Crossing the Payer Provider Chasm - Collaboration in the Journey to Value-Based Care

February 2019

Lynda Rowe
Sr. Advisor, Value-Based Markets
Agenda

• Barriers Preventing Payer and Provider Alignment
• How Payers Can Initiate Collaboration
• Real World Use Cases
• Q&A
What Prevents Payer Provider Alignment
US Market Drivers for Change Imperatives

Healthcare organizations (HCOs)

Payers
Care Business

Value-based care

Collaboration
Coordination

Shared risk

“Payviders”

Providers
Care Delivery
Reducing the Payer - Provider Friction

There are noted areas of misalignment between payers and providers

NEJM Health Catalyst and Gartner cite these as areas of greatest mis-alignment

- Data sharing and exchange
- Care management coordination
- Care quality measurement

To improve alignment payers must lessen the administrative burden through

- Automation of prior authorization
- Shared care management data
- Quality improvement opportunities
How Aligned Are We?

Surveyed executives, clinical leaders, clinicians

- 77% Not Aligned to achieve VBC delivery
- 58% Own Organization Not Aligned
- 3% Payer & Providers Aligned or Extremely Aligned

Hampers Integration of Care, Drives High Cost
## Key Areas Where Payers and Providers See Mis-Alignment

<table>
<thead>
<tr>
<th>Key Areas Where Payers and Providers See Mis-Alignment</th>
<th>% Aligned</th>
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</thead>
<tbody>
<tr>
<td>Quality</td>
<td>58%</td>
</tr>
<tr>
<td>Patient/Member Experience</td>
<td>45%</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>37%</td>
</tr>
<tr>
<td>Cost</td>
<td>33%</td>
</tr>
<tr>
<td>Data for Shared Decision Making</td>
<td>33%</td>
</tr>
</tbody>
</table>

How fast is the shift to Value-based payments?

Alternative Payment Model (APM) 2016 Payments

- 43% of health care dollars in Category 1 (FFS or legacy payments)
- 28% of health care dollars in Category 2 (pay-for-performance or care coordination fees)
- 29% of health care dollars in Categories 3&4 (e.g. shared savings, shared risk, bundled payments or population-based payments)
Providers are living with a foot in two boats
Payer Approaches to Increase Collaboration
How do you build trust

1. Deliver on your promises - consistency
2. Have a solid reputation
3. Communicate effectively
4. Stay in compliance
If Payers and Providers Were on the Same Team

- Shared Results
- Accountability
- Commitment
- Conflict
- Trust

Lower Cost, Higher Quality and Patient Satisfaction
- Transparency
- Execution Excellence
- Best Decisions/Plans
- Shared Resources

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- Execution Excellence
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Important Use Cases for Payers and At Risk Providers

Improving Care Coordination & Care Management
- Care team event notification
- Automatic population of care management programs
- Shared care plans

Enhancing Quality & Streamlining Measurement
- Identify gaps in care to improve quality. Enhance HEDIS and STARS with clinical data

UNIFIED HEALTH RECORD
- Making Operational Processes More Efficient
  - Compliance
  - Risk Prediction
  - Prior Authorization
  - Chart abstraction

Optimizing Network Performance
- Value based metrics
- Longitudinal health records
- Identify coding gaps
- Risk Adjustment
Enhancing Quality Measurement

Access to clinical data allows health plans to improve their HEDIS scores

Natural Language Processing (NLP) and analytics allow plans to:

• Discover members meeting quality measure criteria
• Identify care gaps to close
• Access clinical data and findings “buried” in the chart

“When we use HealthShare to bring in clinical data, we also use its natural language processing and analytics to improve HEDIS scores and find coding gaps that we couldn’t see using claims data alone.”

Director of Corporate Data & Analytics, Premera Blue Cross
Improve Provider’s Performance

Under new value based payment models optimizing the performance of your network matters.

A comprehensive shared health record enables:

• Better insight by providers so they understand all aspects of a patient - both clinical and financial

• Enhanced quality measurement, to ensure patients are getting the care they need

“Providers will have access to detailed information such as prescription drug usage and alerts for gaps in care such as missing preventive care services. Healthfirst is proud to be leading the use of HIE technology.”

