



CASE STUDY '16

Quality Reporting with

 **Datashop**

Powered By

 **Datashop**

Overview

United States has been behind the OECD nations when it came to quality of healthcare being delivered and cost incurred for the same. In an effort to drive quality, CMS introduced a series of quality incentive programs to bring a shift from volume to value of care.

Challenges ACO was facing in Quality Reporting

An ACO knew that in order for it to achieve successful outcomes, it was of paramount importance that the metrics performance data was accessible and visible, and barriers to improving ACO's metrics needed to be identified and addressed. The ACO was essentially starting with a blank slate when it came to timely access to reliable, objective measures of physician quality.

The ACO was facing challenges in gathering reliable performance information about all patients, by their provider, group practice, and payer to strategically set physician incentives for all of its employed physicians, and to more effectively negotiate at-risk contracts with third-party payers. In order to meet all of these information requirements, an analytics solution was needed that could pull data together for, as well as differentiate between, independent and employed providers and practices, and ACO and non-ACO providers and practices. It was further complicated by the multiple different data sources used by employed and independent practices.

The providers' ACO performance data were months behind, which made it difficult to identify and focus efforts on problem areas to improve performance. Individual providers and group practices had difficulty judging how well they were doing because they couldn't see their results in relationship to their peers or national benchmarks.

Quality Reporting on Datashop

The platform has the ability to ingest CMS provided a patient list and match it against the master patient index on the Datashop platform to provide a report on data gaps with the provided attribution, and the ability to report on the CMS required measures. Datashop can also share the patient lists with the attributed PCPs to work on identifying and filling data gaps, the progress and status of data completion can be tracked on Datashop itself on a weekly basis.

Datashop helped the ACO to develop a unique process for TIN identification for reporting, data aggregation, and mapping. The platform provided the ability to export the reports in the Excel/XML format according to the CMS specification so that it can be uploaded to CMS.

Data from multiple disparate systems was aggregated and analyzed in collaboration with ACO, then a map of patient encounter data to billing data and NPI data was created. This helped resolve the gaps, resulting in penalty avoidance for all reporting physicians. Since Datashop can aggregate data coming in from multiple sources, including the data from the EHRs which is at least three months ahead of claims data, Datashop was able to provide a more concise report, based on updated data points.

By using Datashop's drilled down contract performance measure, which helped the providers narrow down to every immediate level; from the regional level to an individual physician, the providers were able to get a detailed view of performance at every level, and take corrective measures.

Datashop also helped to evaluate ACO's data across all PQRS measures and determine which measures had the highest data coverage rate for each provider. This information was used to make recommendations regarding which measures would be most efficient for each provider to use for PQRS reporting and to identify patient-level gaps in data. Moreover, with Datashop's flexible measure builder, new measures could be added as needed, and providers could obtain a swift and transparent report.

Impact

- An increase of 34% was registered for providers meeting incentive requirements.
- Datashop helped the ACO realize almost \$1.5 Million in avoided PQRS penalties, along with an additional \$239K to quality reporting incentives.