



CRISP

EQIP Learning Collaborative

October 28, 2022

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www.crisphealth.org



Learning Collaborative Objectives



Learning Collaborative Objectives

The learning collaborative will aim to increase the likelihood of success for organizations currently implementing EQIP through shared learning.

- Today's focus will be on data solutions participants are using to operationalize EQIP



Discussion Topics

- How have participants utilized baseline data and raw claims?
- Have practices created any internal reports using their EHR data?
- Have practices partnered with any vendors or software to assist with EQIP data?
- CRISP to share about Encounter Notification Services



Encounter Notification Services



Encounter Notification Services (ENS) and ENS PROMPT

CRISP offers Encounter Notification Services which enables medical personnel to receive real-time alerts when patient on their panel has a hospital encounter.

Organizations can customize ENS to receive the alerts that are most relevant to them, such as: hospital admission, hospital discharge, or emergency room visit.

ENS notifications can be delivered via DIRECT email messaging or through ENS PROMPT. ENS PROMPT is a secure, web-based tool for subscribers to access notifications and other information from the Encounter Notification Service (ENS).



How does ENS/ ENS PROMPT Work?

- Your organization will provide a list of patients for whom you would like to receive alerts. If one of your patients -- Mary for example -- is admitted to the hospital, you will instantly receive an alert in ENS PROMPT telling you to which hospital Mary was admitted. You can also receive a notification upon Mary's discharge, at which time you can choose to log into the Clinical Query Portal and view Mary's clinical information that the hospital has shared with the HIE.



EQIP Use Case for ENS

- EQIP episodes can include a post-trigger window up to 180 days
- Care Partners may be unaware of hospitalizations during that post-trigger period
- Your practice will provide CRISP a list of (EQIP) patients to be utilized for the Encounter Notification Services (ENS)
- ENS can let your practice know when a patient, you identify as having an EQIP episode, has a hospitalization or readmission
- This allows the practice to proactively coordinate your patients' care and schedule any necessary follow-up treatment or visits



How do I Sign up for ENS PROMPT?

- Contact your CRISP Account Representative or equip@crisphealth.org and a CRISP team member will help you start the process.
- More info about ENS can be found on the CRISP Learning System ([here](#)).



Thank you!



Thank you!

- Email EQIP@crisphealth.org with any questions
- Refer to the CRISP Learning System (<https://www.crisphealth.org/learning-system/eqip/>) for program updates and resources
- Please use the discussion board to continue peer-to-peer conversations (<https://www.crisphealth.org/forums/forum/eqip/>)



EQIP Quality Metrics

The Steps to the Tableau Dashboard

Melanie Lloyd, mlloyd9@jh.edu

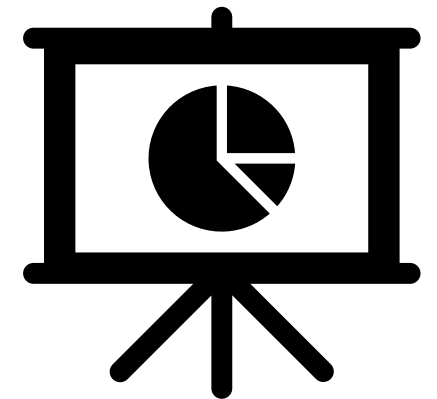
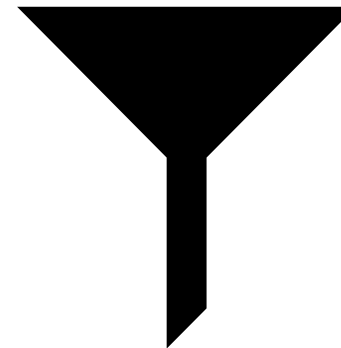
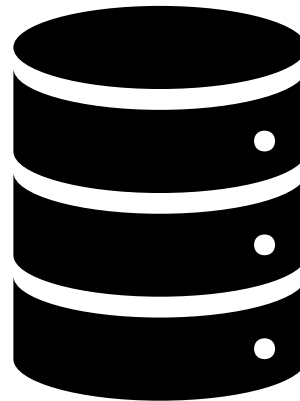
Senior Business Intelligence Analyst

Quality & Transformation
Armstrong Institute, Office of Johns Hopkin Physicians

EQIP Learning Collaborative, October 28, 2022

Agenda

- Data gathering process
- Tableau Dashboard

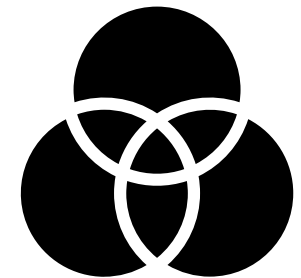


Prometheus Groupers to Epic

Groupers:

Trigger Procedure Trigger Diagnosis

- Trigger Diagnosis & Procedure Trigger:
identify potential EQIP patients



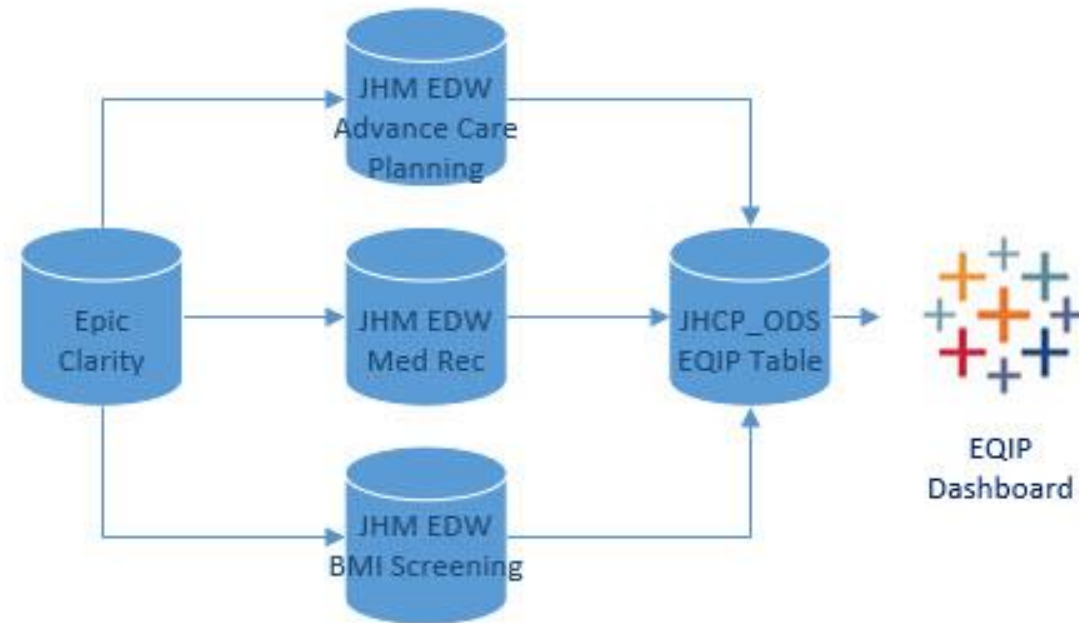
Data Gathering

I provided

- EQIP Provider Master List
- Epic Groupers

Road Blocks

- Inpatient vs Outpatient Encounters





EQIP Dashboard | Executive Summary | JHM

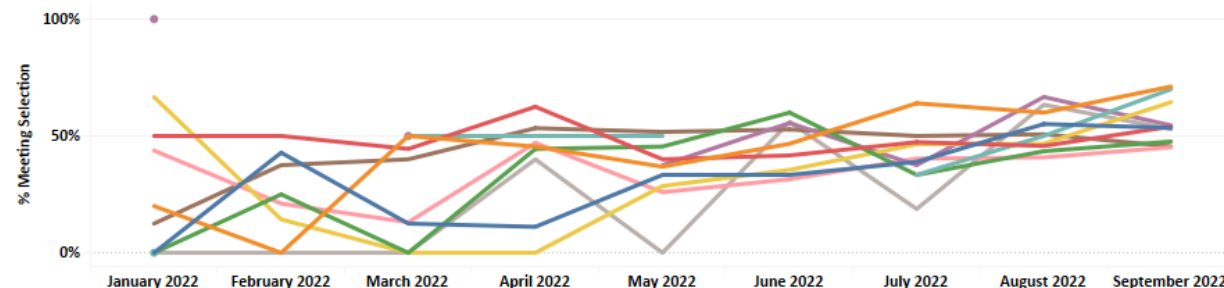
Current Data View Selection: Episode

	Advance Care Planning Target	BMI Screening & Follow-up Target	Med Review Target
Data View Selection	23.08%	15.96%	36.36%
CABG &/or Valve Procedures	94.06%	43.78%	73.24%
Colonoscopy & Upper GI Endoscopy	88.77%	56.35%	77.06%
Colorectal Resection	89.76%	49.11%	69.24%
Coronary Angioplasty	82.49%	53.33%	79.05%
Gall Bladder Surgery	80.24%	38.46%	91.76%
Hip Replacement & Hip Revision, Knee Replacement & Knee Revision	49.05%	46.80%	88.72%
Hip/Pelvic Fracture	70.97%	53.66%	71.56%
Lumbar Laminectomy & Lumbar Spine Fusion	95.82%	38.88%	80.39%
Pacemaker / Defibrillator	93.27%	47.88%	79.57%
Shoulder Replacement	73.74%	48.88%	85.56%

Opportunity Detail: BMI Screening & Follow-up

EQIP Provider	Enterprise Id	Patient Name	DOB	Episode Name	Measure Encounter Date	Visit Prov Name	Visit Department

BMI Screening & Follow-up by Episode



BMI and Med Review displays snapshot of the month based on the encounter date. Advance Care Planning is displayed as Calendar Year To Date.

PHI Agreement

[Show - Agree to Privacy Notice](#)

Global Filters

Data View Selection

- ☒ Episode
☐ EQIP Entity
☐ Specialty
☐ Provider

EQIP Provider

(All)

Episod

Specialty

(All)

▼ (All)

EQIP Entity

Provider on Probation?

(All)

▼ (All)

Detail & Trendline Filters

Metric Name

BMI Screening & Follow-up

Data View Selection

- CABG &/or Valve Procedures
- Colonoscopy & Upper GI Endoscopy
- Colorectal Resection
- Coronary Angioplasty
- Gall Bladder Surgery
- Hip Replacement & Hip Revision, Knee Replacem...
- Hip/Pelvic Fracture
- Lumbar Laminectomy & Lumbar Spine Fusion
- Pacemaker / Defibrillator
- Shoulder Replacement

Current Data View Selection: Episode

Data View Selection	Advance Care Planning	BMI Screening & Follow-up	Med Review
	Target 23.08%	Target 15.96%	Target 36.36%
CABG &/or Valve Procedures	94.06%	43.78%	73.24%
Colonoscopy & Upper GI Endoscopy	88.77%	56.35%	77.06%
Colorectal Resection	89.76%	49.11%	69.24%
Coronary Angioplasty	82.49%	53.33%	79.05%
Gall Bladder Surgery	80.24%	38.46%	91.76%
Hip Replacement & Hip Revision, Knee Replacement & Knee Revision	49.05%	46.80%	88.72%
Hip/Pelvic Fracture	70.97%	53.66%	71.56%
Lumbar Laminectomy & Lumbar Spine Fusion	95.82%	38.88%	80.39%
Pacemaker / Defibrillator	93.27%	47.88%	79.57%
Shoulder Replacement	73.74%	48.88%	85.56%

Meeting/Not Meeting

Meeting ▼

Num/Denom/Percent

Percentage ▼

Global Filters

Data View Selection

- ☒ Episode
☐ EQIP Entity
☐ Specialty
☐ Provider

EQIP Provider

(All) ▼

Episode

(All) ▼

Specialty

(All) ▼

EQIP Entity

(All) ▼

Provider on Probation?

(All) ▼

Current Data View Selection: Provider

Data View Selection	Advance Care Planning Target 23.08%	BMI Screening & Follow-up Target 15.96%
	0.00%	
		0.00%
		10.00%
		0.00%
		0.00%
	0.00%	

Meeting/Not Meeting

Not Meeting

Num/Denom/Percent

Percentage



JOHNS HOPKINS
MEDICINE

7

Meeting/Not Meeting

Meeting

Num/Denom/Percent

Num/Denom/Percenta...