Deborah Hammond, MD, Vice President and Medical Director, Healthfirst
Risk Stratification and Prediction

It is critical to provide the right level of care for all patients. Combining multiple sources of data enhances the analysis.

Using claims and clinical data in an analytic model allows HCOs to:

• Identify gaps in care
• Characterize the cost and utilization of their population
• Predict future risk
• Monitor performance against key measures
• Focus interventions to have the greatest impact

“With the shift toward value-based care, providers are on the hook for keeping patients healthy and preventing unnecessary health service utilization. Providers need to know when to intervene and for which patients.”

Eric Widen, CEO, HBI Solutions
Making Operational Processes More Efficient
Coordinating care between payers and providers

Improving operational efficiency that drives the bottom line is always an imperative for payers

Sharing evidence-based medical treatment libraries will streamline:
• Prior authorization
• Concurrent review
• Medical necessity review

“Value-based care programs rely on evidence-based content to improve the quality and efficiency of care delivery. That documentation should be available to all stakeholders across the care continuum.”

Chris Van Waters, CIO, MCG Health
Real World Use Cases
Prior Authorization
Tackling Prior Authorization

Automating PA (prior authorizations) = cost savings for providers and payers

- Manual work and redundancies within payer and provider PA efforts = billions in administrative costs annually
  - Total cost of each individual manual authorization = $3.68
  - Total cost for each individual automated authorization = $0.04

Big challenges in PA = data interoperability

- At least 80% of PAs requiring clinical/administrative review can be automated
  - Vast majority of content needed for approval is already in the EMR
- Solutions vary widely (primarily on the level of integration with EMRs)
Prior Authorization

Why is prior authorization such a thorny problem:

- Prior authorization issues contribute to 92% of care delays
- Nearly all of provider care delays are associated with inefficiencies and administrative issues with current prior authorization
- Providers request an average of 13.9 prior authorizations for prescriptions in a week, and 15.1 requests for medical services each week.
- Providers take 14.6 hours on average to complete these requests, which is the equivalent of two business days. Thirty-four percent of providers have staff dedicated exclusively to completing prior authorizations.

Historically we have tried to solve the problem with claims and attachments, what is really needed is clinical data and rules
Prior Authorization Process

Prior authorization requested

Clinical record automatically retrieved from clinical data repository

Prior authorization rules in HS run against the clinical data

If constraints NOT met → prior authorization is rejected and added to a worklist

If rule constraints met → prior authorization automatically approved
Automating Prior Authorizations: Demo Use Cases

Use Case 1: Radiology Procedure

Use Case 2: Specialty Pharmacy
Use Case 1

Prior Auth B, is a 56-year-old female with a recent diagnosis of Kidney Stones and Hematuria; a recent urine culture has confirmed positive blood in her urine. Her provider has ordered an Abdominal CT without contrast to better analyze the kidney stones location. The CT requires a prior authorization approval.
Sample Prior Authorization Form for Radiology Procedure

3. DIAGNOSIS: ____________________________ ICD-10:

4. MEDICAL/CLINICAL HISTORY (Clinical Notes Required For Review):
   Current signs and symptoms:

   Results of any other pertinent diagnostic testing:
Rule Concepts to Automate Prior Authorization

If CT Abdomen w/o contrast prescribed:

Patient must have:

• ICD-10 condition code indicating **Kidney Stones**
  AND

• ICD-10 condition code indicating **Hematuria (Blood in Urine)**
  AND

• Recent **Urine** analysis with **Positive** blood result
Demonstration

• View the Prior Authorization Trigger and Rule
• View the clinical data in the payer CDR
• Process the trigger event for prior authorization
• Evaluate the results through logs and dashboard
## PriorAuth.Trigger

- **TriggerName**: CT Abdomen w/o Contrast
- **TriggerValue**: 74150
- **TriggerType**: Proc
- **TriggerLocation**: RadOrders/RadOrder/OrderItem
- **Comment**: CT Abdomen w/o Contrast

