TRUVEN HEALTH ANALYTICS™

CLINICAL PERFORMANCE IMPROVEMENT

OUR SOLUTION

Meaningful Use Quality Manager helps hospitals meet the EHR incentive program requirements for clinical quality reporting.

ONC-ATCB CERTIFIED
Supporting Meaningful Use
2011-2012
BY CCHIT®
EHR Module
Hospital

FACT: We have been helping hospitals meet the regulatory requirements for Hospital Quality Reporting and Joint Commission core measures program since the beginning.

Meaningful Use Quality Manager

The Truven Health ONC-ATCB certified Meaningful Use Quality Manager product meets the Meaningful Use Stage 1 objective to "Report hospital clinical quality measures to CMS or the states." It calculates and reports the numerators, denominators, and exclusions for each of the 15 clinical quality measures (CQMs) hospitals need to provide to the Centers for Medicare and Medicaid Services (CMS) to qualify for Stage 1 EHR incentive program payment.

The Truven Health Advantage

The specifications and requirements for quality reporting under the EHR incentive program are entirely separate from "core measure" reporting that is done for the CMS Hospital Inpatient Quality Reporting Program (HIQRP) or for accreditation from The Joint Commission. What is common, however, is the need for hospitals to partner with a trusted vendor that specializes in quality reporting. Truven Health Analytics℠ has been a leader in Joint Commission and CMS quality reporting since the inception of those programs. Our data collection and reporting tools, comprehensive client services, and outstanding track record of accurate, on-time submission of critical data to regulatory agencies have been recognized in multiple client satisfaction surveys.

Truven Health understands hospitals' short-term need to meet the Meaningful Use objective, but also believes that hospitals want to report accurate information and be able to use it for performance improvement. Therefore our approach focuses on the data content: building intelligence about Meaningful Use eMeasures*, assisting hospitals in understanding the data elements and data results, and identifying ways to gather the required data within their existing hospital information systems.

** The Meaningful Use CQMs are defined as electronic measures or eMeasures, the specifications for which are provided in the HITSP Quality Measures Technical Note (TN) 906, version 1.1, published April 30, 2010.*

Data Content is Key

The data element definitions for the eMeasures are complex and use standard vocabularies (e.g., SNOMED, RxNorm, LOINC) not commonly used in current EHR systems. Before hospitals can determine if they are correctly capturing all those data elements in their EHR systems, they must obtain an understanding of the data elements required for the calculation of Meaningful Use CQM and complete an analysis of available data elements.

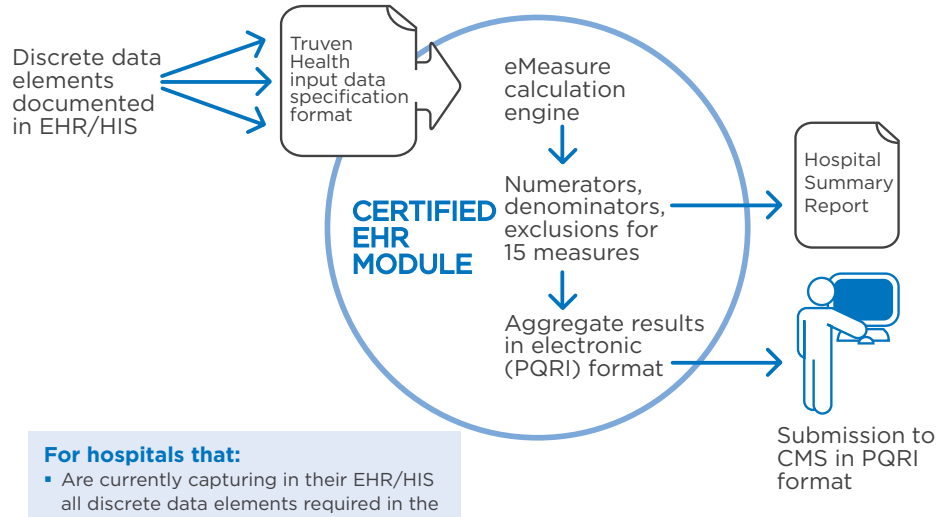
Meaningful Use Quality Manager provides a comprehensive data submission manual that incorporates all the data elements needed for calculation of the 15 Meaningful Use CQMs. The manual will assist hospitals in understanding data element definitions, associated value sets, and likely sources where those data elements may be available within the hospitals' electronic systems. The data submission manual will help facilitate the implementation process, which begins with a gap analysis.

For hospitals not using standard vocabularies as defined in the eMeasure specification, Meaningful Use Quality Manager accepts some of the commonly used EHR vocabularies thereby making it easier to meet Meaningful Use requirements with data they are already capturing.

Secure and Simple Data Submission

The Meaningful Use Quality Manager data submission manual also provides the specifications for the input file that hospitals will create for submitting data to the Meaningful Use Quality Manager application. Meaningful Use Quality Manager provides a simple and secure Web interface for hospitals to upload those files. On receipt of the file, the application's eMeasure

Figure 1: Meaningful Use Quality Manager



For hospitals that:

- Are currently capturing in their EHR/HIS all discrete data elements required in the eMeasure specifications and
- Can provide an extract of those required data elements in a Truven Health specified format

calculation engine calculates the 15 Meaningful Use CQMs for each case submitted in the file. For cases where the required data elements are missing or invalid, the application provides comprehensive error reporting.