Current Data View Selection: Episode

Data View Selection	Advance Care Planning Target 23.08%	BMI Screening & Follow-up Target 15.96%	Med Review Target 36.36%
CABG &/or Valve Procedures	93.67% 148/158	43.78% 81/185	73.24% 605/826
Colonoscopy & Upper GI Endoscopy	88.74% 977/1101	56.35% 102/181	77.06% 1307/1696
Colorectal Resection	89.16% 74/83	49.11% 83/169	69.24% 430/621
Coronary Angioplasty	83.17% 168/202	53.33% 16/30	79.05% 83/105
Gall Bladder Surgery	80.60% 54/67	38.46% 40/104	91.76% 256/279
Hip Replacement & Hip Revision, Knee Replacement & Knee Revision	49.09% 242/493	46.80% 139/297	88.72% 1841/2075
Hip/Pelvic Fracture	74.13% 106/143	53.66% 44/82	71.56% 151/211
Lumbar Laminectomy & Lumbar Spine Fusion	95.24% 300/315	38.88% 194/499	80.39% 2259/2810
Pacemaker / Defibrillator	92.90% 589/634	47.88% 147/307	79.57% 779/979
Shoulder Replacement	74.62% 197/264	48.88% 131/268	85.56% 1007/1177

Opportunity Detail: BMI Screening & Follow-up

PHI Agreement

Show - Agree to Privacy Notice

Global Filters

Data View Selection

- ☒ Episode
☐ EQIP Entity
☐ Specialty
☐ Provider

Episode

Hip / Pelvic Fracture

EQIP Entity

Ortho/Hip Fx

Detail & Trendline Fi

Metric Name

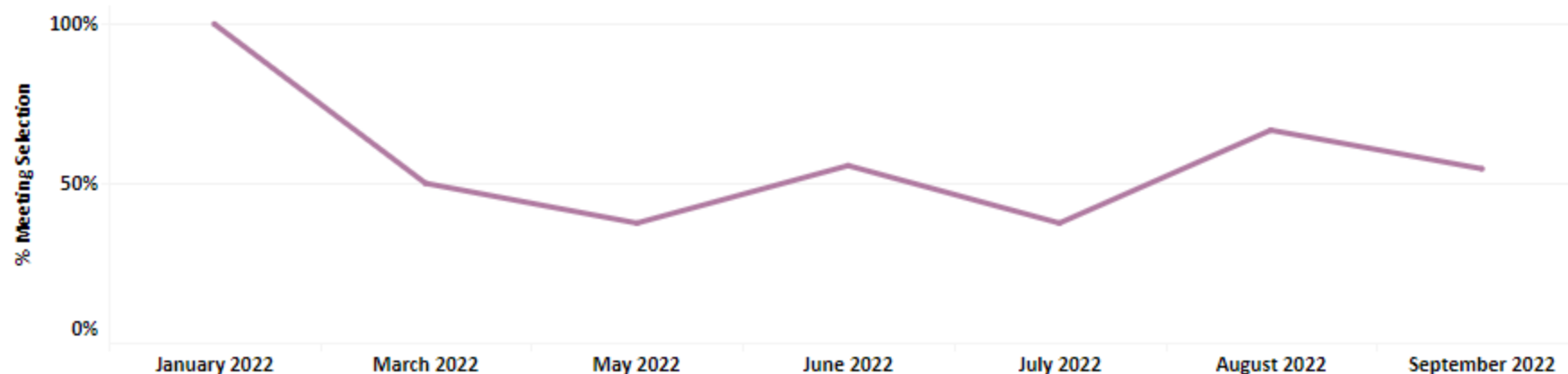
BMI Screening & Follow-up

Data View Selection

Hip/Pelvic Fracture

EQIP Provider	Enterprise Id	Patient Name	DOB	Episode Name	Measure Encounter Date	Visit Prov Name	Visit Department

BMI Screening & Follow-up by Episode



BMI and Med Review displays snapshot of the month based on the encounter date. Advance Care Planning is displayed as Calendar Year To Date.

Purpose:

To provide a single location to internally monitor performance of EQIP providers on quality measures (Advance Care Planning, BMI Screening, and Medication Reconciliation) that are included in the EQIP program.

Development Team

Business Owners

Jenny Bailey - V.P. Quality and Transformation

Tableau Application Lead Developer

Melanie Lloyd - Quality and Transformation Data Analyst

Lead Data Architects

Brian Cleaver - Quality and Transformation Nurse Analyst

Targets Source

Targets determined by 2019 baseline program data.

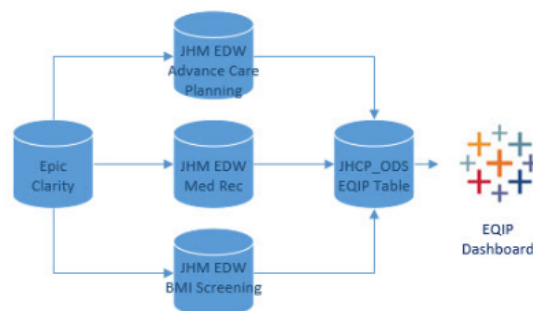
Measurement Period

Data is represented as Calendar Year To Date; Trendline displays BMI and Med Review based on the encounter date. Advance Care Planning is displayed as Calendar Year To Date.

Data Refresh Time:

Full data refresh will be conducted monthly.

Last Refresh: 10/20/2022



Metrics	Measure Description	How To Be Successful	Numerator	Denominator
Advance Care Planning	Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not with or was not able to name a surrogate decision maker or provide an advance care plan.	Review patient's advance care planning status (available in the Capacity & Advance Care Planning navigator) . If incomplete, update the chart with one of the following: documentation of a discussion about ACP, document their health care agent information or document that they refuse or are unable to provide the information. Use smartphrases: .ACP, .CSSACP, .ACPATTESTATION. During pre-visit planning identify patients with no advance directive and send ACP information in advance of visit.	<p>Patient has one of the following Advance Care Planning documentation statuses: PATIENT HAS ADVANCE DIRECTIVE, COPY IN CHART OR PATIENT HAS ADVANCE DIRECTIVE, COPY NOT IN CHART OR PATIENT DOES NOT HAVE ADVANCE DIRECTIVE, INFORMATION GIVEN OR PATIENT DOES NOT HAVE ADVANCE DIRECTIVE, INFORMATION REFUSED OR UNABLE TO OBTAIN OR PATIENT REVOKED ADVANCE DIRECTIVE</p> <p>These are the statuses that require a clinician to make a change of the patients ACP status. All others are either defaulted or generated based on patient's action.</p> <p>OR</p> <p>Patient has a designated Health Service Agent</p> <p>OR</p> <p>CPT Codes 99497, 99498 documented</p> <p>OR</p> <p>SmartPhrase for Advance Care Planning documented</p>	Medicare patients ages 65 years and older seen by an EQIP provider in the last 365 days.
	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of		Patients with a documented BMI during the	

Internal Data Approach

-
- *Quality analytics:* Have aimed to replicate episode groupers and determine quality metric performance by EQIP entity.
 - *Supply/device cost analytics:* If specific devices/supplies are of interest for focused EQIP efforts, a trend analysis from the baseline year to the current year can be generated
 - *Cost category breakdown:* High-level cost category breakdowns given the available baseline data
 - *LOS data:* Developing dashboard to display LOS data by physician.