### Active Rules

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<th>Trigger</th>
<th>Condition</th>
<th>Constraint</th>
<th>Value</th>
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<tr>
<td>PA-1 Krystexxa</td>
<td>Diagnosis</td>
<td>Includes M1A2</td>
<td>Idiopathic chronic gout</td>
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<tr>
<td>PA-2 Lovenox</td>
<td>Many</td>
<td>Multiple Conditions</td>
<td>Mixed Values</td>
</tr>
<tr>
<td>PA-3 Ozeza</td>
<td>Many</td>
<td>Multiple Conditions</td>
<td>Mixed Values</td>
</tr>
<tr>
<td>27466 Knee Replacement</td>
<td>Diagnosis</td>
<td>Includes M32.31</td>
<td>Unilateral primary osteoarthritis, right knee</td>
</tr>
</tbody>
</table>

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<tr>
<th>Trigger</th>
<th>Condition</th>
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<th>Value</th>
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<tr>
<td>74150 CT Abdomen w/o Contrast</td>
<td>Many</td>
<td>Multiple Conditions</td>
<td>Calculus Kidney, R31.9 Hematuria and Blood, Urine Positive</td>
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### All Triggers

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<td>Med PA-2 Lovenox</td>
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<td>Med PA-3 Ozeza</td>
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<tr>
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<td></td>
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</tr>
<tr>
<td>Proc 74150 CT Abdomen w/o Contrast</td>
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</table>
### PriorAuth.Constraint

**Constraint Name:** Check for Multiple Diagnosis and Lab Results

**Trigger:** 74150

**Constraint Set Type:** All Sub Constraints

#### In Constraint Set

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<td>Includes N20.0 Calculus Kidney</td>
<td>Includes 140.50 Arthropathic psoriasis, unspecified</td>
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<tr>
<td>Includes R31.9 Hematuria</td>
<td>Includes 6851 Methotrexate</td>
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<tr>
<td>Includes Recent Bd. Positive Urine Dip (Blood, Urine) Positive</td>
<td>Includes 3008 Cyclosporine</td>
</tr>
<tr>
<td>Includes Recent Bd. Positive Urine Dip (Blood, Urine) Positive</td>
<td>Includes 855635 Votarenil Emulgel</td>
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</table>

#### Available

<table>
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<th>Add</th>
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<tbody>
<tr>
<td>Includes M1A.0 Idiopathic chronic gout</td>
</tr>
<tr>
<td>Includes 382.401 Acute embolism and thrombosis of unspecified deep veins of right lower extremity</td>
</tr>
<tr>
<td>Between Recent Hg:12.0-15.3 Hg within normal range (12.0 ? 15.3 g/dL)</td>
</tr>
<tr>
<td>Between Recent Hct: 36.0-45.0 Hct within normal range (36.0 ? 45.0%)</td>
</tr>
<tr>
<td>Between Recent P1t: 150-450 P1t within normal range (150-450 K/uL)</td>
</tr>
<tr>
<td>Between Recent CrCl: 88-128 CrCl within normal range (88-128 mL/min)</td>
</tr>
<tr>
<td>Multiple Conditions Mixed Values</td>
</tr>
<tr>
<td>Includes 140.50 Arthropathic psoriasis, unspecified</td>
</tr>
<tr>
<td>Includes 6851 Methotrexate</td>
</tr>
<tr>
<td>Includes 3008 Cyclosporine</td>
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<tr>
<td>Includes 9522 Sulfasalazine</td>
</tr>
<tr>
<td>Includes 855635 Votarenil Emulgel</td>
</tr>
<tr>
<td>Multiple Conditions Mixed Values</td>
</tr>
<tr>
<td>Includes M17.11 Unilateral primary osteoarthritis, right knee</td>
</tr>
<tr>
<td>Includes N20.0 Calculus Kidney</td>
</tr>
<tr>
<td>Includes R31.9 Hematuria</td>
</tr>
</tbody>
</table>
Use Case 2

**Prior Auth C**, is a 62-year-old male with long standing history of **Psoriatic Arthritis**. His provider has written him a prescription for an **Otezla** starter pack. He currently takes a Tier 2 medication that has not been effective.