Analysis and Reporting

Meaningful Use Quality Manager provides a set of targeted reports that supply all information needed for reporting Meaningful Use CQMs results to CMS through attestation, as well as the electronic data submission format proposed by CMS for future reporting time periods. (See figure 1.)

Meaningful Use Quality Manager reports include:

- Data Quality Report – Provides detailed error reporting for all encounter records included in each data file submitted.
- Measure Summary Report – Provides the aggregate numerators, denominators, and exclusions for each of the 15 Meaningful Use CQMs — as required for attestation for Stage 1.
- Measure Categorization Report – Provides the specific measure categorization (whether a case was excluded from a measure, met the measure numerator criteria, or failed to meet the numerator criteria) for each case submitted.
- PQRI Summary XML – Provides the electronic data submission format based on the CMS Physician Quality Reporting Initiative (PQRI) 2009 Registry XML Specifications. The PQRI Summary XML is proposed as the format for electronic data submission to CMS when CMS establishes a process for receiving results electronically.

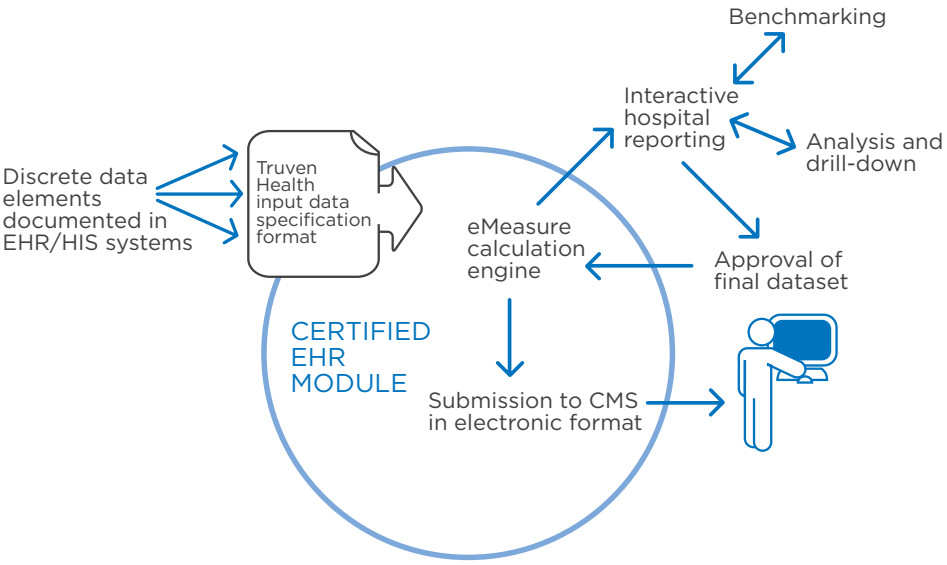
Foundation for Future Quality Reporting

Truven Health recognizes that the quality reporting requirements for Meaningful Use, as well as other regulatory programs, are continuing to evolve. Similar to the process we use to keep our core measures solution updated, we will monitor these rapidly changing requirements and adapt or enhance Meaningful Use Quality Manager to ensure that our hospital customers remain in compliance with the latest regulations. We will also continue to focus our efforts on the tools and services hospitals need to manage this complexity and work to ensure that the data reported accurately reflects the quality of care provided by the organization.

For future releases of the Meaningful Use Quality Manager product (see Figure 2), we are designing and developing additional functionality, including:

- Additional management reporting for quality managers responsible for day-to-day operation of the Meaningful Use quality reporting program, as well as presenting results to senior management
- Comparative benchmark results on the Meaningful Use CQMs
- Analytic tools and drill-down capability to assist in identifying and correcting areas of poor performance
- A “final approval” process, prior to submission of data to CMS
- Incorporation of technology to facilitate, where feasible, the direct capture and transmission of real-time data from EHR/HIS

Figure 2: Meaningful Use Quality Manager (Future Functionality)



FOR MORE INFORMATION

Send us an email at
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visit **truvenhealth.com**

TRUVEN HEALTH ANALYTICS™

ABOUT TRUVEN HEALTH ANALYTICS

Truven Health Analytics delivers unbiased information, analytic tools, benchmarks, and services to the healthcare industry. Hospitals, government agencies, employers, health plans, clinicians, pharmaceutical, and medical device companies have relied on us for more than 30 years. We combine our deep clinical, financial, and healthcare management expertise with innovative technology platforms and information assets to make healthcare better by collaborating with our customers to uncover and realize opportunities for improving quality, efficiency, and outcomes. With more than 2,000 employees globally, we have major offices in Ann Arbor, Mich.; Chicago; and Denver. Advantage Suite, Micromedex, ActionOI, MarketScan, and 100 Top Hospitals are registered trademarks or trademarks of Truven Health Analytics.

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