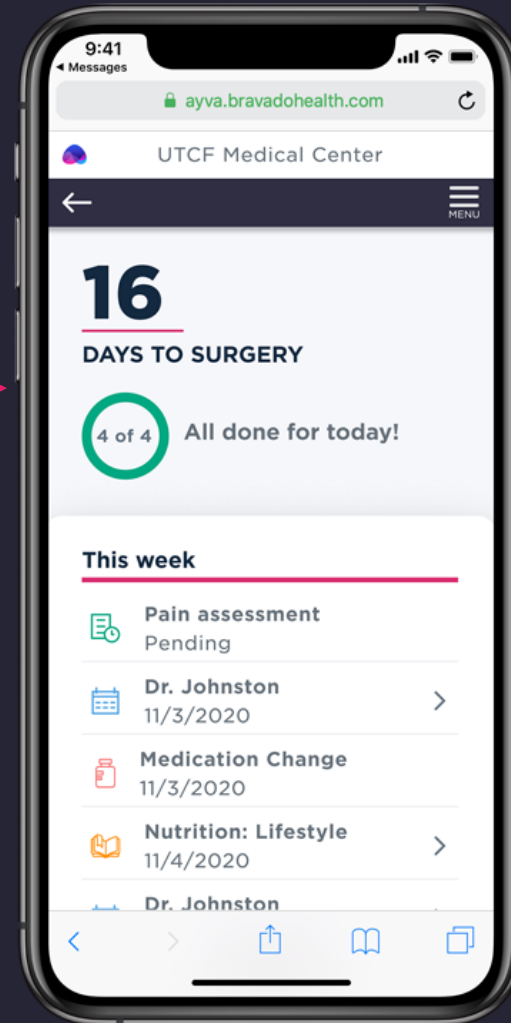
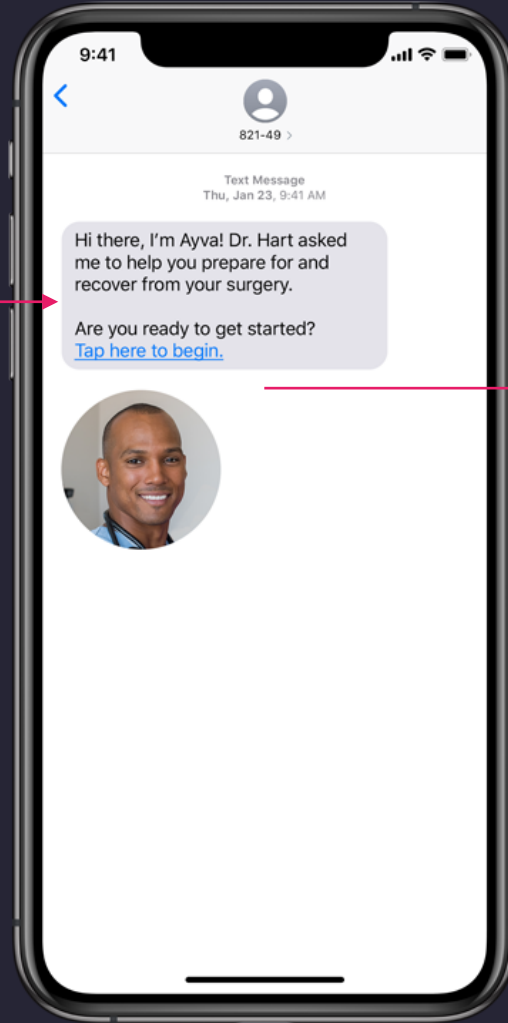
Engage patients. Improve outcomes.



Patient Experience

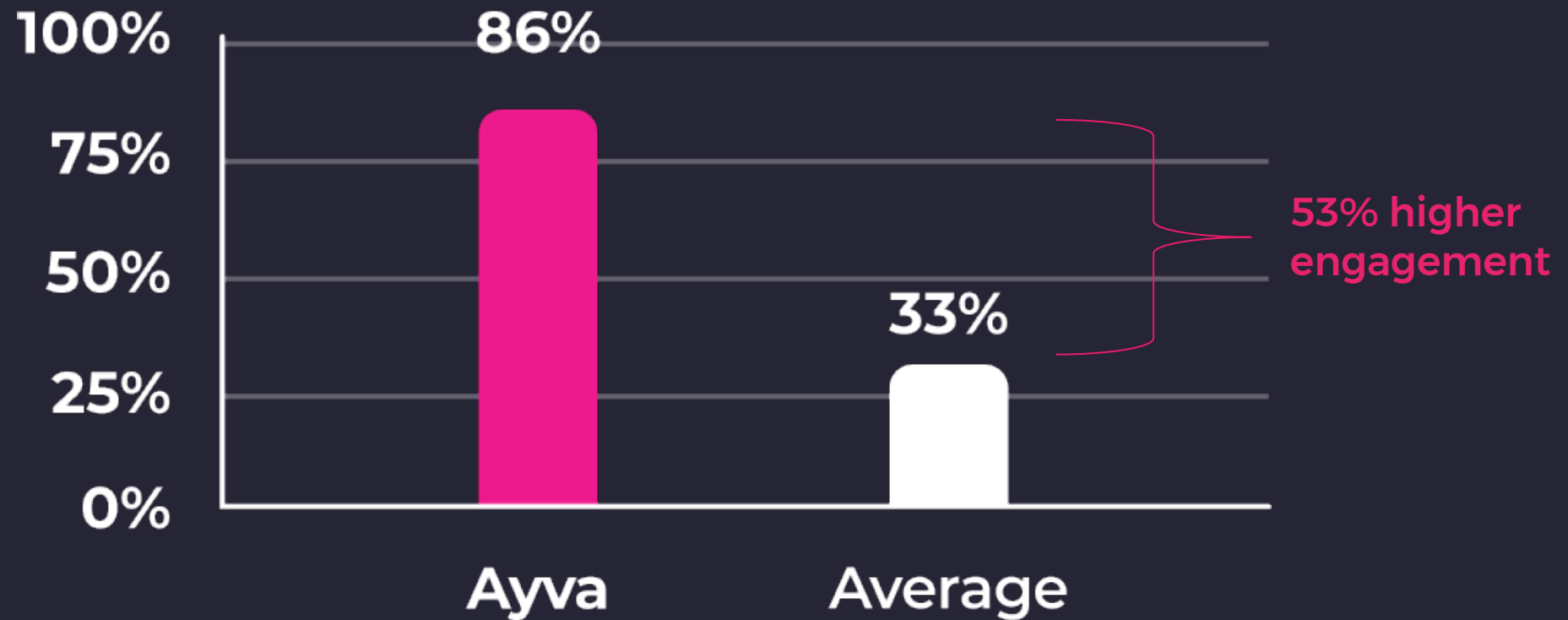


Start with a text and then use what looks like an app with downloading one.