His prior authorization will be approved.
Sample Prior Authorization Form for Medication: Otezla
Rule Concepts to Automate Prior Authorization

If *Otezla* prescribed:

Patient must have:

- ICD-10 condition code indicating **Psoriatic Arthritis**
  AND AT LEAST ONE OF THE FOLLOWING:

- Previous/current treatment with **Methotrexate (Tier 2 medication)**
  AND/OR

- Previous/current treatment with **Cyclosporine (Tier 2 medication)**
  AND/OR

- Previous/current treatment with **Sulfasalazine (Tier 2 medication)**
Demonstration

• View the Prior Authorization Trigger and Rule
• View the clinical data in the payer CDR
• Process the trigger event for Prior Authorization
• Evaluate the results through logs and dashboard
## PriorAuth.Constraint

**ConstraintName:** Check for Diagnosis and Med in List

**Trigger:** PA-3

**ConstraintSetType:** All Sub Constraints

### In Constraint Set

| Remove | Includes L40.50 Arthropathic psoriasis, unspecified |
| Remove | Mixed Values, TIER 2 Medications |

### Available

| Add | Includes M1A.0 Idiopathic chronic gout |
| Add | Includes I82.401 Acute embolism and thrombosis of unspecified deep veins of right lower extremity |
| Add | Between Recent Hg 12.0-13.3 Hg within normal range (12.0 ? 15.3 g/dL) |
| Add | Between Recent Hct 56.0-45.0 Hct within normal range (36.0 ? 45.0%) |
| Add | Between Recent Ht 150-450 Pt within normal range (150-450 K,uL) |
| Add | Between Recent CrCl 88-128 CrCl within normal range (88-128 mL/min) |
| Add | Multiple Conditions, Mixed Values |
| Add | Includes L40.50 Arthropathic psoriasis, unspecified |
| Add | Includes L83.3 Methotrexate |
| Add | Includes J908 Cyclosporine |
| Add | Includes 9524 Sulfasalazine |
| Add | Includes S25821 Nitrogen Enulgel |
| Add | Mixed Values, TIER 2 Medications |
| Add | Includes M17.11 Unilateral primary osteoarthritis, right knee |
| Add | Includes N20.0 Calculus Kidney |
| Add | Includes R31.9 Hematuria |
| Add | Includes Recent Bid, Positive Urine Dip (Blood, Urine) Positive |
| Add | Multiple Conditions, Calculus Kidney, R31.9 Hematuria and Blood, Urine Positive |
### PriorAuth.Constraint

**ConstraintName:** Check for Any Med in List

**Trigger:** Any Sub Constraint

**ConstraintSetType:**

#### Select Sub-Constraints:

<table>
<thead>
<tr>
<th>In Constraint Set</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove</td>
<td>Add</td>
</tr>
<tr>
<td>Remove</td>
<td>Add</td>
</tr>
<tr>
<td>Remove</td>
<td>Add</td>
</tr>
<tr>
<td>Remove</td>
<td>Add</td>
</tr>
</tbody>
</table>

- **Remove**
  - Includes 6551 Methotrexate
  - Includes 7008 Cyclosporine
  - Includes 9524 Sulfasalazine
  - Includes 855635 Votaren Emulgel

- **Add**
  - Includes MIA 0 Idiopathic chronic gout
  - Includes 782.401 Acute embolism and thrombosis of unspecified deep veins of right lower extremity
  - Between Recent Hg 12.0-15.3 Hg within normal range (12.0 ? 15.3 g/dL)
  - Between Recent Hct 36.0-45.0 Hct within normal range (36.0 ? 45.0%)
  - Between Recent Pt 150-450 Pt within normal range (150-450 K/uL)
  - Between Recent CrCl 88-128 CrCl within normal range (88-128 mL/min)
  - Multiple Conditions Mixed Values
  - Includes L 40.59 Arthropathic psoriasis, unspecified
  - Includes 6551 Methotrexate
  - Includes 7008 Cyclosporine
  - Includes 9524 Sulfasalazine
  - Includes 855635 Votaren Emulgel
  - Multiple Conditions Mixed Values
  - Includes M17.11 Unilateral primary osteoarthritis, right knee
  - Includes N20.0 Calculus Kidney
  - Includes R31.9 Hematuria
  - Includes Recent Bld. Positive Urine Dip (Blood, Urine) Positive
  - Multiple Conditions Calculus Kidney, R31.9 Hematuria and Blood, Urine Positive

