnership (Santa Clara and San Mateo Counties)
- Redwood Community Health Coalition (Marin, Napa, Sonoma, and Yolo Counties)
- California Family Health Council (Statewide)
- Community Clinic Consortium (Contra Costa and Solano Counties)
- Community Health Center Network (Alameda County)
PANEL DISCUSSION
AUDIENCE Q & A
Panel Discussion

• How has the CCAP experience changed you and your thinking about healthcare?
• What does your experience with CCAP tell you about what it is really going to take to improve the delivery of healthcare today?
• Did your assumptions about CCAP changed over the year? How? Why? What does it mean moving forward?
• What totally surprised you about this project? Why?
• What do you want the audience to remember? One take-away?
• Questions for Blue Shield California Foundation:
  – Why is this project important to BSCF?
  – What expectations did BSCF have of this effort and have they been fulfilled?
  – What future expectations are there to build upon the work achieved in this project?
  – For consortia/networks that were not able to participate, how might they be included in a future effort?
Panel Discussion
Successes, Challenges, Lessons Learned

• **Resource Allocation**
  – Making the business case (ROI, TCO)
  – Funding sources (internal, external)

• **People**
  – Staff sufficiently trained in analytics; workforce shortage

• **Processes**
  – Complexity of computing and validating Clinical Quality Measures (CQMs), operational, financial measures (e.g., numerator, denominator and exclusion criteria) in a standardized way
  – Systematic and aligned reporting at the network, health center, site, and provider levels; streamlined reporting for all levels
  – Achieving quality and performance improvement with the data

• **Technology**
  – EHR data quality (clinical content design, utilization; structured vs. unstructured fields)
  – EHR interoperability (vendor collaboration)