The result is:

53% higher engagement

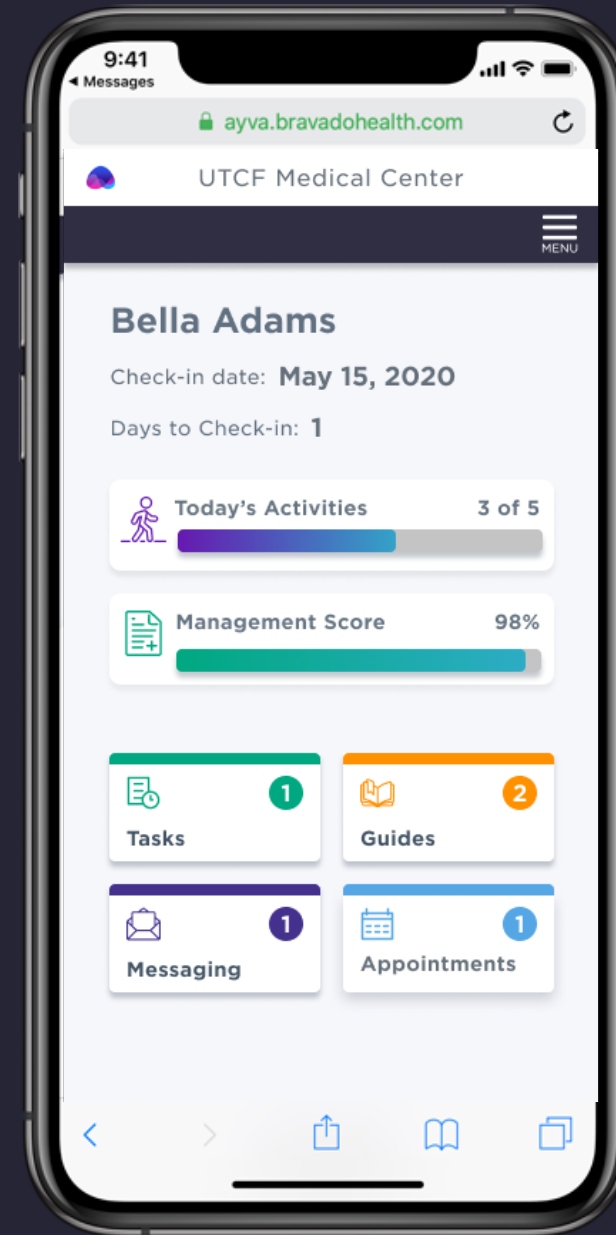


If you don't engage the patient and keep engagement, then nothing beyond it matters

Low Friction = Compliance

...From there, Ayva:

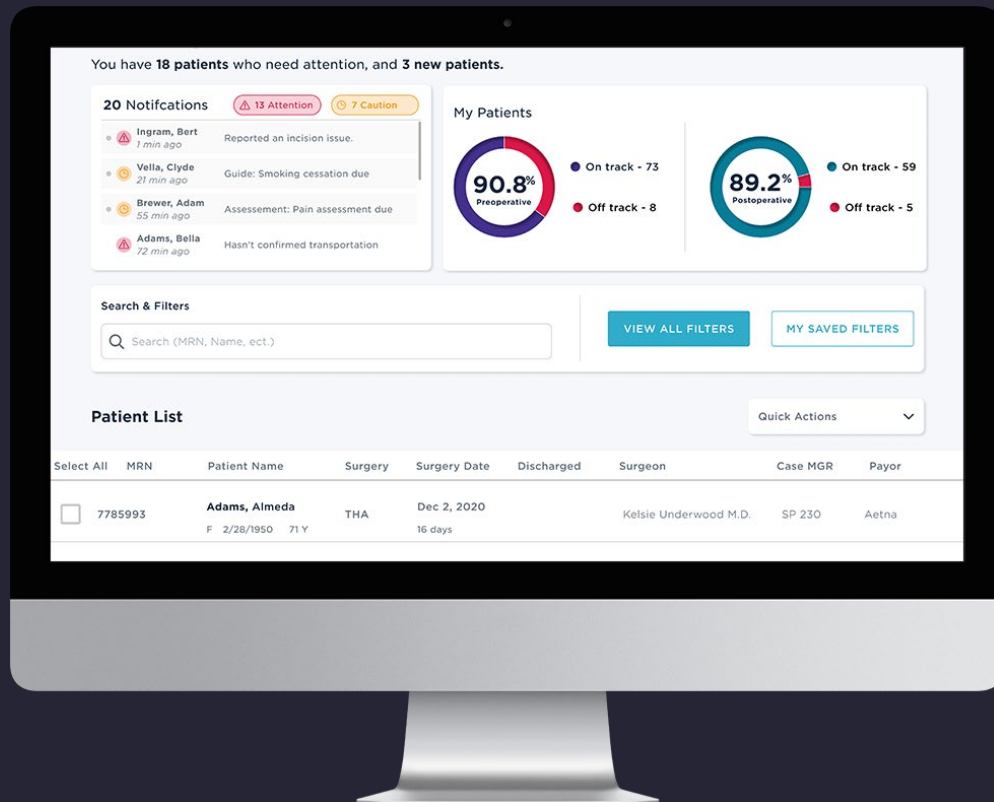
- ✓ Motivates
- ✓ Confirms and learns
- ✓ Educates
- ✓ Facilitates communication and the sharing of images as needed
- ✓ Confirms appointments and medication adjustments