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Provider Performance Management
Performance Management: Real Time Review of Provider Performance

- Move from performance based on claims data to clinical data
  - Measures using Electronic Clinical Data Systems from NCQA
- Avoid the clinical retrospective - end of year “catch up”
- Eliminate time reviewing charts for specific measures
- Enhanced measurement through structured and unstructured EMR data
- Due to a lack of health IT adoption among providers, payers may need to assist providers in implementing the information systems required to support quality reporting and monitoring.
How to Help Providers Perform in Value Based Care

Latent data impedes this process - leads to provider abrasion

Reassess and Respond

Identify measures relevant to providers

Review current measure performance (i.e. blood pressure in control)

Interventions based on current state
Unified Care Record & Performance Metrics

How does a clinical data repository (unified care record) help payers ensure they will meet their performance objectives under value based contracts?

(And help providers in the payer network do the same)
Sample HEDIS Measure for Diabetes

**Comprehensive diabetes care (CDC)**
- HbA1c testing
- HbA1c adequate control
- HbA1c poor control

Members age 18 – 75 with diabetes (type 1 and type 2):

- **Testing**: who had an HbA1c test during the measurement year
- **HbA1c control (<8.0%)**: whose most recent HbA1c test during measurement year is <8.0%
- **Poor control (>9.0%)**: whose most recent HbA1c test during measurement year is >9.0%

Documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the distinct numeric result or finding.

If test is missing a result, or not performed, the patient is not considered for Control measures.

**Testing**
CPT: 83036-7, 3044F, 3045F, 3046F
LOINC: 4548-4, 4549-2, 17856-6

HbA1c Level 7.0-9.0
CPT: 3045F
HbA1c Level Greater Than 9.0
CPT: 3046F
HbA1c Level Less Than 7.0
CPT: 3044F
## Sample HEDIS Measure for Diabetes

### Comprehensive diabetes care (CDC)
- HbA1c testing
- HbA1c adequate control
- HbA1c poor control

Members age 18 – 75 with diabetes (type 1 and type 2):

- **Testing:** who had an HbA1c test during the measurement year
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### Testing
- **CPT:** 83036-7, 3044F, 3045F, 3046F
- **LOINC:** 4548-4, 4549-2, 17856-6

- **HbA1c Level 7.0-9.0**
  - CPT: 3045F
- **HbA1c Level Greater Than 9.0**
  - CPT: 3046F
- **HbA1c Level Less Than 7.0**
  - CPT: 3044F
Rule Concepts from HEDIS Measure

If the patient is age 18-75

HAS

• a diagnosis of Diabetes
  AND

• a HbA1c in last 12 months
  IS

• HbA1c controlled or not controlled
Demonstration
Measure Catalog
HEDIS
Measure Set
Measures2018
Measure ID
Diabetes A1c
Caption
Quality ID #1 (NQF 0059): Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
Description
Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period
Measure
[Numerator]/[Denominator]
Numerator
Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%
- Numerator Cohort
  (H|OR|AGE|H1|AGE|&18|&75|DIAGNOSES|DIAGNOSIS|H1|DIAGNOSISCODE|&250.0|LABRESULTS|TEST|H1|
  [TESTITEMCODE]|&HbA1c|%OR|LABRESULTS|RESULTINTERPRETATION|H1|RESULTINTERPRETATION|&[Critical High]
  |LABRESULTS|RESULTINTERPRETATION|H1|RESULTINTERPRETATION|&[High])
Denominator
Patients 18 - 75 years of age with diabetes with a visit during the measurement period
- Denominator Cohort
  (H|OR|AGE|H1|AGE|&18|&75|DIAGNOSES|DIAGNOSIS|H1|DIAGNOSISCODE|&250.0|LABRESULTS|TEST|H1|
  [TESTITEMCODE]|&HbA1c)
**Armstrong, Alice**

