Beacon Leadership Team (BLT) Wrap

Week # 93
April 19, 2013

Each quarter, we submit our quarterly data reports to the Office the National Coordinator (ONC). I am pleased to share some exciting results from our most current submission. I have excerpted these highlights from our April 2013 submission and will share more information with you in upcoming BLTs.

Southern Piedmont Beacon Community Q1 2013 Data Submission

Focus Measures
The focus measures for the Southern Piedmont (SP) Beacon were modified in October, 2012 by removing the focus from the asthma measures and adding a focus measure for diabetes. This measure change was implemented to more closely align the focus measures with the interventions that have been implemented in the SP Beacon region. The ongoing continuity measures for the focus areas will be based on claims data for Medicaid and dually-eligible beneficiaries. In addition, new measures were introduced in Quarter 3, 2012 for all patients (not just Medicaid beneficiaries) living in the SP Beacon catchment. The new all-patient measures are summarized in Table 1.

Table 1: All-Patient Clinically Oriented New Measures for the SP Beacon Project.

<table>
<thead>
<tr>
<th>Measure [Topic: Specific Metric]</th>
<th>Measure Definition [Denominator (D:) Numerator (N:)]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transitional Care:</strong></td>
<td></td>
</tr>
<tr>
<td>Preventable readmission rates</td>
<td>D: All admissions</td>
</tr>
<tr>
<td></td>
<td>N: Patients re-hospitalized for a preventable indication in past 30 days.</td>
</tr>
<tr>
<td><strong>Transitional Care:</strong></td>
<td></td>
</tr>
<tr>
<td>Non-emergent ED encounter rates</td>
<td>D: All ED encounters</td>
</tr>
<tr>
<td></td>
<td>N: Patients with non-emergent ED encounters in past 3 months.</td>
</tr>
<tr>
<td><strong>Diabetes:</strong></td>
<td></td>
</tr>
<tr>
<td>Poorly controlled glucose in diabetes</td>
<td>D: Patients with diabetes</td>
</tr>
<tr>
<td></td>
<td>N: Patients with most recent HbA1c &gt; 9.0% or not performed in the past 1 year.</td>
</tr>
</tbody>
</table>
**Data Summary**

We are ensuring continuity by reporting the original metrics that were defined in conjunction with ONC at the start of the project for the Southern Piedmont Beacon Community for the Medicaid and dually-eligible population. In addition, we are working to adapt the Community's measurement focus to include the entire population in the three-county region served by the Southern Piedmont Beacon program and to focus on clinically oriented metrics over process measures. Specifically, the clinically oriented measures for the entire population in the SP Beacon region include: hospital readmission rates, rates of emergency department use for non-emergent indications, and the proportion of patients with diabetes with poorly controlled glucose levels (Table 1). We have added a new clinically oriented measure that assesses proportion of patients with diabetes with LDL cholesterol levels under good control (i.e., LDL cholesterol < 100). This new measure will not be considered a focus measure, but it will be reported for the entire population of the region. Historical data for these "all-patient" measures have also been extracted in order to observe the trends for these measures since the inception of the Beacon project.

The data for these new clinically oriented, all-patient measures are derived from billing, EHR, and laboratory data from all 3 health systems/hospitals operating in the SP Beacon in order to generate results that are representative of the population in the region. Laboratory result data for diabetes that require a one year look back are limited from one health system (Novant, Rowan Regional Medical Center) because historical laboratory values prior to the migration to a new electronic health record in Q1 2012 are not readily available.