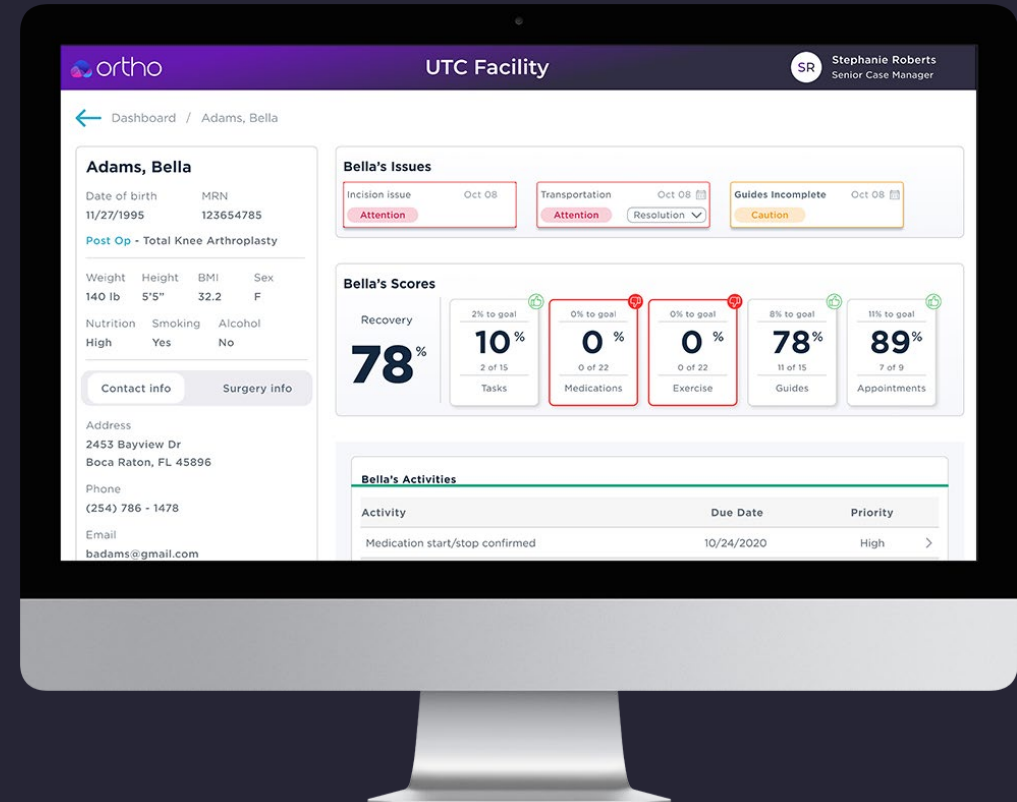
Staff Experience (only two screens)



Dashboard



Patient



Lead Data Scientist



Gaither Pennington

- Navy
- Nurse clinician having more than 40 years' experience (Trauma, ED, Critical Care, Admin, Education, Quality and Risk Management)
- 20 years in measure development and performance improvement using statistical methods.
- Served as the Regional Coordinator for Johns Hopkins participation in the Maryland Hospital Association Quality Indicator Project.
- Over saw Value-Based Performance for Press Ganey, Associates.
- Member of the NQF Standing Committee for All Cause Readmissions for the past 4 years. CMS cannot include performance measures that impact reimbursement unless endorsed by this committee



Data

Connect

87% overall enrollment

- 94% of patients enroll before the encounter
- 6% enroll after the encounter (unanticipated or traumatic injuries?)

Patients enroll quickly after being invited (56% enroll day one, 85% within seven days, and 89% within fourteen days).



Stay connected

70% - 7 out of 10 use Ayva on a regular basis and continue to complete activities, whereas traditional methods have been the opposite (phone, email, etc.)

Once enrolled, patients continue to use Ayva. Depending on the type of activity, interaction rates range from 54–80%.

Ayva collects vital data for your practice:

- Tasks = **67%**
- Exercises = **54%**
- Guides = **80%**



Readmissions

15% is the national average for readmissions

4% is what our clients are achieving with Ayva, patient reported data at 2-weeks

11% reduction in readmissions from national average

Every readmission prevented saves \$15,000 on average

CRISP to release first month worth of EQIP data on October 22

3-month Delta for PROMs

HOOS

- Mean = 31.08 delta
- Median = 24.56 delta

KOOS

- Mean = 13.40 delta
- Median = 13.96 delta

QuickDASH

- Mean = (20.96) delta
- Median = (15.91) delta

Helpfulness, connection and health literacy

82% of Patients are highly satisfied using Ayva. The overall point score for patients finding Ayva “Helpful” or “Very Helpful” is 4.1 (Scale 1 to 5)

Things that patient liked most about Ayva pre and post-encounter were:

- Ease of use
- Connection with my healthcare team
- Quality of the educational materials



Customized Platform for each provider, plan and patient



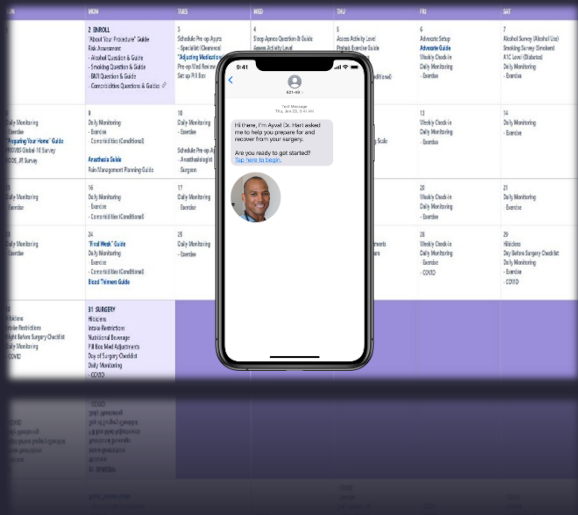
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Care plans with
thresholds
established.



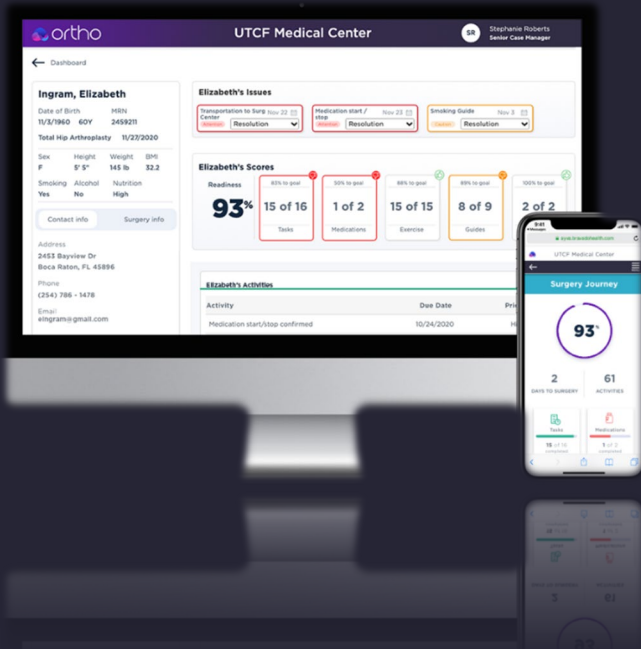
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Digitally deliver your
care plans