**Female - 51 Years (1967-02-12) - 78 Fisher Ln, Boston, MA 02108**

### Summary

#### Diagnoses

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<th>Description</th>
<th>Status</th>
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<td>Diabetes Mellitus without complication</td>
<td>Active</td>
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<td>Long Medical</td>
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<tr>
<td>06/12/2016</td>
<td>Iron Deficiency Anemia, unspecified</td>
<td>Active</td>
<td>Chronic</td>
<td>Long Medical</td>
</tr>
<tr>
<td>06/12/2016</td>
<td>Hypertension</td>
<td>Active</td>
<td>Chronic</td>
<td>Long Medical</td>
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<tr>
<td>11/04/2017</td>
<td>Systolic Heart Failure, Acute on chronic</td>
<td>Active</td>
<td>Acute</td>
<td>West Hospital</td>
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#### Problems

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<td>Long Medical</td>
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<tr>
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<td>Anemia</td>
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### Past Illness

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<th>End Date</th>
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### LABORATORY RESULTS - CUMULATIVE VIEW

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### Diagnosis

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### Problems

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<td>Bellevue Hospital</td>
</tr>
<tr>
<td>06/12/2016</td>
<td></td>
<td>Essential Hypertension</td>
<td>Active</td>
<td></td>
<td>Memorial Sloan</td>
</tr>
<tr>
<td>06/12/2016</td>
<td></td>
<td>Anemia</td>
<td>Active</td>
<td></td>
<td>Memorial Sloan</td>
</tr>
<tr>
<td>05/11/2015</td>
<td></td>
<td>Diabetes Melitus without complication</td>
<td>Active</td>
<td></td>
<td>Memorial Sloan</td>
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### Past Illness

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<th>END DATE</th>
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<th>STATUS</th>
<th>LAST UPDATE</th>
<th>HOSPITAL</th>
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</thead>
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**Blayden, Brooke**
Female - 71 Years (1947-02-12) 65 West St., Boston, MA 02108

**DOCUMENTS AND NOTES**

**Clinician:** Dr. Phyu Gupta

**Document:** Bellevue Hospital Emergency Room

**External Id:** Documents_48

**Status:** Final

**REASON FOR CONSULT:** A patient with non-Q-wave myocardial infarction.

**HISTORY OF PRESENT ILLNESS:** The patient presents to the ED with emesis, dizziness, and nausea for the last few weeks. The patient reports having worsening emesis and emesis a few times. No definite chest pain. The patient is breathing okay. The patient denies orthopnea or PND.

**PAST MEDICAL HISTORY:**
1. Diabetes mellitus
2. Hypertension
3. Congestive Heart Failure

**MEDICATIONS:** Aspirin, Coreg, dexametasone, insulin, metoclopramide, simvastatin, and Statin.

**ALLERGIES:** NO KNOWN DRUG ALLERGIES.

**SOCIAL HISTORY:** The patient denies tobacco, alcohol or drug use.

**FAMILY HISTORY:** Negative for early atherosclerotic heart disease.

**REVIEW OF SYSTEMS:** General: The patient denies fever or chills. Pulmonary: The patient denies hemoptysis. Cardiovascular: Refer to HPI. GI: The patient denies hemaatemesis or melena. The rest of systems review is negative.

**PHYSICAL EXAMINATION:**
VITAL SIGNS: Pulse 71, blood pressure 120/70, and respiratory rate 18.

**REASON FOR CONSULT:** A patient with non-Q-wave myocardial infarction. **HISTORY OF PRESENT ILLNESS:** The patient presents to the ED with emesis, dizziness, and nausea for the last few weeks. The patient reports having worsening emesis and emesis a few times. No definite chest pain. The patient is breathing okay. The patient denies orthopnea or PND.

**Activity Date:** 05/02/2018
**Transcription Date:** 05/02/2018
Gaps in Care
Close Gaps in Care to Enhance Performance

- In order to improve quality measures, it requires a knowledge of which patients need intervention

- Using an analytics approach, identify those patients that have gaps-in-care (i.e. need a mammogram to screen for breast cancer)

- Use of care or case management can target patients in need of follow-up

- Continuous monitoring of measures can determine if intervention is improving the performance measure, leading to better outcomes for patients
Questions?
Contact Information:

Lynda Rowe, InterSystems
Lynda.Rowe@InterSystems.com
617.551.7044
Thank you.