The characteristics of the two sets of reported measures are summarized in Table 2.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Continuity Medicaid Measures</th>
<th>New All-Patient Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Population</strong></td>
<td>Defined population of Medicaid and dually eligible beneficiaries</td>
<td>Population of convenience based on where patients received healthcare services and county of residence; will also include data on Medicaid patients</td>
</tr>
<tr>
<td><strong>Data Sources</strong></td>
<td>NC Medicaid claims and chart audits</td>
<td>Health system billing, laboratory and EHR data</td>
</tr>
<tr>
<td><strong>Time Frame</strong></td>
<td>Reported since start of project</td>
<td>Preliminary reporting in Q3, 2012; retrospective estimates based on historical data</td>
</tr>
<tr>
<td><strong>Scope/Completeness of Data</strong></td>
<td>Comprehensive summary of all services across all provider organizations for Medicaid beneficiaries</td>
<td>Representative of services provided at one of the 3 major health systems or their owned practices</td>
</tr>
<tr>
<td><strong>Timeliness</strong></td>
<td>3 to 6 month lag relative to care event to allow for claims adjudication</td>
<td>Mostly complete within 2 to 3 weeks of an event</td>
</tr>
<tr>
<td><strong>Measurement Type</strong></td>
<td>Clinical and process measures</td>
<td>Clinical outcomes</td>
</tr>
</tbody>
</table>
Medicaid Claims-based measures

A high-level descriptive summary and graph are included below for each of the Medicaid focus measures. For additional detail, refer to the SP Beacon Data Reporting spreadsheet included with the data submission. The spreadsheet also includes the data for the non-focus measures. This can be emailed to you upon your request.

Preventable Readmission Rate

Within the Medicaid population, seasonally compared rates of preventable readmissions continue to show a favorable trend for lower rates of readmission over each successive year of the Beacon project (Figure 1). The findings are particularly encouraging in that the Medicaid population has been a target focus for Beacon-related interventions particularly during the initial years of the project.

Figure 1

![30 day All Cause, Preventable Readmission Rate, by Quarter](image-url)
Non-Emergent ED Utilization

With regard to rates of non-emergent emergency department utilization, we observed a favorable trend when comparing seasonally aligned rates between the first and second years of the Beacon project (Figure 2). However, since quarter three of 2012 and ongoing, we have observed increases in this rate that are on par with the first year of the SP Beacon program. We suspect that this return to baseline rates of non-emergent ED utilization may reflect a shift in the emphasis of the care management program away from ED utilization and on to other projects.

Figure 2

Non-emergent Emergency Room Rate, by Quarter

Percent

Quarter 2 | Quarter 3 | Quarter 4 | Quarter 1
--- | --- | --- | ---
3.7 | 3.61 | 3.58 | 3.3 | 3.12 | 3.58 | 3.36 | 3.12 | 3.44 | 3.4 | 3.01 | 3.01 | 2.80

2010-11 | 2011-12 | 2012-13
**HbgA1c > 9**

Data extracted from systematic chart audits within the Medicaid population of the Southern Piedmont Beacon region continue to show a steady trend of improving glucose control for patients with diabetes (Figure 3). The results for 2012 show a 2% decrease in the percentage of patients whose hemoglobin A1C was greater than 9%.

![Figure 3 - HbgA1c>9, by Yearly Chart Review](image-url)
All-Patient Measures

A high-level descriptive summary and graph are included below for each of the all-patient measures. For additional detail, refer to the all patient metric spreadsheet included with the data submission.

Preventable Readmissions

The historical trend for preventable readmissions has been favorable when shown as seasonally compared rates that plot results from the same quarter across project years. With the exception of Quarter #2 in 2011, the line capturing the rates for 2011-2012 is consistently below the line depicting rates for 2010-2011 (Figure 4). The readmission rates for 2012-2013 appear to be similar to rates observed in the matching quarters of the previous year though there may be a shift toward a trend for a progressive decrease as suggested by results from the current quarter (Q1, 2013).

![Figure 4: Preventable Readmissions - All Hospitals](image_url)
Non-Emergent ED Utilization

The seasonally aligned rates of non-emergent ED utilization have shown a variable pattern over the course of the project. There was a suggestion of a favorable decreasing trend between the lines representing 2010-2011 relative to 2011-2012 (Figure 5). However, based on the results we have observed so far, we have not been able to demonstrate whether or not we are showing any significant impact on non-emergent ED utilization across all patients. We can make the observation that the non-emergent ED utilization rates have been lower for the second and third Beacon project years we compared to the initial year. One explanation for not seeing a significant impact across all patients may be that much of the initial effort within the SP Beacon has been focused on Medicaid beneficiaries. The improvements in non-emergent ED utilization observed within the Medicaid population may be lost in the larger numbers when all patients are evaluated.