3

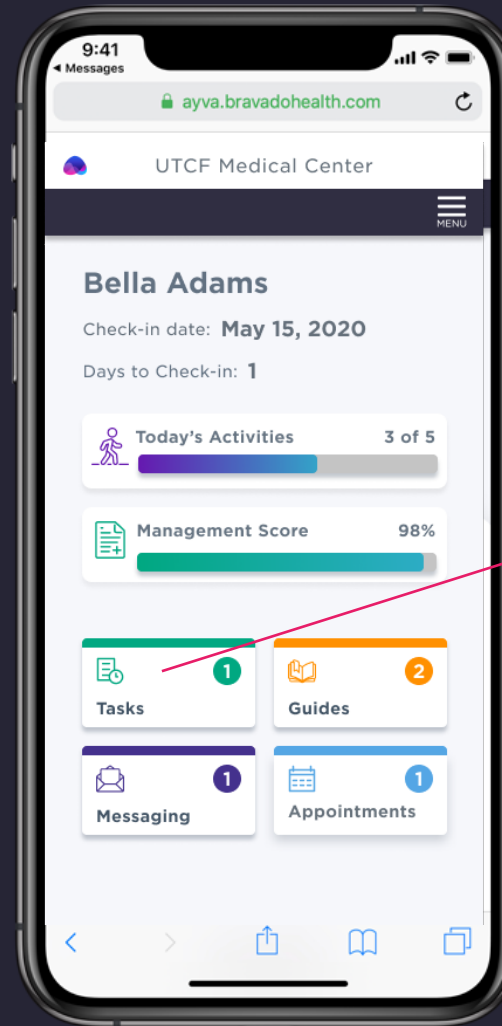
Early warning system
back to your team



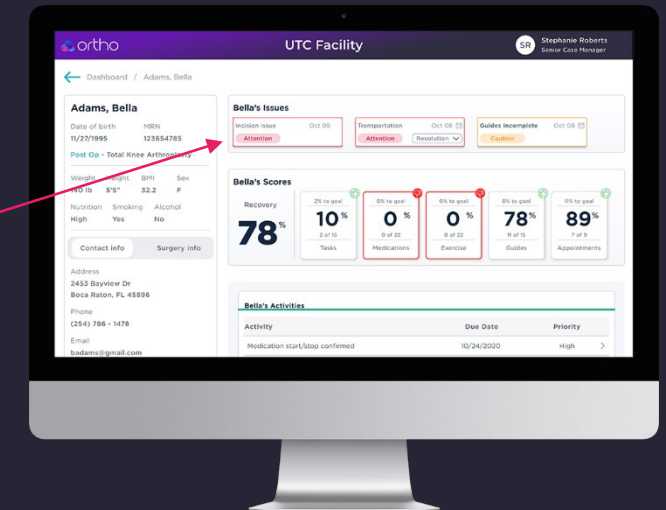
Few required fields, easy to start and multiple ways (integration, CSV or Quick-add from console)

- MRN
- First
- Last
- DOB
- Address (street)
- City
- State
- Zip
- Email
- Mobile
- Gender
- Marital status
- Physician name (dropdown)
- Physician NPI (auto pop, tied to physician)
- Encounter type
- CPT Code (dropdown, seems to arbitrary, ex. HHER)
- ICD-10 code (search field)
- Encounter date for pre and post, or timeframe with end date

One or multiple plans



Custom thresholds that are exceeded provide early-warning data



Bravado Health EQIP Contacts



Keshia Arlinghaus, CPO

main: (813) 416-6711

email: karlinghaus@bravadohealth.com



Jon Miragliotta, VP Client Engagement

Main: (561) 459-6626

Email: jmiragliotta@bravadohealth.com





Appendix

Ayva, Engage Patients. Improve Outcomes

Bravado Health

Experience:

- Founded by physicians and engineers in 1998, Bravado Health is a nationally recognized leader in healthcare technology and services. Some strategic partners include:

Pioneers with Alignment:

- Healthcare Software for over 23 years
- HCA for over 15 years
- Touchscreen, makers of ScriptRx
- Easy-to-use, fast and consistent
- Valuing, “Complex made simple”

Clients/Partners:

- Large Health Systems
- Hospitals
- Large groups (2nd and 4th largest)
- Mid to small



Core Focus: The Quadruple Aim



Customized per Provider, Personalized per Patient



1

Optimization goals and measures

Obesity (ICD-10: E66.01) Goal: BMI ≤ 40: goal Evidence: BMI 40-50: ↑ risk for ASEs BMI ≥ 50: Surgery rarely indicated Recommendation: Refer to OrthoHealth Program (SRS>Form>Rehabilitation>OrthoHealth), weight management consult	Diabetes & Hyperglycemia (ICD-10: E11.65) Goal: HgbA1c < 7.5 Evidence: HgbA1c > 7.5 ↑ ASEs HgbA1c > 8.5 frail patients ↑ ASEs Post-op serum glucose > 180 ↑ ASEs Recommendation: Refer to OrthoHealth Program (SRS>Form>Rehabilitation>OrthoHealth), Endocrinologist consult, monitor/treat post-op hyperglycemia
Malnutrition (ICD-10: E44.0) Goal: Alb > 3, TLC > 1500, TP > 200, BMI > 18.5 Evidence: Serum albumin (Alb) < 3, total lymphocyte count (TLC) < 1500, transferrin (TF) < 200 all ↑ ASEs Recommendation: Refer to OrthoHealth Program (SRS>Form>Rehabilitation>OrthoHealth), Nutrition consult	Anemia (ICD-10: D64.9) Goal: Male Hgb > 13, Female Hgb > 12 Evidence: < High ↑ ASEs, peri-op transfusion ↑ ASEs Recommendation: Erythropoietin 3 wk pre-op, PCP/Hematology consult, avoid peri-operative transfusion
Smoking Cessation (ICD-10: F17.21) Goal: smoking cessation 1 mo. Pre and Post-op Evidence: active smoking ↑ ASEs Recommendation: smoking cessation program, serum cotinine compliance assessment	Opioid Use/Abuse (ICD-10: F11.20) Goal: opioid cessation > 1 mo. pre-op Evidence: active opioid use/abuse > post-op pain ↑ ASEs Recommendation: PCP consult, cessation program, pain management consult
Physical Frailty/Falls (ICD-10: R53.1) Goal: stable independent, stable ambulation pre-op, Berg Balance Scale (BBS) > 40 Evidence: Ho pre-op falls/invasive ambulation > post-op falls, BBS < 40 ↑ post-op falls Recommendation: pre-op fall history, pre-op PT consult, prehabilitation program	Sleep Deprivation/Apnea (ICD-10: Z72.820/G47.30) Goal: regular unmedicated 7-9 hr sleep pattern without apnea pre-op Evidence: untreated sleep apnea ↑ ASEs, assisted sleep ↑ ASEs Recommendation: Refer to OrthoHealth Program (SRS>Form>Rehabilitation>OrthoHealth), pre-op stimulant (nicotine/caffeine) and sleep medication cessation, pre-op sleep apnea screening, sleep consult

