CQMs: Drilling for Data

Our team is always looking for ways to improve our clients’ experience with quality measures and our recent enhancements to CQMsolution were more than just a facelift. We’ve added “drill-down” functionality to demonstrate exactly how each patient fits into every node of the measure logic according to the underlying data. When you click on any patient in our Dashboard, you can see the entire measure logic and each stop along the way. IPP, Denominator, Exclusions, Exceptions and Numerator are all drilled-down under separate headings.

Beneath these headings, you’ll find a complete logic tree, with a blue check mark for each condition the patient meets and a hyperlink for that node. Clicking on a hyperlink will display a data summary: for example, when the relevant office visit took place and the code used for the encounter. With CQMsolution, we’re pulling back the curtain and putting your quality data in plain sight.

Viva HIMSS Vegas

For the Health IT world, the Annual HIMSS Conference and Expo looms large on the calendar. This year, from February 29 to March 4, our industry will converge on the Sands Expo and Convention Center in Las Vegas. Dynamic Health IT will be exhibiting with our good friends at MaxMD and you can find us both at Booth 12251.

We’re once again looking forward to visiting with longtime colleagues and seeing new faces.

We’ll be sharing the fruits of our labor over the last year—one that included ambitious upgrades to our products, a wide range of fulfilling client work, a website refresh and some exciting new directions for our company. We will also be reviewing some new developments for 2016, particularly in our Patient Portal and CQMsolution product lines. Our location by the “Interoperability Showcase” suits our goals for this year, as we’ll be discussing our tools for making health data flow freely and, in particular, our company and industry progress with the FHIR standard.

What happens in Vegas stays in Vegas - unless of course you attending Health IT convention.
Our entity version of ConnectEHR continues to grow by leaps and bounds. We have strengthened the software’s core features, which include a variety of modules that assist with meeting EHR certification, while making Portal administration easier and more transparent.

We have the chance to work on real-world scenarios, exchanging documents with other participants and noting the variety of approaches to ingesting and displaying CCDAs. Our team focused on generating and exchanging CCD version 2.1 and Discharge Summaries.

We have been working on conformance to v2.1 and new ways to display CCDAs in the Portal, with the ultimate goal to enhance the usability and exchangeability of clinical documents. Our CCDAs are now viewable by section, forming a more user-friendly health history for patients.

DHIT was on the scene for the recent FHIR Connect-a-thon, January 9-10 in Orlando. As with every stop on the FHIR circuit, evidence of steady growth in the standard was in abundance. Look no further than the capacity crowds at each event.

At DHIT, the focus of our FHIR development has been on clinical quality measures and patient-accessible data. Seeing the diversity of application using the standard—owing largely to the potential for resources to be self-defined—reminds us why FHIR has become an increasingly essential building block in our development.

Connect-a-thons have now expanded to eleven tracks, ranging from basic patient management to financial services to genomics. There were plenty of new coders in attendance in Orlando, which speaks to current developmental climate for FHIR. It's worth noting that while FHIR is growing up fast, it is still a relatively young standard. Don’t forget that HTML, often used as an exemplar for FHIR, was proposed in 1989 and is still undergoing major adaptations reflecting the evolution of the Web.

FHIR architect Grahame Grieve announced recently that FHIR will now be a “working standard,” reflecting the fact that it is used in production environments, but still has many core elements subject to change.

This new-found maturity was evidenced in the shift toward implementing servers. There is now a major emphasis being placed on rigorous testing against servers. Vendors are presenting production-level products for testing FHIR servers and robust patient test decks are being rolled out to meet the demand.

The very first CCDA Implementation-a-thon took place last month in Orlando. The event centered around the creation and exchange of data using CCDAs across two versions: 1.1 and 2.1. Vendors who are certifying under 2015 Edition will need to support both v1.1 and v2.1 CCDA releases, the latter of which was released for comment last July.

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With Registry Hub, our expertise in development, interface and Meaningful Use all converge to provide convenient submission of immunization messages to all states. Our application infrastructure enables clients to submit immunizations to a single location and reach any state of their choice through a central hub server and receive various acknowledgement type post-submission. We are currently live in Arizona, Florida, Georgia, Indiana, Louisiana, Michigan, Mississippi, New Jersey and Texas—with a bevy of new states coming on line (Missouri, New York, Alabama, to name a few). We support our clients from state-level testing to production. Ask us about rapid development of immunization and other public health submission.

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For hospital groups and multi-provider systems, there are now more options for integrating your variety of EMR systems into a single portal, with trackable utilization measures.

ConnectEHR Enterprise can accommodate scheduling messages (SIUs) from ambulatory providers, with the option to use an alternate matching strategy to find patient identifiers. Uncertain matching can be cleaned up and tracked.

We have also souped-up our dashboards to give clients access to more data at the enterprise and practice level on how providers are engaging patients and how patients are engaging with the portal. This includes the ability to track trends in the number of valid emails addresses, welcome emails sent and portal accounts activated.

Our Portal is easy to use for patients and it should be for providers too.