Figure 5

Non-emergent ED Utilization - All Hospitals

- Year 2010-11
- Year 2011-12
- Year 2012-13
Meaningful Use (MU) Update

**Please note, effective March 25th, the NC Medicaid EHR Incentive Program has a new telephone number. Moving forward, please direct all questions or comments to 919-814-0180.**

Per the federal sequestration, a 2% reduction will be applied to any Medicare EHR incentive payment for a reporting period that ends on or after April 1, 2013. This sequestration will not impact Medicaid payments for the EHR Incentive Program. For more information, please click here.

Attestation Tail Period Ending for Program Year 2012

The NC Medicaid EHR Incentive Program attestation tail period for 2012 attestations will be ending on April 30, 2013. If you plan to submit a 2012 attestation for the NC Medicaid EHR Incentive Program, you must do so before April 30, 2013.

NC Medicaid Incentive Tracker

Click here http://www.ncdhhs.gov/dma/provider/PaidAsOf20130131.pdf to see a list of all the providers that have received an NC Medicaid EHR Incentive Payment (as of January 31, 2013).

Source: http://www.ncdhhs.gov/dma/provider/ehr.htm

Must read articles

Forced into lockdown, Boston hospitals balance operations, safety
April 19, 2013 | By Alicia Caramenico

Southern Piedmont Beacon Community
845 Church Street North, Suite 104 Concord, NC 28025
http://www.ccofsp.com/beacon
For hospitals in Boston, this week has been far from business as usual. With a massive manhunt for a second suspect in the Boston Marathon bombing underway Friday morning, hospitals were joining schools and local businesses on lockdown to ensure the safety of patients, family and staff.


Dr. Mark Robinson, Lara Fink, RN, Sandra Michael, RN

Must see media clips/internet links
We are pleased to share that we have now gone public with our HiTech + HiTouch video!

Click the link here
http://www.youtube.com/watch?v=GiuPJSI2t6E&playnext=1&list=PL9CZabk3nD4H8nck6xZ7MWcBFo9kWLrui&feature=results_main

Cabarrus Family Medicine – Kannapolis and Concord released “Veronica’s Story”, a story that shares how their Virtual Care project for monitoring diabetes helps Veronica cope and successfully manage her condition. Please click the link here http://sproutvideo.com/videos/a49bd8b71a1ee5c42c?type=hd

Upcoming Meetings and Events
May 7th – Beacon Executive Committee Meeting – 7am – 8am CCofSP Large Conference Room or call in (tentative)
May 21st – May 22nd – Beacon National Meeting – Pew Charitable Trust, Washington DC
May 22nd – National Health Policy Forum (invitation only) – Washington DC
July 10th-12th - National Association of County and City Health Officials (NACCHO), Dallas, TX

Southern Piedmont Beacon Community
845 Church Street North, Suite 104 Concord, NC 28025
http://www.ccofsp.com/beacon
Career Opportunities
CCNC Opportunities

Community Care of North Carolina is a nonprofit organization that works collaboratively with physicians and other health care professionals to improve health care quality and restrain costs. We serve beneficiaries of Medicaid, Medicare and have begun partnerships with private sector organizations, including Blue Cross and Blue Shield of North Carolina. If you want to make a difference in the health of North Carolinians, CCNC might be the place for you. Currently, we are seeking to fill the openings listed below. For more information contact HR Director John Dowd. Applications are currently being accepted for the following positions. For more information, please see the CCNC Careers page.

- Senior Analyst, Quality Measurement and Reporting
- IC Reports Developer
- Staff Accountant-AP/AR
- Specialty Pharmacist
- CMIS C#.net Developer
- CHIPRA Pediatric Electronic Health Record Coach

Positions at local CCNC networks

If you're interested in position at one of the 14 CCNC networks, please go to our Network Careers Page.

- Quality Improvement Director-Pinehurst, NC (Community Care of the Sandhills)

Do you need to find a previous edition? They are available on our website located at http://www.ccofsp.com/beacon-blt-wraps Have a safe and wonderful weekend!