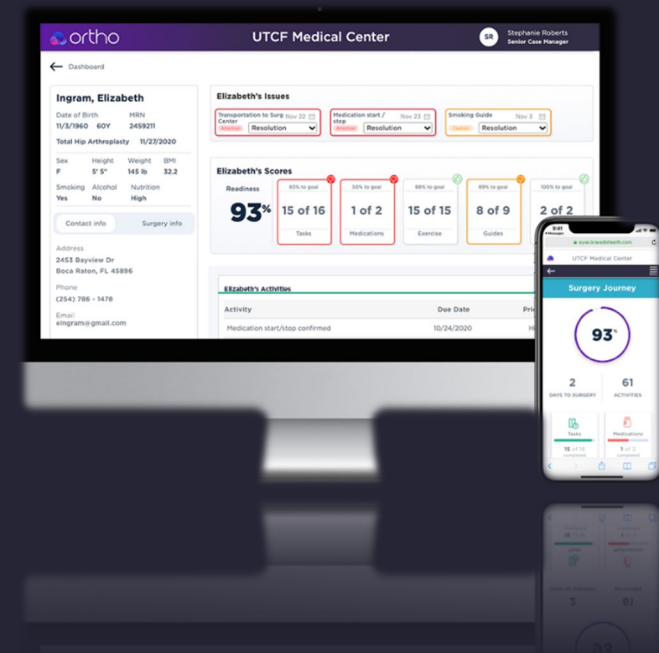
2

Digitally deliver your care plans

MON	TUE	WED	THU	FRI	SAT
2 BROS: About the Process of Safe Fall Assessment - Initial Consult & Goals - Smoking Cessation & Goals - BBS Training & Goals - Geriatrician Consultation & Goals	3 Stroke Pre-op Appointment - Pre-op Goals - Pre-op Goals - Pre-op Goals - Pre-op Goals	4 Long-term Discharge Goals - About the Process of Safe Fall Assessment - About the Process of Safe Fall Assessment - About the Process of Safe Fall Assessment - About the Process of Safe Fall Assessment	5 About the Process of Safe Fall Assessment - About the Process of Safe Fall Assessment - About the Process of Safe Fall Assessment - About the Process of Safe Fall Assessment	6 About the Process of Safe Fall Assessment - About the Process of Safe Fall Assessment - About the Process of Safe Fall Assessment - About the Process of Safe Fall Assessment	7 About the Process of Safe Fall Assessment - About the Process of Safe Fall Assessment - About the Process of Safe Fall Assessment - About the Process of Safe Fall Assessment
8 Daily Monitoring Service - Corrective Goals	9 Daily Monitoring Service - Corrective Goals	10 Daily Monitoring Service - Corrective Goals	11 Daily Monitoring Service - Corrective Goals	12 Daily Monitoring Service - Corrective Goals	13 Daily Monitoring Service - Corrective Goals
14 Daily Monitoring Service - Corrective Goals	15 Daily Monitoring Service - Corrective Goals	16 Daily Monitoring Service - Corrective Goals	17 Daily Monitoring Service - Corrective Goals	18 Daily Monitoring Service - Corrective Goals	19 Daily Monitoring Service - Corrective Goals
20 Daily Monitoring Service - Corrective Goals	21 Daily Monitoring Service - Corrective Goals	22 Daily Monitoring Service - Corrective Goals	23 Daily Monitoring Service - Corrective Goals	24 Daily Monitoring Service - Corrective Goals	25 Daily Monitoring Service - Corrective Goals
26 Daily Monitoring Service - Corrective Goals	27 Daily Monitoring Service - Corrective Goals	28 Daily Monitoring Service - Corrective Goals	29 Daily Monitoring Service - Corrective Goals	30 Daily Monitoring Service - Corrective Goals	31 Daily Monitoring Service - Corrective Goals

3

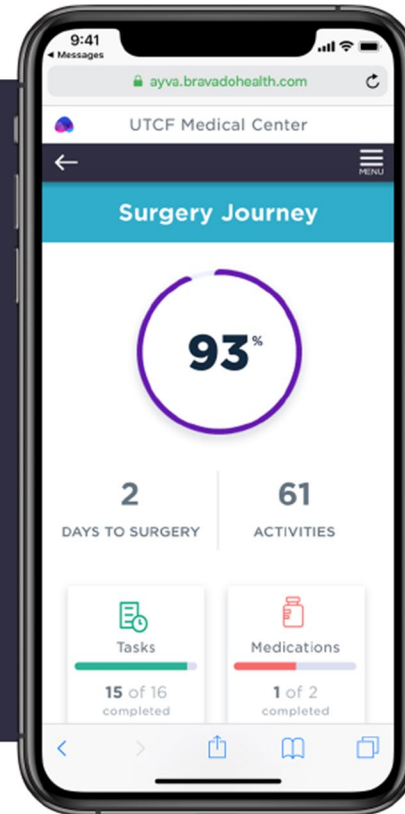
Early warning system back to your team



Patients feel more informed and connected (82%)

“I was scared before my surgery and thought, ‘the less I know the better’. I started using Ayva—and I’m not saying I’m a surgeon—but I felt educated on the process and much more confident about my surgery.”










Ayva patient
Laminectomy and fusion



EHR integration



- ✓ Experienced - with over 20 years of healthcare software integration experience
- ✓ Flexible – Mirth, HL7, Restful API, Redox, etc.

 28+ Integrations with Allscripts	 77+ Integrations with athenahealth	 55+ Integrations with Cerner
 22+ Integrations with eClinicalWorks	 165+ Integrations with Epic	 28+ Integrations with GE Centricity
 41+ Integrations with Greenway	 20+ Integrations with Meditech	 41+ Integrations with NextGen

